

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, October 26, 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.

11:30 A.M. NOTICE OF CLOSED SESSION

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Government Code Section 54956.9(a)
Sitha Thach, et al. v. County of Los Angeles et al.
United States District Court Case No. 2:18-cv-10702
Department of Health Services
Sheriff's Department

- I. Call to order
- II. Discussion Item(s):

a. DHS: Strategic Plan

b. DPH: Domestic Violence Awareness & Violence Prevention

III. Presentation Item(s):

- **a. DMH:** Approval to Amend an Existing 24-Hour Residential Contract with Hillview Mental Health Center, Inc., to Increase the Maximum Contract Amount for Fiscal Year 2022-23 and Any Subsequent Fiscal Year
- 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



STRATEGIC GOALS





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

Recognized nationally as a model integrated health system

Welcoming | Inclusive Compassionate | Excellent Innovative | Accountable

GOALS

Health Services



POPULATION HEALTH/ VALUE BASED CARE

Provide patients with the services and supports needed to enhance their long-term health and wellness

WORKFORCE

Recruit, develop and support staff and managers who can effectively help DHS achieve its mission





QUALITY/ PATIENT EXPERIENCE

Improve service levels and clinical outcomes among patients accessing care



Safeguard DHS' long-term fiscal and organizational viability by maximizing revenue and reducing unnecessary expenditures







POPULATION HEALTH VALUE BASED CARE



POPULATION HEALTH

- Ensure patients are actively engaged with their medical home for all clinically appropriate care.
- Optimize equitable access to high-quality, culturally appropriate health and community-based services that enhance long-term health and wellness.
- Efficiently utilize inpatient services for those with acute care needs.
- Mitigate social and structural determinants of equity that contribute to health inequities.
- Increase community-based services, treatment, and housing placements for persons experiencing homelessness and justice involved populations in a fiscally sustainable manner.



QUALITY PATIENT EXPERIENCE



QUALITY PATIENT EXPERIENCE

- Ensure timely access to essential medical, surgical, ancillary, and diagnostic specialty resources.
- Demonstrate excellent clinical outcomes for all patients, with an explicit focus on racial equity and services to patients from historically marginalized communities.
- Improve the equity, access, and experience of care.
- Establish effective and broad-reaching internal and external communications.



WORKFORCE



WORKFORCE

- Create an inclusive, equitable workplace culture and foster staff wellbeing.
- Build a skilled and diverse workforce more representative of the communities DHS serves through transparent, holistic, and data-driven recruitment, hiring, retention and promotion processes.
- Identify and develop highly effective managers/supervisors.
- Advance organizational and individual engagement and effectiveness.
- Implement EDIA capacity-building for all workforce members.



FISCAL SUSTAINABILITY



FISCAL SUSTAINABILITY

- Accurately and completely capture data needed to support cost accounting and itemized billing.
- Optimize purchasing and contracting with diverse vendors who demonstrate positive environmental impact, equitable business practices, and fiscal responsibility.
- Improve margin on contracted and noncontracted payers.
- Successfully implement a redesigned
 Medicaid payment program that optimizes clinical and fiscal outcomes.





October is Domestic Violence Awareness Month

Nicolle Perras, Interim Executive Director

Domestic Violence Council

Ellen Eidem, Director
Office of Women's Health

Chanel Smith, Executive Director Women and Girl's Initiative

October 26th, 2022



Domestic Violence is a Public Health Issue

- Nationally, an estimated 1 in 2 women and 2 in 5 men reported experiencing contact sexual violence, physical violence, and/or stalking by an intimate partner (lifetime)
- The rates are even higher for members of the LGBTQI+ community
- Almost 75% of female victims of IPV reported that they were first victimized before age 25, and over 25% before age 18
- Over half of Los Angeles Department of Children and Family Services (DCFS) cases involve DV
- Most women in LAC who are homeless or housing insecure have experienced DV



Impacts of DV/IPV

- As reported in the U.S. Women, National Intimate Partner and Sexual Violence Survey (NISVS), 2016/2017 –
 - 1 in 4 were fearful
 - 1 in 3 were injured
 - 1 in 4 were concerned for safety
 - 1 in 3 had PTSD symptoms
 - 1 in 8 needed medical care
 - 1 in 6 needed help from law enforcement

^{1.} Leemis R.W., Friar N., Khatiwada S., Chen M.S., Kresnow M., Smith S.G., Caslin, S., & Basile, K.C. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.



