



County of Los Angeles Health and Mental Health Services

FESIA A. DAVENPORT
Chief Executive Officer

DATE: Wednesday, September 21, 2022
TIME: 10:30 A.M.

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

TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:

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

CONFERENCE ID: 322130288#

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

AGENDA

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

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

10:00 A.M. NOTICE OF CLOSED SESSION

CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Government Code Section 54956.9(a)

Jullian Cassianis v. County of Los Angeles, et al.

Los Angeles Superior Court Case No. 18STCV04340

Department of Health Services

- I. Call to order
- II. **Discussion Item(s):**
 - a. **DMH/DHS/DPH:** American Rescue Plan Tranche 2
- III. **Presentation Item(s):**
 - a. **CEO:** Fiscal Year 2022-23 Supplemental Budget

- Alliance For Health Integration
- Diversion And Re-Entry
- Health Services
- Mental Health
- Public Health
- Care First and Community Investment
- Department of Youth Development
- Justice, Care and Opportunities Department

b. DHS: Approval to Delegate Authority to Amend Agreement No. H-706815 with Eccovia, Inc., DBA Clienttrack on a Sole Source Basis

IV. 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.

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

VI. Public Comment

VII. Adjournment

Changes from the 2022-23 Adopted Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
ALLIANCE FOR HEALTH INTEGRATION					
2022-23 Adopted Budget	2,335,000	2,335,000	--	--	7.0
1. Salaries and Employee Benefits: Reflects Board-approved increases in salaries and employee benefits, fully offset by realigning existing appropriation for a net zero cost.	--	--	--	--	--
Total Changes	--	--	--	--	--
2022-23 Supplemental Changes	2,335,000	2,335,000	--	--	7.0

Changes from the 2022-23 Adopted Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
DIVERSION AND RE-ENTRY					
2022-23 Adopted Budget	136,245,000	6,000,000	39,142,000	91,103,000	0.0
1. AB 109 – ODR Housing: Reflects the recognition of additional on-going AB 109 funding to support the ODR Housing program, which includes \$18.063 million to fully support the existing program and \$25.377 million to expand the program from 2,200 to 2,700 slots. (4-VOTES)	43,440,000	--	43,440,000	--	--
2. AB 109 – Other ODR Programs: Reflects the recognition of additional AB 109 funding to support various ODR programs, including re-entry programs, harm reduction programs, jail decompression interim housing, Letting Everyone Advance with Dignity (LEAD), and Misdemeanor Incompetent to Stand Trial (MIST) community-based restoration. (4-VOTES)	39,743,000	--	39,743,000	--	--
3. Funding Adjustments: Reflects the reversal of \$15.597 million in one-time funding that supported ODR's existing programs, as follows: a) NCC/ODR Reserve - \$11.103 million, b) Juvenile Justice Crime Prevention Act (JJCPA) - \$3.494 million, and c) Mental Health Services Act (MHSA) - \$1.0 million. Also, reflects the carryover of \$14.678 million in one-time SB 678 funding that supports ODR Re-Entry programs. (4-VOTES)	(919,000)	(1,000,000)	11,184,000	(11,103,000)	--
Total Changes	82,264,000	(1,000,000)	94,367,000	(11,103,000)	0.0
2022-23 Supplemental Changes	218,509,000	5,000,000	133,509,000	80,000,000	0.0

Changes from the 2022-23 Adopted Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
HEALTH SERVICES					
2022-23 Adopted Budget	8,949,264,000	446,411,000	7,445,699,000	1,057,154,000	26,395.0
1. Salaries and Employee Benefits: Reflects Board-approved increases in salaries and employee benefits. (4-VOTES)	128,162,000	--	--	128,162,000	--
2. CalAIM Staffing: Reflects an increase of 125.0 new positions, as well as position reclassifications and transfers, to implement new programs and responsibilities related to CalAIM, such as Enhanced Care Management and Community Supports. (4-VOTES)	104,661,000	196,000	119,058,000	(14,593,000)	125.0
3. Integrated Correctional Health Services (ICHS) Staffing: Reflects an increase of 146.0 positions to address the mental health needs of the County inmate population by increasing staffing at the Sheriff's Department's North facility, expanding the Medication-Assisted Treatment program, and establishing a new psychiatric urgent care unit in support of compliance with Department of Justice (DOJ) requirements. (4-VOTES)	36,149,000	--	--	36,149,000	146.0
4. El Monte Comprehensive Health Center – Urgent Care Center – Year 2: Reflects an increase of 34.0 positions to complete the staffing for the urgent care center at El Monte Comprehensive Health Center, which was recently established in FY 2021-22. (4-VOTES)	4,838,000	--	474,000	4,364,000	34.0
5. Olive View - UCLA Medical Center Surgical Capacity Expansion: Reflects an increase of 19.0 positions, primarily to expand surgical capacity at Olive View-UCLA Medical Center to address increased workload. (4-VOTES)	5,310,000	--	1,184,000	4,126,000	19.0
6. Call Center Staffing: Reflects an increase of 36.0 positions to expand call center staffing at various DHS locations to reduce caller wait times and call abandonment rates, as well as the usage of overtime. (4-VOTES)	3,049,000	--	439,000	2,610,000	36.0
7. Housing for Health: Reflects an increase of 4.0 positions to expand intensive case management services; increases in Homeless Housing, Assistance, and Prevention, Measure H, and other funding; and the deletion of various one-time funding. (4-VOTES)	966,000	15,454,000	(12,708,000)	(1,780,000)	4.0
8. Office of Diversion and Re-entry: Reflects the addition of 2.0 positions for the community-based diversion and harm reduction program, the expansion of housing slots from 2,200 to 2,700 as directed by Board motion, additional re-entry services, increases to various other programs, and the deletion of various one-time funding. (4-VOTES)	73,187,000	82,264,000	(9,077,000)	--	2.0
9. Transfer of the Substance Abuse Services Helpline Call Center Staffing to the Department of Public Health (DPH): Reflects the transfer of the Substance Abuse Services Helpline, including 12.0 positions, from DHS to DPH. (3-VOTES)	(1,254,000)	(2,630,000)	--	1,376,000	(12.0)

Attachment 3a

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
10. Transfer of Olive-View Medical Center Central Plant Staff from the Internal Services Department (ISD): Reflects the addition of 13.0 positions to transfer operation of the Olive View-UCLA Medical Center Central Plant from ISD to DHS, offset by reduced ISD charges, resulting in a net savings. (4-VOTES)	(1,581,000)	--	--	(1,581,000)	13.0
11. Equity, Diversity, Inclusion, and Anti-Racism (EDIA) Officers: Reflects an increase of 3.0 positions to support the County's Anti-Racism, Diversity and Inclusion initiative work. (4-VOTES)	784,000	--	90,000	694,000	3.0
12. Other Position Changes: Reflects an increase of 13.0 positions, primarily to create a new pain management unit at Olive View-UCLA Medical Center and standardize public information officer staffing at the hospitals. (4-VOTES)	2,861,000	--	529,000	2,332,000	13.0
13. Pharmaceutical Expenses: Reflects an increase in estimated pharmaceutical costs based on updated utilization trends and projected price increases. (4-VOTES)	24,209,000	--		24,209,000	--
14. Capital Projects and Deferred Maintenance: Reflects a net increase primarily due to the establishment of several new capital projects and deferred maintenance. (4-VOTES)	21,328,000	--	--	21,328,000	--
15. AB 109 Public Safety Realignment Revenue: Reflects the allocation of AB 109 funding for various programs, such as the Interim Housing Capital Funding Pool, Substance Treatment and Re-Entry Transition program, Medication-Assisted Treatment, and radiology equipment purchases. (4-VOTES)	16,197,000	--	16,197,000	--	--
16. Ministerial Changes: Primarily reflects cost increases related to Board-approved contracts, charges from other County departments, and internal overhead allocations. (4-VOTES)	47,976,000	(3,327,000)	25,433,000	25,870,000	--
17. Various Board-Approved Programs – One-Time Funding Carryover: Reflects the carryover of one-time NCC that was budgeted in FY 2021-22, to support various Board-approved programs. (4-VOTES)	60,328,000	--	--	60,328,000	--
18. Deletion of One-time Funding – Epidemiology and Laboratory Capacity Grant: Reflects the deletion of one-time grant funding primarily related to COVID-19 testing. (3-VOTES)	(50,746,000)	(50,746,000)	--	--	--
19. Revenue Changes and Operating Subsidies: Reflects revenue adjustments primarily related to the Medi-Cal Managed Care and Global Payment Program revenues. Also includes appropriation and revenue adjustments related to operating subsidies. (4-VOTES)	(314,965,000)	(1,109,000)	(127,981,000)	(185,875,000)	--
Total Changes	161,459,000	40,102,000	13,638,000	107,719,000	383.00
2022-23 Supplemental Changes	9,110,723,000	486,513,000	7,459,337,000	1,164,873,000	26,778.0

Changes from the 2022-23 Adopted Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
MENTAL HEALTH					
2022-23 Adopted Budget	3,107,418,000	142,112,000	2,905,347,000	59,959,000	6,484.0
1. Mental Health Services Act (MHSA) – Previously Approved Programs: Reflects an increase in accordance with Board-approved plans, funded by MHSA fund balance, for \$3.5 million and 34.0 positions, to add peers to Psychiatric Mobile Response Teams responding to persons in crisis. (4-VOTES)	3,535,000	--	3,535,000	--	34.0
2. Salaries & Employee Benefits: Reflects Board-approved increases in salaries and employee benefits. (3-VOTES)	21,787,000	--	--	21,787,000	--
3. AB 109 Public Safety Realignment Revenue: Reflects increases in various programs, funded by AB 109 Public Safety Realignment and other revenue, that support the Department's efforts to employ alternative means of responding to mental health crises, including: a) \$15.9 million to increase urgent care center services, patient transportation services, and related program oversight; b) \$1.0 million to increase enriched residential services and the co-occurring integrated care network program; c) \$0.2 million for enhanced ambulance dispatch services for non-emergency transportation; and d) \$16.9 million for additional programs that will support alternative crisis response that require additional program development. (4-VOTES)	33,985,000	--	33,985,000	--	--
4. Position Adjustments: Reflects adjustments to improve the Department's operational effectiveness and support, including: a) \$1.0 million and 7.0 positions at Arcadia mental health center; b) \$0.9 million and 7.0 positions at Antelope Valley mental health center; c) a net increase of \$4.3 million in appropriation to transform programs formerly funded by State Whole Person Care revenue to managed care services funded by Medi-Cal and one-time MHSA revenue; and d) \$0.1 million to more accurately align classifications with assigned duties. (4-VOTES)	6,322,000	--	7,495,000	(1,173,000)	14.0
5. Operating Costs – Other County Departments: Reflects adjustments to align the Department's budget with anticipated levels of services rendered to or received by other County departments (OCDs), primarily including: a) \$13.4 million for a behavioral health quality improvement program to improve care coordination, interoperability, and information sharing about co-occurring substance use and mental health disorders with the Department of Public Health; b) \$12.2 million for capital lease payments and facilities management services at the Martin Luther King, Jr. behavioral health center; and c) a \$0.6 million net increase in appropriation and a reduction of (23.0) positions to align funding with approved service levels for various OCDs in FY 2022-23. (4-VOTES)	26,267,000	2,212,000	13,018,000	11,037,000	(23.0)

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
6. Operating Costs – Grant Funding: Reflects adjustments to align the Department's budget with anticipated levels of grant funding in FY 2022-23, including: a) \$25.6 million for crisis care mobile unit operating costs funded via a State behavioral health continuum infrastructure program grant; and b) \$10.8 million for crisis stabilization, treatment of first episode psychosis, and improvements to information sharing funded via a State behavioral health response and rescue project that distributes funding from the federal Substance Abuse and Mental Health Services Administration. (4-VOTES)	36,355,000	--	36,355,000	--	--
7. Operating Costs – Various Revenues and Expenditures: Reflects adjustments to align the Department's budget with anticipated expenditures and revenues in FY 2022-23. The net County cost (NCC) impact of this adjustment offsets other adjustments in the Supplemental budget, and primarily results from: a) a \$0.9 million increase for various adjustments to provider contracts since the last budget phase, chiefly \$0.5 million for community outreach services and \$0.4 million for short term residential therapeutic program services; b) a (\$10.7) million reduction due to anticipated recoupment of contract providers' State cost audit settlements for prior fiscal years; and c) a (\$21.8) million reduction to offset the cost of salaries & employee benefits cost-of-living increases. (4-VOTES)	(10,531,000)	--	21,120,000	(31,651,000)	--
8. Alternative Crisis Response One-Time Funding Carryover: Reflects the carryover of one-time NCC that was budgeted in FY 2021-22, to continue jumpstarting the Department's efforts to employ alternative means of responding to mental health crises. (4-VOTES)	18,500,000	--	--	18,500,000	--
Total Changes	136,220,000	2,212,000	115,508,000	18,500,000	25.0
2022-23 Supplemental Changes	3,243,638,000	144,324,000	3,020,855,000	78,459,000	6.509.0