Public Health Approach

- Data Driven
- Population Based
- Health Equity, Social Determinants of Health
- Collaborative and Inclusive of Survivors with Lived Expertise
- Community Engagement
- Focuses on Prevention
- Reduces Risks
- Increases Protective Factors and Reduces Risk Factors



How is Los Angeles County Addressing DV/IPV?

- Domestic Violence Council (Nicolle Perras, Interim ED)
 - Six Committees
 - Collaboration with LA City DVA
- Office of Women's Health (Ellen Eidem, Director)
 - Shelter and Supportive Services Contracts
 - Collaboration with DPSS, Contracted Agencies
- Domestic Violence & Homelessness Services Coalition (Amy Turk and Elizabeth Eastland, Co-Chairs)
- Women and Girls Initiative (Chanel Smith, WGI ED)



Domestic Violence Council

Nicolle Perras, Interim Executive Director



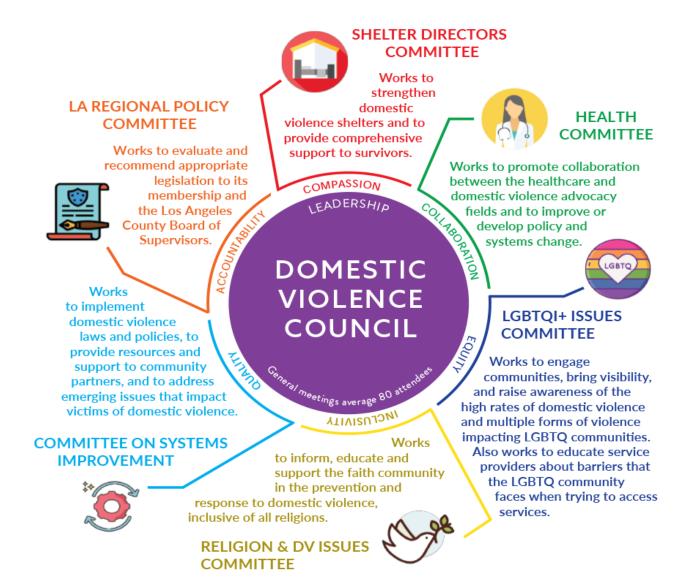


Origin of the Domestic Violence Council (DVC)

- Created in 1979 with in the CEO's office to streamline DV efforts for the county
 - Providing a coordinating entity for DV providers to center provider and survivor advocacy, service delivery, and collaboration with a focus on systemic changes
 - Does not provide direct services
- DVC was transferred to Department of Public Health in 2018
 - DV community consensus that DV/IPV needs to be viewed and addressed as a PH issue



Domestic Violence Council Structure





Domestic Violence Council Working with the Public

INFORMING THE PUBLIC

Reaching Out INTIMATE PARTIES PIDLANCE RESOURCES - INFORMATION - SAFETY THE PARTIES OF THE PART

The DVC produced the "Reaching Out" booklet, a resource guide addressing intimate partner violence.

10,000 copies were distributed in just two months.

RAISING AWARENESS



The DVC provides
leadership and training
about intimate
partner violence. In
collaboration with
the DVC, Domestic
Violence Awareness
Training is now
available to all County
employees online.

HONORING THE COMMUNITY



The DVC hosts annual awards to acknowledge individuals and agencies for their outstanding work in supporting survivors and their tireless effort to break the cycle of abuse.