Changes from the 2022-23 Adopted Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
PUBLIC HEALTH					
2022-23 Adopted Budget	1,883,260,000	84,003,000	1,582,783,000	216,474,000	5,417.0
1. Substance Abuse Prevention and Control (SAPC) - Various Programs: Reflects a net addition of 9.0 positions for the transfer of the Substance Abuse Services Helpline (SASH) from DHS to DPH, offset with a deletion of positions as well as a realignment of appropriation, and an increase in revenue to accommodate changes in SAPC program requirements. (4-VOTES)	550,000	--	550,000	--	9.0
2. AB 109 Public Safety Realignment Revenue: Reflects an increase in AB 109 funding to support various public health programs related to Board motions, including ongoing funding for the Office of Violence Prevention's (OVP) Trauma Prevention Initiative (TPI) Expansion, establishment of the Family Assistance Program within DPH as recommended by the Office of Inspector General, and support for SAPC's Community Based Treatment Services. (4-VOTES)	4,788,000	--	4,788,000	--	--
3. American Rescue Plan Act (ARPA) Tranche 1: Reflects an increase in one-time appropriation and revenue for various Board-approved ARPA Tranche 1 programs, and to support a COVID-19 quarantine and isolation recovery facility. Also reflects the carryover of one-time appropriation for the Trauma Prevention Program. (4-VOTES)	60,300,000	--	40,300,000	20,000,000	--
4. Operating Budget Surplus: Reflects a carryover in funding related to the operating surplus experienced in Fiscal Year (FY) 2021-22, to provide support for public health responses to COVID-19 and Monkeypox. (4-VOTES)	6,952,000	--	--	6,952,000	--
5. Grant Funding for Various Programs: Reflects an increase in appropriation, fully offset by revenue from various grant agreements, to provide oral health services; enhance HIV treatment and care; support community-based harm reduction; and various Productivity Investment Fund (PIF) projects. (4-VOTES)	5,444,000	--	5,444,000	--	--
6. Measure B Funding Carryovers: Reflects the carryover of one-time Measure B funding to support violence prevention programs and other various projects. (4-VOTES)	7,066,000	--	7,066,000	--	--
7. Ministerial Changes: Reflects various adjustments on a ministerial level to meet operational needs including changes to other County departments, operational transfers, program funding, cyber security costs, projected revenue, and deletion of expired funding. (4-VOTES)	4,691,000	11,061,000	(6,567,000)	197,000	--
8. Salaries and Employee Benefits: Reflects Board-approved increases in salaries and employee benefits. (4-VOTES)	11,188,000	--	7,166,000	4,022,000	--

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
9. Measure U: Reflects reappropriation of prior-year unspent Measure U - Utility User Tax funding for programs within the unincorporated areas. (4-VOTES)	15,000	--	--	15,000	--
10. Sexually Transmitted Infections (STI) Funding: Reflects one-time funding of Tobacco Settlement funds over a 4-year period, for a total of \$10 million, to support the County's response to the rise in STI's. (4-VOTES)	2,500,000	--	--	2,500,000	--
11. Violence Prevention Funding: Reflects funding for OVP's TPI Expansion, which when braided together with other ongoing resources, will fully support establishment of this program. Also reflects funding for OVP to establish the Crisis Response Violence Interruption Program (CRVIP) as an ongoing program to support DPH's broader violence prevention portfolio. (4-VOTES)	896,000	--	--	896,000	--
12. Domestic Violence Shelter Based Prevention (DVSBP): Reflects funding to stabilize, sustain and expand the DVSBP program, as directed in a motion approved by the Board on 5/17/22. (4-VOTES)	3,100,000	--	--	3,100,000	--
13. Public Health Infrastructure: Reflects funding to support the Department's various strategies around public health response by investing ongoing infrastructure resources to ensure effective, efficient response to broad public health matters and emergent situations. (4-VOTES)	5,000,000	--	--	5,000,000	--
Total Changes	112,490,000	11,061,000	58,747,000	42,682,000	9.0
2022-23 Supplemental Changes	1,995,750,000	95,064,000	1,641,530,000	259,156,000	5,426.0

Changes from the 2022-23 Adopted Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
CARE FIRST AND COMMUNITY INVESTMENT					
2022-23 Adopted Budget	200,000,000	--	--	200,000,000	3.0
1. Care First and Community Investment (CFCI) Year 2 Spending Plan: Reflects the allocation of \$100.0 million of on-going CFCI funding from the CFCI 'To Be Allocated' Level 2 budget unit to various CFCI Level 2 budget units to support the CFCI Year 2 Spending Plan for programs that include direct community investments and alternatives to incarceration, as approved by the Board of Supervisors on 9/6/22, for a net zero change. (3-VOTES)	--	--	--	--	--
CFCI - 'To Be Allocated' – (\$100.0M)					
CFCI - Department of Health Services (DHS) - \$47.7M					
• Office of Diversion and Re-Entry (ODR) Diversion Permanent Supportive Housing (ODR and Letting Everyone Advance with Dignity (LEAD)) - \$29.9 million					
• Housing for Health (H4H) Permanent Supportive Housing Expansion - \$12.8 million					
• Providing Opportunities for Women In Re-entry (POWR) - \$3.0 million					
• Breaking Barriers Rapid Re-housing and Employment Program - \$1.5 million					
• Harm Reduction Drop-In Centers - \$0.5 million					
CFCI - Justice, Care and Opportunity Department (JCOD) – Third Party Administrator (TPA) - \$47.2M					
• TPAs for Youth Centers, Diversion Programs, Job Training, Arts, Food Access, Bridge Housing, Youth Programs, and Residential Treatment for Survivors of Sexual Exploitation.					
CFCI - Department of Economic Opportunity (DEO) - \$2.0M					
• Job Readiness, Training and Placements for Adults - \$2.0 million					
CFCI - Department of Youth Development (DYD) - \$1.7M					
• LeadOn Reentry Navigators - \$1.2 million					
• My Brothers' & Sisters' Keeper Program - \$0.5 million					
CFCI – JCOD - \$1.0M					
• CFCI Administration - \$1.0 million					
CFCI - Department of Public Health (DPH) -\$0.4M					
• Harm Reduction Drop-In Centers - \$0.4 million					
2. CFCI Jail Closure Implementation Team (JCIT): Reflects the allocation of \$9.6 million of funding for two years from the CFCI "To Be Allocated" Level 2 budget unit to various CFCI Level 2 budget units for programs to support re-entry case management services and to expand mental health beds and interim housing beds, under JCIT's spending plan for CFCI Year 1 funding, for a net zero change. (3-VOTES)	--	--	--	--	--
CFCI - 'To Be Allocated'- (\$9.6M)					

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
CFCI - DHS – \$9.4M					
• ODR/Re-entry Intensive Case Management Services (RICMS) Gap-funding - \$5.0 million					
• ODR Interim Housing Beds - \$4.3 million					
CFCI - Department of Mental Health (DMH) \$0.2M					
• DMH Interim Housing Beds - \$0.2 million					
3. CFCI Year 1 Carryover Funding: Reflects the carryover of \$78.8 million in Board-approved CFCI Year 1 funding to various CFCI Level 2 budget units for programs that include direct community investments and alternatives to incarceration. (4-VOTES)	78,878,000	--	--	78,878,000	--
CFCI - 'To Be Allocated' - \$41.7M					
CFCI – DHS - \$15.2M					
CFCI – JCOD - \$9.6M					
CFCI – DPH - \$7.6M					
CFCI – DYD - \$2.5M					
CFCI - Consumer and Business Affairs (DCBA) - \$2.0M					
CFCI - Arts and Culture (Arts) - \$0.2M					
4. Realignments: Reflects the realignment of \$31.9 million in on-going CFCI funding to applicable CFCI Level 2 budget units resulting from various Board actions to create new departments (necessitating a new CFCI Level 2 budget unit) and/or realigning functions from one CFCI Level 2 budget unit to another; and the deletion of 3.0 items transitioning to the new Justice, Care, and Opportunities Department (JCOD), for a net zero change. (3-VOTES)	--	--	--	--	(3.0)
Total Changes	78,878,000	--	--	78,878,000	(3.0)
2022-23 Supplemental Changes	278,878,000	--	--	278,878,000	--

Changes from the 2022-23 Adopted Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
DEPARTMENT OF YOUTH DEVELOPMENT					
2022-23 Adopted Budget	25,161,000	--	24,832,000	329,000	22.0
1. Negotiated S&EB Increases: Reflects Board-approved increases in salaries and employee benefits. (4-VOTES)	156,000	--	--	156,000	--
2. DYD Operations: Reflects funding for administrative positions and various services and supplies to establish executive and administrative oversight within the DYD. (4-VOTES)	2,550,000	--	--	2,550,000	9.0
3. CHAMPS Access: Reflects funding to reimburse the Department of Health Services (DHS) for the temporary access and use of the CHAMP system and to identify a consultant to assist with the development of a permanent system. (4-VOTES)	300,000	--	--	300,000	--
4. Justice, Care, and Opportunities Department (JCOD) Administrative Costs: Reflects funding to reimburse JCOD for performing various administrative services on behalf of DYD. (4-VOTES)	1,346,000	--	--	1,346,000	--
5. Judgments & Damages: Reflects funding to address projected costs associated with Judgments and Damages. (4-VOTES)	100,000	--	--	100,000	--
6. Assembly Bill 109 Funding: Reflects a combination of one-time and ongoing AB109 funding to cover 4.0 programmatic positions and additional appropriation to support the Credible Messenger and Lead On Program, Youth Development Regions Demonstration Project, and the 24-Hour Youth Center Design. (4-VOTES)	11,785,000	--	11,785,000	--	4.0
7. Juvenile Justice Crime Prevention Act (JJCPA) Funding: Reflects an adjustment to update DYD's JJCPA base funding and the carryover of one-time savings from FY 2021-22. (4-VOTES)	11,068,000	--	11,068,000	--	--
8. Youth Ambassador Position Request: Reflects a realignment from services and supplies to add 4.0 positions to assist the workload in two DYD operational division to support coordination, collaboration and capacity work. (3-VOTES)	--	--	--	--	4.0
9. Youth Reinvestment Grant: Reflects one-time funding for the Youth Reinvestment Grant (YRG) to increase various diversion efforts. (4-VOTES)	800,000	--	800,000	--	--
Total Changes	28,105,000	--	23,653,000	4,452,000	17.0
2022-23 Supplemental Changes	53,266,000	--	48,485,000	4,781,000	39.0

Changes from the 2022-23 Adopted Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
JUSTICE, CARE AND OPPORTUNITIES					
2022-23 Adopted Budget	0	0	0	0	--
1. Justice, Care and Opportunities Department (JCOD) Administrative Operations: Reflects 31.0 positions comprised of transfers from the Chief Executive Office (CEO), Care First and Community Investment (CFCI) and new positions, as well as services and supplies appropriation, offset with the transfer of funding from the CEO's Operating budget and IFT from CFCI and the Department of Youth Development, to establish the operations of the new JCOD. (4-VOTES)	9,437,000	3,346,000	--	6,091,000	31.0
2. Local Initiatives Support Corporation (LISC) Contract Transfer: Reflects funding from obligated fund balance committed for Alternatives to Incarceration (ATI) to offset one-time costs associated with the Pre-Filing Diversion Programming, Rapid Diversion Programming, and the Incubation Academy. (4-VOTES)	8,542,000	--	--	8,542,000	--
3. One-Time Carryover of Prior-Year CEO Surplus Funds: Reflects the carryover of FY 2021-22 unspent funds from ATI and the Jail Closure Implementation Team's (JCIT) share of the CEO Operating budget that will be used to cover various Year 1 administrative costs, as part of the operations of the newly established department. (4-VOTES)	3,006,000	--	--	3,006,000	--
4. One-Time Carryover of American Rescue Plan (ARP) and Other Funding: Reflects the one-time carryover of FY 2021-22 unspent ARP and other funding for Capacity Building Grants, the Bed Availability Navigator, and the Rapid Diversion Program. (4-VOTES)	6,665,000	--	1,500,000	5,165,000	--
5. Incubation Academy Support: Reflects an increase in appropriation and IFT, from Probation, to support and expand the Incubation Academy to provide training, funding, and technical assistance to new and existing community-based organizations, especially those who serve underrepresented and justice-involved people. This funding is available for 3-years with an annual amount of \$5.0 million per year. (4-VOTES)	5,000,000	5,000,000	--	--	--
6. Pretrial Services: Reflects one-time and ongoing State funding from the Courts to expand its Pretrial efforts towards the goal of establishing countywide Pretrial services. (4-VOTES)	28,201,000	--	28,201,000	--	--
Total Changes	60,851,000	8,346,000	29,701,000	22,804,000	31.0
2022-23 Supplemental Changes	60,851,000	8,346,000	29,701,000	22,804,000	31.0

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	9/21/2022	
BOARD MEETING DATE	10/4/2022	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Department of Health Services	
SUBJECT	Approval of delegated authority to execute amendments to the agreement with Eccovia Inc., DBA Clienttrack, for the Comprehensive Health Accompaniment Management Platform, to extend the term of the Agreement and increase the Maximum Agreement Sum and related actions, on a sole source basis.	
PROGRAM	Community Programs	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain why: It is in the best economic interest of the County.	
DEADLINES/ TIME CONSTRAINTS		
COST & FUNDING	Total cost: \$ 28,971,571 Funding source: CalAIM TERMS (if applicable): Explanation: There is no impact to net County cost.	
PURPOSE OF REQUEST	Approval to increase the Maximum Agreement Sum by \$28,971,571 and extend the term of the Agreement through May 31, 2032, for the continued provision of the care coordination IT platform referred to as Comprehensive Health Accompaniment Management Platform (CHAMP); and approval to execute Amendments, Change Orders, and Change Notices for certain changes to the Agreement and for the expenditure of Pool Dollars, with no increase to the Maximum Agreement Sum.	
BACKGROUND (include internal/external issues that may exist including any related motions)	CHAMP is a Countywide care coordination platform used by multiple DHS programs including Housing for Health, addressing homelessness and benefits advocacy, and the Office of Diversion and Reentry, addressing justice involvement, that provide intensive case management services to participants who may be experiencing homelessness, justice-involvement, and/or frequent medical or behavioral health utilization. The Agreement was initially awarded through a Request for Proposals approved by the Board on March 29, 2016. CHAMP is provided as a proprietary platform, hosted and supported by the Contractor, and customized for the County. Without CHAMP, DHS will not be able to triage, assign, and monitor housing and supportive services for participants. Due to the successful implementation and track record of CHAMP, the number of users and agencies using CHAMP has increased to far more than initially anticipated. There are currently approximately 3,500 active user accounts and 160 contracted agencies using CHAMP, which account for approximately 139,000 current participants and approximately 188,000 participant applications.	
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: Priority 4: Homeless Initiative as it allows the ability to expand and enhance services for people experiencing homelessness or at risk of losing their homes.	
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Clemens Hong, M.D., Director, Community Programs, (213) 288-8488, Chong@dhs.lacounty.gov ; Kevin Lynch, Chief Information Officer, (213) 288-8128 KLynch@dhs.lacounty.gov ; Lillian Anjargolian, Deputy County Counsel (213) 288-8124, LAnjargolian@counsel.lacounty.gov	

October 4, 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:

**APPROVAL TO DELEGATE AUTHORITY TO AMEND AGREEMENT NO. H-706815
WITH ECCOVIA, INC., DBA CLIENTTRACK ON A SOLE SOURCE BASIS
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

CIO RECOMMENDATION: APPROVE (X)

SUBJECT

Approval of delegated authority to execute amendments to the agreement with Eccovia Inc., DBA Clienttrack, for the Comprehensive Health Accompaniment Management Platform, to extend the term of the Agreement and increase the Maximum Agreement Sum and related actions, on a sole source basis.