Shelter and Supportive Services for DV Survivors and their Families

Ellen Eidem, Director
Office of Women's Health



Office of Women's Health Contract Administration

- Domestic Violence Shelter-Based Services (DVSBP)
- Domestic Violence Support Services (DVSS)

Contracts were transferred to DPH OWH from Department of Public Social Services (DPSS) in July 2018 to:

- ✓ Apply a Public Health lens
- ✓ Address upstream issues, intersectional issues, prevention
- ✓ Consolidate DV efforts in the County within DPH (OVP, DVC, OWH)
- ✓ Meet and strengthen the needs of DV survivors
- ✓ Build a partnership with contract agencies



Domestic Violence Shelter-Based Program (DVSBP)

- Mandated by the California Welfare and Institution Code (W&IC) Section 18290 through 18309.8, County must:
 - Operate 24/7 shelter in LA County
 - Operate a 24/7 telephone hotline for crisis calls
 - Provide temporary housing and food facilities
 - Psychological support and peer counseling
 - Referrals to existing services in the community
 - Operate a drop-in center to assist victims of DV who need support services
 - Arrangements for school age children to continue education during stay in DVSBP
 - Emergency Transportation as feasible



Domestic Violence Shelter-Based Program

- Any County resident is eligible for DVSBP services.
- At least 3 shelters in each SD.
- 18 DVSBP Contracts cover <u>29</u> operating shelters throughout LAC.
 - \$1.2 M is funded through the Domestic Violence Special Fund (GQ3 / Presley Fund) – decreased over time from \$2.2 M
 - \$23 per marriage license and two-thirds of fees collected from convicted batterers/perpetrators are deposited into the Domestic Violence Special Fund.
 - Each shelter is allocated an equal share of the available funds from the Special Fund
 - Funds are unrestricted
 - 1,148 unduplicated clients seen in FY 21-22



Domestic Violence Shelter-Based Program (cont.)

New Additional DVSBP Funding for Contracted Shelters

- \$3.1 M in new ongoing funding to DPH to stabilize, sustain and expand the County's DVSBP program
- October 2022 Board approval; additional funds not yet distributed.
- Agencies will now receive \$4.1 M per year, 30 percent offset by the Domestic Violence Special Fund and 70 percent offset by Net County Cost



Domestic Violence Support Services (DVSS) – Includes Case Management and Legal Services

Case Management (CM):

- Assessment, service and safety planning.
- Individual, family & peer counseling and support
- Licensed therapy
- Temporary-transitional housing up to 75 nights
- Linkage to medical, mental health, substance abuse treatment
- Life skills classes
- DV education classes
- Job skills and vocational training
- Court Support/Restraining orders
- Child Youth Activity

Legal Services (LS):

- Family Law
- Immigration Law
- Benefits Access Advocacy
- Restraining Orders



Domestic Violence Support Services

- 42 Contracts
 - 29 CM; 5 LS only, and 8 both CM & LS
 - Unduplicated Clients for FY 20-21: CM = 4,276; LS = 1,458
- \$18.2 M is funded through CalWORKs, GR, and GROW passed through DPSS
- CalWORKs provides temporary financial assistance and employment services to families with minor children
- Funding for services are on a fee-for-service basis
- DVSS sites in all Supervisorial Districts



Additional funding sources over the last few years

- DPH Substance Abuse Prevention and Control Program (SAPC) piloted a program targeting the intersection between DV and SUD
- Coronavirus Aid, Relief, and Economic Security (CARES) Act and CARES Act 2.0 – Shelter and Support Services provided to both CalWORKs and non-CalWORKs clients
- Los Angeles Homeless Services Authority (LAHSA) Supportive Services provided to DV Clients at DV Shelters
- American Rescue Plan (ARP) Tranches 1 and 2



ARP - Key Aspects for DV Shelter and Supportive Services Project

- ARP for DV survivors is a response to the economic and social harm DV survivors experienced that resulted from (or worsened) by the COVID-19 pandemic.
- LAC's commitment to equity includes ensuring that resources are expanded to residents most impacted by the pandemic, poverty, or from historically hard-to-reach communities.
- DV survivors are some of the most vulnerable and impacted residents in LAC.
- All ARP projects set project outcomes, use evidence-based interventions or tools, include data collection and an evaluation.



ARP Project Goal & Services

Project Goal:

DV survivors in the project will move towards obtaining a sense of safety, healing, social and emotional well-being, by having access to domestic violence sheltering and supportive services which will lead them to gaining financial and housing stability.