IT IS RECOMMENDED THAT THE BOARD:

1. Delegate authority to the Director of the Department of Health Services (DHS), or designee (Director), to execute amendments to Agreement No. H-706815 (Agreement) with Eccovia, Inc., DBA Clienttrack (Contractor), to increase the Maximum Agreement Sum in an amount not to exceed \$13,079,525, for the current term through May 11, 2027, as follows: (i) \$8,754,950 for the continued provision of the care coordination IT platform referred to as Comprehensive Health Accompaniment Management Platform (CHAMP), with the option to reallocate any unspent amounts to Pool Dollars; and (ii) \$4,324,575 in Pool Dollars for Optional Work to be authorized by the Director, through the issuance of Amendments or Change Orders, as applicable, with all documents subject to review and approval by County Counsel.
2. Delegate authority to the Director, to extend the Agreement term through May 31, 2032, and further increase the Maximum Agreement Sum in an amount not to exceed \$15,892,046 as follows: (i) \$10,909,670 for the continued provision of CHAMP during the extension terms, if exercised, and with the option to reallocate any unspent

amounts to Pool Dollars; (ii) \$4,982,376 in Pool Dollars for Optional Work, with Optional Work to be authorized by the Director, through the issuance of Amendments or Change Orders, as applicable, with all documents subject to review and approval by County Counsel.

3. Delegate authority to the Director to execute amendments to the Agreement to: (i) exercise the optional extension periods; (ii) revise and/or add statements of work, program deliverables and/or services; (iii) add, delete, and/or change certain terms and conditions as required under federal or State law or regulation, County policy, Board of Supervisors (Board) and/or Chief Executive Office; and (iv) issue written notices of partial or full termination of the Agreement for convenience without further action by the Board, subject to review and approval by County Counsel.
4. Delegate authority to the Director to: (i) approve and execute Change Orders using Pool Dollars included as part of the Maximum Agreement Sum, for the acquisition of Optional Work requested by County and/or to increase the number of users, and provided the amounts payable under such Change Orders do not exceed the available amount of Pool Dollars; and (ii) approve and execute Change Orders to increase or decrease the number of users, subject to the Maximum Agreement Sum, subject to review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Background

CHAMP is a Countywide care coordination platform used by multiple DHS programs that provide intensive case management services to participants who may be experiencing homelessness, justice-involvement, and/or frequent medical or behavioral health utilization. These current DHS programs include Housing for Health (HFH), addressing homelessness and benefits advocacy, and the Office of Diversion and Reentry (ODR), addressing justice involvement.

The Agreement, awarded through a Request for Proposals, was initially approved by the Board on March 29, 2016. At the time, HFH was the only program utilizing CHAMP, with approximately 250 users, serving approximately 1,300 participants. HFH provides housing and services to highly vulnerable and medically complex individuals and families. HFH has grown substantially since 2016 to include a wide net of programs that use CHAMP: street-based services, interim housing, permanent supportive housing, rapid rehousing, "Countywide Benefits Entitlement Services Team" program, sobering center, and enriched residential care.

ODR programs utilizing CHAMP include: interim housing services, reentry-intensive case management services, permanent supporting housing, "Skills and Experience for the Careers of Tomorrow", "Developing Opportunities and Offering Reentry Solutions", and youth development services.

In addition, on November 1, 2016, the Board accepted a \$450 million award from the California Department of Health Care Services (DHCS) to launch the Whole Person Care Pilot Program (WPC). In light of the abbreviated timeline to launch WPC, DHS conducted a rapid and efficient solicitation for a care management platform that could be deployed in six months or less. The Contractor was selected to expand CHAMP for use with WPC. WPC provided critical, targeted services to high-risk individuals in five target populations: homeless, justice-involved, have serious mental illness, have severe and/or persistent substance use disorder, medical issues.

Justification of Recommended Actions

CHAMP was developed to ensure the most vulnerable populations in Los Angeles County have access to the services which are available to them. CHAMP provides the case management functionality related to administration and service provision of these programs including referrals, eligibility, program enrollment, consent management, needs assessments, care planning, benefits advocacy, reporting, contract monitoring, and invoicing.

Overall, CHAMP has benefited both the HFH and ODR programs by streamlining user experience and assisting with collaboration, care improvement, information sharing, quality improvement metrics, and reporting among providers and care management teams. CHAMP has continued to be utilized as a case management and housing solution for DHS and its contracted providers to increase program efficiency, streamline referral processes, promote collaboration, ensure compliance, and improve outcomes for participants.

There are currently approximately 3,500 active user accounts and 160 contracted agencies using CHAMP, which account for approximately 139,000 current participants and approximately 188,000 participant applications. These numbers have grown significantly in recent years due to the addition of new DHS programs and the increase of service providers. Without CHAMP, DHS will not be able to triage, assign, and monitor housing and supportive services for participants.

CHAMP is provided as a proprietary platform, hosted and supported by the Contractor, and customized for the County. Over the years, it has been significantly enhanced to support a myriad of care and case management programs at DHS. The County team has also received extensive training on the platform and has achieved efficiencies in how best to support CHAMP internally.

In addition to continued use of CHAMP for its existing programs, DHS is planning to use Pool Dollars for configuration changes to CHAMP to both support additional programs and to configure additional features and functions as described below. While the system, called "ClientTrack," and software for CHAMP has been deployed, DHS regularly updates

and enhances the features and functions of CHAMP to support additional users and programs.

For example, since the implementation of CHAMP, new programs have been launched for HFH and ODR due to an increase in funding allocated to homelessness initiative services, rental subsidies, and housing services. The newest addition is the Homelessness Prevention Unit (HPU). The HPU team utilizes data-driven evidence to proactively identify participants at risk of homelessness and provide them with cash assistance, as well as services and benefits with the goal of preventing housing loss among identified participants. To properly streamline pre-enrollment data collection, random participant assignments, participant tracking processes, and reporting needs, a new workspace will need to be developed in CHAMP. While a new workspace does not entail the deployment of new technology, it does require configuration changes for the new workspace and the workflows of the program.

In addition to modifications necessary to meet new program requirements, CHAMP requires standard system improvements and feature additions to keep up with the ongoing changes in care management, programmatic workflows, and reporting needs of existing DHS programs. For example, in January 2022, DHCS launched California Advancing and Innovating Medi-Cal (CalAIM), a five-year reform to move to a more integrated and people-centered approach to care for participants with the most complex health and social needs, including those with behavioral health conditions, people experiencing homelessness, and older adults with low incomes, among others. CalAIM funding has become available to DHS as a funding source to support non-clinical interventions by leveraging the WPC approach. Through this new funding stream, DHS must report on new data elements required by managed care and health plans. These mandatory reporting guidelines will require configuration changes to CHAMP to add new reporting fields and reports.

Increase of Maximum Contract Sum for Existing Term & Pool Dollars

While the current term of the Agreement will expire on November 11, 2022, upon initial approval of the Agreement, the Board granted DHS authority to exercise the existing extension periods through May 11, 2027. However, the existing Maximum Agreement Sum will not be sufficient for the extension periods. When the Agreement was first approved, the platform was purchased to support up to 250 users at HFH, with a Maximum Agreement Sum of \$4,816,606. At the time of approval, DHS noted that certain fees for CHAMP were based on usage and if the actual usage was higher, DHS would return to the Board to increase the Maximum Agreement Sum. The Maximum Agreement Sum was increased in the amount of \$9,230,000 when WPC chose CHAMP as its care management platform, but it was not increased again even as additional programs were added to CHAMP.

Due to the successful implementation and track record of CHAMP, the number of users and agencies using CHAMP has increased to far more than initially anticipated and

included in the Maximum Agreement Sum. Other than the addition of funds for WPC, the Maximum Agreement Sum has not been increased to address the growth of CHAMP, both in users and programs.

As to the request for Pool Dollars, DHS uses a combination of internal and Contractor resources to support configuration changes purchased as Optional Work. The higher than typical Pool Dollars are to ensure sufficient funds for system updates and changes to support additional programs and features, with the amount calculated on past usage of Pool Dollars. For example, Pool Dollars have been designated for the purchase of professional services hours from the Contractor, which are then expended for ad-hoc system changes, pursuant to a statement of work. In addition, Pool Dollars have been designated for the purchase of specific Contractor resources (e.g., "Business Analyst") that are dedicated to the County for a limited time to deliver specific projects pursuant to a statement of work. Because historically CHAMP has successfully supported a myriad of programs and DHS anticipates this approach to continue, DHS is requesting Pool Dollars for future projects.

Recommendations

Approval of the first recommendation will allow the Director, or designee, to increase the Maximum Agreement Sum for the current term by an amount not to exceed \$13,079,525 as follows: (i) \$8,754,950 for the continued provision of CHAMP, with the option to reallocate any unused amounts to Pool Dollars; and (ii) \$4,324,575 for Pool Dollars for Optional Work, with the option to reallocate any unspent funds to Pool Dollars for the extension terms, if exercised.

Approval of the second recommendation will allow the Director to extend the term of the Agreement from May 12, 2027 through May 31, 2032, and further increase the Maximum Agreement Sum in an amount not to exceed \$15,892,046 as follows: (i) \$10,909,670 for the continued provision of CHAMP, with the option to reallocate any unused amounts to Pool Dollars; and (ii) \$4,982,376 for Pool Dollars for Optional Work.

Approval of recommendations three and four will allow the Director, or designee, to execute Amendments, Change Orders, and Change Notices for certain changes to the Agreement and for the expenditure of Pool Dollars, with no increase to the Maximum Agreement Sum.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The recommended actions support Strategy II.2 "Support the Wellness of Our Communities" and III.3 "Pursue Operational Effectiveness, Fiscal Responsibility and Accountability" of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

DHS is requesting to increase the Agreement by \$13,079,525 for the current term through May 11, 2027, and \$15,892,046 for the optional periods through May 31, 2032, for a total increase of \$28,971,571. The increase will bring the Maximum Agreement Sum of the Agreement to \$43,018,177.

Funding request of \$2,138,635 for FY 2022-23 has been included in DHS FY 2022-23's Supplemental Budget Resolution request. DHS will request funding in future fiscal years, as needed. There is no impact to net County cost.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The requested actions include amending the Agreement, which was originally awarded as a result of a Request for Proposals. DHS is also using this opportunity to amend the Agreement to update and add new County-required terms, including updated hosting terms, updated information security terms, and disaster recovery and business continuity terms.

In compliance with Board Policy 6.020 "Chief Information Office Board Letter Approval", the Office of the Chief Information Officer (OCIO) reviewed the information technology (IT) components of this request and recommends approval. The OCIO determined that this recommended action does not include any new technology items that would necessitate a formal written CIO Analysis.

The Department has evaluated and determined that the Living Wage Program (County Code Chapter 2.201) does not apply to the recommended amendment, and the Agreement, and are exempt from Proposition A (County Code Chapter 2.121).

CONTRACTING PROCESS

On July 5, 2022, DHS notified the Board (Attachment A) of its intent to commence negotiations with Contractor for the sole source Amendment in accordance with Board Policy No. 5.100. The Sole Source Checklist is attached as Attachment B in compliance with the revised Board Policy 5.100. DHS has determined that the continuity of the Agreement is in the best economic interest of the County.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will allow Contractor to continue providing the case management and housing solution, which will enable DHS to increase program efficiency, streamline referral processes, reduce referral and placement wait times, and promote collaboration across DHS programs.

The Honorable Board of Supervisors
October 4, 2022
Page 7

Respectfully submitted,

Reviewed By:

Christina R. Ghaly, M.D.
Director

Peter Loo
Acting Chief Information Officer

CRG:PL:sm

Enclosures

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

July 5, 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

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 A SOLE SOURCE AMENDMENT WITH
ECCOVIA, INC., DBA CLIENTTRACK**

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

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



www.dhs.lacounty.gov

This is to advise the Board of Supervisors (Board) that within the next six months, the Department of Health Services (DHS) intends to return to the Board to request approval to amend Agreement No. H-706815 (Agreement) with Eccovia Inc., DBA ClientTrack (Eccovia) for the Comprehensive Health Accompaniment Management Platform (CHAMP), to increase the contract amount and extend the term of the Agreement.

The Agreement will expire on November 11, 2022, and has optional extension periods through May 11, 2027, but does not have sufficient funding for the optional periods. Although the Agreement was awarded after a competitive solicitation, increasing the agreement sum is on a sole source basis, and therefore, is subject to the Board's Sole Source Policy. DHS also intends to extend the term of the Agreement beyond May 11, 2027, as CHAMP provides a critical platform for case management and housing solutions that increases program efficiency, streamlines referral processes, reduces referral and placement wait times, and promotes collaboration across DHS programs.

DHS has determined that the continuity of the Agreement is in the best economic interest of Los Angeles County (LA County). Board Policy No. 5.1000 requires written notice to the Board when departments do not have delegated authority to increase the maximum amount of a current contract or extend the term of a current contract beyond its original term.

Background

On March 29, 2015, the Board approved the Agreement, awarded through a Request for Proposals process, and were awarded with an initial contract sum of \$4,816,606 for a ten year support term. At the time of implementation and Board approval, Housing for Health (HFH) was the only program utilizing CHAMP. HFH provides housing and services to highly vulnerable and medically complex individuals and families. The HFH programs that currently use CHAMP include Permanent Supportive Housing, Street-Based Services, Countywide Benefits Entitlement Services Team Program (CBEST), Sobering Center, Interim Housing, Rapid Rehousing, and Enriched Residential Care.