31 Contractors chose to participate

\$8 M allocated

Project Services to be Provided

Sheltering (DV Shelter/Hotel)

Legal Services (Safety, Financial Security, Immigration)

Case Management (Empowerment, Financial Security, Resources)

Counseling/Mental Health (Empowerment, Addressing Trauma)

Necessities of Life (Food, Clothing, Transportation)

Childcare



Measuring "Safety Related Empowerment"

Data
Collection
Tool =
MOVERS

The Measure of Victim
Empowerment Related to
Safety (MOVERS) is an
evidence-based assessment
tool consisting of 13 questions

Answers to the questions are combined to create an overall score of safety-related empowerment and can be used to track the progress of DV clients over time



Challenges for Contractual Work

- Agency needs are greater than resources
- Client needs are intersectional
- Goals place emphasis on prevention, trauma, collaboration, and training, but reality is different with current resources and requirements
- Contractual obligations burdensome for providers and staff.
- Many clients don't fit into the CalWORKs eligibility.
- Understaffing
- Additionally for ARP: documentation, reporting, time constraints



Program and Policy Gaps for DV Services in LA County

- Needs outweigh Resources:
 - > DVSS providers are not funded to serve non-CalWORKs recipients
 - Single, older, special populations underserved
 - > Services for immigrants who are not CalWORKs eligible don't generally have an ongoing funding source
 - Address intersections of DV, Sexual Assault, Human Trafficking, SUD, & Homelessness
 - ➤ Infrastructure does not exist for a "real time bed count" or a 24-hour call center to field/direct requests
 - Many Long-Term Housing Policy Recommendations from DV & Homelessness Services Coalition including:
 - Stabilizing and funding DV/SV/HT shelter systems,
 - > Funding for permanent housing increasing access to safe housing
 - Supporting and expanding the LAC DV Regional Coordinators
 - Increasing access to supportive services for survivors, especially most vulnerable



Preventing DV/IPV and Teen Dating Violence

- Goal: elevate evidence-based prevention programs within DPH
 - Engage youth
 - Create allyship for men and boys
 - Healing centered groups for perpetrators
 - Increase prevention education in schools
 - Create safe spaces in communities
 - And others that focus on addressing social determinants of health and protective factors
- Challenge:
 - Need to identify funding, resources, and staffing and build capacity.





Chanel Smith, Executive Director

Women and Girls Initiative - DV



What WGI Is Up To



- Collaboration with DCBA and Poverty Alleviation to support DV survivors with economic mobility
- Supports The Alliance for Girls as it builds a coalition of agencies that serve girls to create and define for themselves a world that is safe
- Structuring and developing a Sexual Assault Advisory Council in coordination with the Board



What WGI Is Up To



- Coordinating with Public Health and the LA City Attorney on reproductive coercion to ensure the Safe Haven Access Program (SHAP) takes the intersection of this population into account
- Co-chair the OVP gun violence group with DA to focus on restraining orders and red flag laws
- Works with probation on programming for girls who experience trafficking



Where to go for help for DV/IPV

- Los Angeles County DV Hotline – 800-978-3600 (zip code)
- LA County DV Council website: publichealth.lacounty.gov /dvcouncil
- National DV Hotline: -800-799-SAFE (7233) or TTY -1-800-787-3224 or Text LOVEIS to 22522 or thehotline.org
- 211