On November 1, 2016, the Board accepted a \$450 million award from the California Department of Health Care Services (DHCS) to launch the LA County Whole Person Care (WPC) Pilot Program which required a care management platform. Another solicitation was conducted for a care management platform and Eccovia was selected to expand its CHAMP to support the WPC program. WPC provided critical, targeted services to high-risk individuals in five target populations: 1) homeless; 2) justice-involved; 3) serious mental illness; 4) severe and/or persistent substance use disorder; or 5) medical issues. Additional amendments were executed to increase the contract sum to support the addition of these programs. The current maximum agreement sum is \$14,046,606.

The Office of Diversion and Reentry (ODR) was created in September 2015 by the Board to develop and implement programming for justice-involved individuals in order to improve health outcomes, increase self-sufficiency and reduce recidivism. ODR also needed an IT solution to support their programs and was able to use CHAMP through WPC funding. ODR programs utilizing CHAMP include Reentry-Intensive Case Management Services, Permanent Supportive Housing, Interim Housing Services, Skills and Experience for the Careers of Tomorrow, Developing Opportunities and Offering Reentry Solutions, and Youth Development Services. The addition of the ODR programs to the Agreement did not include a corresponding increase to the maximum agreement sum.

Having both ODR and HFH utilize CHAMP has streamlined user experience and assisted with collaboration, care improvement, information sharing, quality improvement metrics, and reporting among providers and care management teams.

Justification

In January 2022, DHCS launched California Advancing and Innovating Medi-Cal (CalAIM), a five-year reform to move to a more integrated and people-centered approach to care for people with the most complex health and social needs, including those with behavioral health conditions, people experiencing homelessness, and older adults with low incomes, among others. CalAIM funding has become available to DHS as a funding source to support non-clinical interventions by leveraging the WPC

approach. Through this new funding stream, DHS must report on new data elements required by managed care plans and health plans. These mandatory reporting guidelines require system modifications to CHAMP, which will require additional funding.

An increase in the maximum agreement sum is necessary for Eccovia to continue supporting and maintaining the system, as well as configuring the system to meet the CalAIM reporting requirements and ongoing system enhancements to support changes in programmatic workflows. Without CHAMP, DHS will not be able to triage, assign, and monitor housing and supportive services for clients. There are currently 3,209 active user accounts and 160 agencies using CHAMP, which account for 139,319 current clients and 188,161 client applications. These numbers have grown significantly in recent years due to the addition of new DHS programs and the increase of service providers. Due to the successful implementation and track record of CHAMP, the numbers of users and agencies using CHAMP is far more than initially anticipated and included in the maximum agreement sum. Additional funding is necessary to keep CHAMP operating with uninterrupted services among the DHS programs.

CHAMP is a proprietary platform customized for LA County. Over the years, it has been significantly enhanced to support a myriad of care and case management programs at DHS. The LA County team has also received extensive training on the platform and has achieved efficiencies in how best to support CHAMP internally. In light of the extensive customizations and enhancements to CHAMP, it is in the best economic interest of LA County to both increase the maximum agreement sum and increase the term of the agreement for the continued provision of CHAMP.

Conclusion

DHS has determined that Eccovia is uniquely positioned to continue providing the case management and housing solution for DHS. Due to the urgency of these negotiations, if no objection is received from the Board within ten business days of receipt of this Board notification, DHS will begin negotiations with Eccovia. DHS anticipates returning to the Board in September 2022 for approval of the Amendment.

If you have any questions, you may contact me or your staff may contact Clemens Hong, M.D., Director of Community Programs, by email at CHong@dhs.lacounty.gov.

CRG:sa

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

SOLE SOURCE CHECKLIST

Department Name: Department of Health Services

- ☐ New Sole Source Contract
- ☒ Sole Source Amendment to Existing Contract Date
Existing Contract First Approved: March 29, 2016

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS 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.
	➤ 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.
	➤ 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 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

Digitally signed by Erika
Bonilla
Date: 2022.08.18 18:22:09
-07'00'

Chief Executive Office

8/18/22

Date



Health Services
LOS ANGELES COUNTY

AMERICAN RESCUE PLAN TRANCHE 2 DHS Programs

HEALTH & MENTAL HEALTH CLUSTER
WEDNESDAY,
SEPTEMBER 21, 2022

Community Testing

Program Description

To manage and reduce the spread of COVID-19 by providing COVID-19 testing within neighborhoods, high need communities and with justice-involved individuals and people experiencing homelessness living in settings where the likelihood of experiencing an outbreak is high.

ARP Allocation

Tranche 1 (\$Millions)	Mid-Tranche Adjustments (\$Millions)	Tranche 2 (\$Millions)	Total (\$Millions)
\$0.00	\$0.00	\$95.00	\$95.00

Office of Diversion and Reentry Interim Housing Beds

Program Description

The ODR interim housing beds will serve people with severe mental illness and physical health issues, including the MIST population who are COVID-19 vulnerable, and released from jail as part of the jail's decompression effort.

ARP Allocation

Tranche 1 (\$Millions)	Mid-Tranche Adjustments (\$Millions)	Tranche 2 (\$Millions)	Total (\$Millions)
\$5.00	\$0.00	\$5.00	\$10.00

Office of Diversion and Reentry

Job Programs for Reentry Populations (SECTOR)

Program Description

The Skills and Experiences for the Careers of Tomorrow (SECTOR) Expansion program aims to increase employment and wages, while decreasing trauma and violence for people interested in career development; and impacted by the criminal legal system and gun violence ages 16+ in the Compton area. Participants will be recruited through a partnership with the Office of Violence Prevention with a goal of serving 160 – 200 participants and supporting them in gaining employment that will pay a living wage.

ARP Allocation

Tranche 1 (\$Millions)	Mid-Tranche Adjustments (\$Millions)	Tranche 2 (\$Millions)	Total (\$Millions)
\$1.00	\$0.00	\$1.00	\$2.00

Housing for Health: Homelessness Prevention Unit (HPU)

Program Description

HPU is a proactive, data-driven prevention program to identify DHS and DMH clients who are at high risk of becoming homeless and support them in stabilizing their housing and improving their overall health. Clients are provided with flexible financial assistance, including rental assistance, utility assistance, vehicle repair and debt resolution, as well as linkages to County services such as health and mental health services, substance use treatment, employment/education support, benefits advocacy, and legal services.

ARP Allocation

Tranche 1 (\$Millions)	Mid-Tranche Adjustments (\$Millions)	Tranche 2 (\$Millions)	Total (\$Millions)
\$13.75	\$0.00	\$11.25	\$25.00

Housing for Health: Intensive Case Management (ICMS) and Tenancy Support Services (TSS) for Federal Voucher Holders

Program Description

ICMS provides wrap-around support to those with housing vouchers, often starting with crisis intervention and referrals to mental and physical healthcare services. Other services include connection to disability benefits, retaining rental subsidies, assistance with life skills, job skills, and volunteer, educational and vocational opportunities. TSS ensures clients are able to secure a lease and stay housed through landlord engagement and client education.