HOTLINES ARE AVAILABLE 24/7 AND ARE
CONFIDENTIAL
FRIENDS AND FAMILY CAN CALL A HOTLINE TOO



Questions



BOARD LETTER/MEMO CLUSTER FACT SHEET



CLUSTER AGENDA REVIEW DATE	10/26/2022	
BOARD MEETING DATE	11/15/2022	
SUPERVISORIAL DISTRICT AFFECTED	☐ All ☐ 1 st ☐ 3	2 nd
DEPARTMENT(S)	Mental Health	
SUBJECT		ur Residential Treatment Contract with Hillview Mental Health Center, num Contract Amount for Fiscal Year 2022-23 and Any Subsequent
PROGRAM	Mental Health Services Act	(MHSA)
AUTHORIZES DELEGATED AUTHORITY TO DEPT	⊠ Yes □ No	
SOLE SOURCE CONTRACT	☐ Yes	
	If Yes, please explain wh	ny:
DEADLINES/ TIME CONSTRAINTS	11/15/2022	
COST & FUNDING	Total cost: \$307,459 per FY	Funding source: State MHSA, Federal Financial Participation Medi-Cal, and State Aid Mental Health revenue
	TERMS (if applicable):	
	FY 2022-23 and any subse	equent fiscal year
	Explanation:	
PURPOSE OF REQUEST	their previous Board-appro	nter Inc. is a Crisis Residential Treatment Provider that has reached wed 25% delegated authority and requires an increase in their MCA to sion of specialty mental health services in a sub-acute setting.
BACKGROUND (include internal/external issues that may exist including any related motions)	with Hillview Mental Healt services for Medi-Cal benef numbers of beds available the number of clients in ps	approved the execution of a 24-Hour Residential Treatment Contract th Center, Inc. for the delivery of sub-acute psychiatric residential ficiaries and/or uninsured clients. The increase in MCA will expand the from 12 beds to 15 beds, which will allow the County to decompress sychiatric emergency and inpatient units by discharging clients from utpatient residential programs.
EQUITY INDEX OR LENS WAS UTILIZED	Yes No If Yes, please explain how	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	2 "Alliance for Health Integr	one(s) and explain how: This Board Letter supports Board Priority No. ration" and will allow DMH to meet the County's shortage of psychiatric ciency of placing high-need clients in this intensive crisis residential
DEPARTMENTAL CONTACTS		Email: ity Director, (213) 943-8745, <u>amaruiz@dmh.lacounty.gov</u> Counsel, (213) 974-1827, <u>eissa@counsel.lacounty.gov</u>

OTHER OF LOS ANGERES

DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D. Interim Director

Curley L. Bonds, M.D. Chief Medical Officer Connie D. Draxler, M.P.A. Interim Chief Deputy Director

November 15, 2022

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

Dear Supervisors:

APPROVAL TO AMEND AN EXISTING 24-HOUR RESIDENTIAL CONTRACT WITH HILLVIEW MENTAL HEALTH CENTER, INC., TO INCREASE THE MAXIMUM CONTRACT AMOUNT FOR FISCAL YEAR 2022-23 AND ANY SUBSEQUENT FISCAL YEAR (SUPERVISORIAL DISTRICT 3) (3 VOTES)

SUBJECT

Request approval to amend the existing Department of Mental Health 24-Hour Residential Treatment Contract with the Hillview Mental Health Center, Inc., to increase the Maximum Contract Amount for Fiscal Year 2022-23 and any subsequent fiscal year for the continued provision of specialty mental health services at its crisis residential treatment program.

IT IS RECOMMENDED THAT YOUR BOARD:

- 1. Approve and authorize the Interim Director of Mental Health (Interim Director), or her designee, to prepare, sign, and execute an amendment (Attachment I) to the existing Department of Mental Health (DMH) 24-Hour Residential Treatment Contract with Hillview Mental Health Center, Inc., to increase the Maximum Contract Amount (MCA) for Fiscal Year (FY) 2022-23 and any subsequent fiscal year by \$307,459 per fiscal year, fully funded by State Mental Health Services Act (MHSA), Federal Financial Participation (FFP) Medi-Cal, and State Aid Mental Health revenue, effective upon Board approval.
- Delegate authority to the Interim Director, or her designee, to prepare, sign, and execute future amendments to the Contract in Recommendation 1 to revise the language; revise the annual MCA; add, delete, modify, or replace the Service Exhibit(s) and/or Statement(s) of Work; and/or reflect federal, State, and County regulatory

The Honorable Board of Supervisors November 15, 2022 Page 2

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; 2) sufficient funds are available; and 3) any 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 Interim Director, or her designee, to terminate the Contract described in Recommendation 1 in accordance with the termination provisions, including Termination for Convenience. The Interim 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 24-Hour Residential Treatment Contract with Hillview Mental Health Center, Inc. for the continuous delivery of sub-acute psychiatric residential services for Medi-Cal beneficiaries and/or uninsured clients since the Contract has reached its previous Board-approved 25 percent delegated authority. Increasing the MCA will allow DMH to decompress the number of clients in psychiatric emergency and inpatient units by supporting ongoing efforts to discharge clients from acute hospital settings to outpatient residential programs. Hillview Mental Health Center, Inc. is a sub-acute residential provider in Supervisorial District 3, service area 2, that provides Crisis Residential Treatment Program (CRTP) services as an alternative to acute hospital care and has the capacity to expand the number of beds available to DMH from 12 beds to 15 beds. The three additional beds are essential to meet the increasing demand of transitional residential beds and to also link clients to various resources and mental health services.