ARP Allocation

Tranche 1 (\$Millions)	Mid-Tranche Adjustments (\$Millions)	Tranche 2 (\$Millions)	Total (\$Millions)
\$16.70	\$0.00	\$48.30	\$65.00

Housing for Health: Rental Subsidies for Permanent Supportive Housing (PSH)

Program Description

PSH is a combination of a rental subsidy and supportive services (i.e., ICMS). It is an evidence-based practice that is critical in ending the cycle of homelessness for vulnerable people who have multiple complexities in securing and maintaining long-term housing. Housing may be specifically designed for this use in a “project-based” model or procured in the private rental market where a person may utilize a “tenant-based”-rental subsidy

ARP Allocation

Tranche 1 (\$Millions)	Mid-Tranche Adjustments (\$Millions)	Tranche 2 (\$Millions)	Total (\$Millions)
\$30.00	\$0.00	\$70.50	\$100.50



Health Services
LOS ANGELES COUNTY



Department of Public Health Allocation for ARP Tranche 2

Presented by:

Deborah Allen

Noel Bazini-Barakat

David Cardenas

9/19/2022



Summary of DPH Tranche 2 Funding

Program	Tranche 2 Award (Millions)
Trauma Prevention Partnership (1.6: Direct Comm Services)	\$5.0
Market Match (2.5: Healthy Families)	\$1.0
Domestic Violence Shelter-Based Program (2.6: Addressing Trauma and Violence)	\$3.1
Grocery Voucher Program (2.7: Food Resources)	\$5.0
Community-Based Outreach (3.2: Hyperlocal and Community-Based Outreach)	\$7.5
Sustained Public Health Response and Supports for COVID-19 (3.3: Support the sustained PH response for COVID-19)	\$135.0
Total	\$156.6

Trauma Prevention Partnership

- Receiving \$5 million.
- Trauma Prevention Partnerships (Tranche 1) provides grants to community-based organizations to support violence disruption, mediate conflict, address factors contributing to gun and gang violence and promote culturally relevant healing.
- ARP funding builds on current strategies implemented by OVP and aligns with priorities defined in the OVP Strategic Plan.
- Focus on communities with high rates of violence.
- Tranche 2 funding will continue investment in violence disruption and healing services and support expansion of violence prevention services.

Market Match

- Receiving \$1 million
- Market Match is a healthy food incentive program which distributes funds to overcome financial barriers for low-income residents to buy fresh produce at farmers' markets in LA County
- Initial investment (\$2 million) helps expand the program throughout Los Angeles County to reach new participants not previously served by the program and ensure that CalFresh and WIC participants can purchase more healthy foods with their benefits, resulting in 70,000 transactions
- Tranche 2 funding will continue to extend purchasing power of CalFresh and WIC participants and support continued expansion of program

Domestic Violence Shelter-Based Program

- Receiving \$3.1 million
- Funds go to contracted DV agencies to continue Tranche 1 activities
- Programs will provide 24- hour shelter, food, clothing, basic needs, case management and counseling, necessities of life, legal services and childcare to survivors of domestic violence.
- Evaluation focuses on clients' increasing sense of safety and resultant sense of empowerment, helping them move towards employment, education/training, and increased economic stability.
- ARP Project Objectives include a 60% increase in client perception of safety; 40% increase in client income.

Grocery Voucher Program

- Receiving \$5M
- The Grocery Voucher program provides cash value benefits for low-income, vulnerable communities (e.g. immigrants, at risk youth) who do not qualify for CalFresh or other long-term food support programs to purchase food for themselves and their families
- Initial investment (\$10 million) provides vouchers for 10,000 households (\$600-\$950, depending on household size)
- Tranche 2 funding will allow Grocery Voucher program to extend to an estimated 5,000 households

Community-Based Outreach

- Receiving \$7.5M
- Support for community-based partnership, promotores programs, community health workers, and community ambassador programs to ensure local communities are aware of recovery resources and services as they emerge from the pandemic.
- Expand efforts to provide outreach and education for communities disproportionately impacted by a variety of health conditions and/or emerging health issues.



Sustained Public Health Response and Supports for COVID-19

Receiving \$135M

Details on next slide



Program Name	Program Description
Outbreak Management (including PEH)	To respond to outbreaks in Skilled Nursing and Long-Term Care Facilities, among persons experiencing homelessness in both shelters and encampments, at K-12 schools, colleges and universities, and worksites in Los Angeles County; identify possible sources of exposures and provide guidance to reduce risk of ongoing transmission, including improved infection control.
Disease Surveillance	To sustain systems to track and manage data, identify cases, and detect possible clusters and outbreaks, to provide guidance to providers on response efforts, and to use early notification systems to minimize risk and prevent outbreaks. In particular, tracks hospitalizations and fatalities, integrates data with vaccine to detect vaccine escape. Provides data on nursing homes county wide as well as equity metrics in an ongoing effort to protect the most vulnerable in the county.
Worker Health and Safety in Prioritized Sectors	Partner with 1) Worker Center CBOs who focus in HPI+ locations and racial-ethnic worker groups and 2) training partners UCLA-LOSH and SoCal COSH to train staff from the CBOs and worker centers on the County Health Officer Orders, various worker protection ordinances, infection control and provide as needed technical assistance to the organizations. Community Partners will provide outreach, engagement, technical assistance to workers and business owners in sectors hardest hit by COVID-19 outbreaks, and support expanded vaccination efforts in hard-to-reach worker populations. Through Public Health Councils, workers will discuss how to increase COVID safety on the job, conduct peer-to-peer education about the need for worksite compliance, and learn how to file complaints with Environmental Health when businesses are out of compliance with HOOs or Title 11 of the Los Angeles County Code, and how to file complaints of employer retaliation with the Department of Consumer and Business Affairs
Closing the Gap through Mobile Vaccinations	Work with Vaccine partners (including CBOs, ambulance services, testing providers, and local private pharmacies) to close the gaps in vulnerable communities with low vaccination and booster rates, particularly in HPI+ zip codes to reduce COVID hospitalizations and deaths in those areas. Communities of concern: Latino men, homebound, African American, seniors, PEH, and children. Use community health workers to facilitate information sharing to increase vaccination rates among those hardest hit.
Full-Service Centers for COVID response	Focused in 3 HPI+ community-based sites, the centers will streamline and centralize COVID services in one location (includes providing resources, testing, vaccinations, and therapeutics). Clinical staff, community health workers, and other staff will support operations at these key centers. The Call Center will also support connecting residents to these centers and other relevant resources, using linguistically and culturally appropriate care and services.
Access to COVID Therapeutics via Telehealth	Expand access to therapeutics by providing free in-home telehealth visits and free delivered prescriptions utilizing positive test data from partner testing sites in the HPI+ communities that have continuously been highly impacted by COVID hospitalizations and death.
Safe and Healthy Schools	Boost vaccination rates and reduce transmission of COVID-19 through technical assistance and infectious disease control education in HPI+ schools utilizing networks and infrastructures established in COVID response. Administer programs to train parent and student ambassadors as peer health educators to disseminate COVID-related information in culturally and linguistically appropriate methods, at wellbeing centers and through ambassador programs.
Antigen/OTC Testing kits in HPI zip codes and high-risk groups	Provide OTC test kits to HPI+ communities in order to sustain and protect an open economy, control spread of disease and increase resources to our most impacted residents. OTC tests will allow HPI+ residents, people in high risk congregate settings such as shelters and skilled nursing facilities, and schools and other high-risk settings, to identify COVID early and take steps to protect themselves and their loved ones. This approach has proven highly effective in providing early detection and mitigation in ECE and K-12 schools, PEH shelters and SNFs.