Board approval of Recommendation 2 will allow DMH to amend the 24-Hour Residential Treatment Contract in Recommendation 1 in a timely manner, as necessary, for the continued delivery of sub-acute psychiatric residential program without interruption to clients in need of these services.

Board approval of Recommendation 3 will allow DMH to terminate the 24-Hour Residential Treatment Contract in accordance with the 24-Hour Residential Treatment Contract's termination provisions, including Termination for Convenience, in a timely manner, as necessary.

Implementation of Strategic Plan Goals

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

The Honorable Board of Supervisors November 15, 2022 Page 3

Today), via Strategy III.3 – Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability.

FISCAL IMPACT/FINANCING

For FY 2022-23, the \$307,459 increase is fully funded by State MHSA, FFP Medi-Cal, and State Aid Mental Health revenues. Sufficient appropriation for this action is included in DMH's Final Adopted Budget for FY 2022-23.

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

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On May 3, 2022, your Board authorized the Director to execute new 24-Hour Residential Treatment Contracts to place clients in need of sub-acute residential care, one of which was a contract with Hillview Mental Health Center, Inc.

DMH is seeking your Board's authority to amend the existing 24-Hour Residential Treatment Contract with Hillview Mental Health Center, Inc., by increasing their MCA, as they have reached their 25 percent delegated authority. This additional funding will allow for the expansion of CRTP services at the facility.

Attachment I, the amendment to the existing 24-Hour Residential Treatment Contract with the Hillview Mental Health Center, Inc., 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 October 11, 2022 (Attachment II), of its intent to request delegated authority of more than ten percent. 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 enable DMH to expand services of outpatient psychiatric beds by increasing Hillview Mental Health Center, Inc.'s bed capacity and delivering crisis residential treatment services at their sub-acute facility.

Respectfully submitted,

The Honorable Board of Supervisors November 15, 2022 Page 4

LISA H. WONG, Psy.D. Interim Director

LHW:CDD:CD SK:PS:atm

Attachments (2)

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

AMENDMENT NO. 3

THIS AMENDMENT is made and entered into this ____ day of <u>November</u>, 2022, by and between the COUNTY OF LOS ANGELES (hereafter "County") and <u>Hillview</u>

<u>Mental Health Center, Inc.</u> (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "Department of Mental Health 24-Hour Residential Treatment Program Contract", dated <u>July 1, 2022</u>, and further identified as County Contract No. <u>MH570010</u>, and any amendments thereto (hereafter collectively "Contract"); and

WHEREAS, on November 15, 2022, the County Board of Supervisors delegated authority to the Interim Director of Mental Health, or designee, to execute amendments to the Contract to revise the Maximum Contract Amount (MCA) and make other designated changes; 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 <u>increase</u> Mental Health Services Act (MHSA) Alternative Crisis Services (ACS) Non-Medi-Cal (Non-MC) Funded Program funds, increase MHSA ACS Medi-Cal (MC) Funded Program funds, and make other hereinafter designated changes; and

WHEREAS, as a result of the above changes in Funded Program funds, the MCA will <u>increase</u>; 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.
- 2. MHSA ACS Non-MC Funded Program funds are <u>increased</u> by \$230,624, from \$1,133,724 to \$1,364,348.
- 3. MHSA ACS MC Funded Program funds are <u>increased</u> by \$76,835, from \$330,147 to \$406,982.
- 4. For FY 2022-23 and any subsequent FY, there is a net increase to the MCA of \$307,459, from \$1,463,871 to \$1,771,330, respectively.
- 5. Financial Exhibit A (<u>FINANCIAL PROVISIONS</u>), Paragraph C, subparagraph (1) is deleted in its entirety and replaced as follows:
 - "(1) The MCA for the Initial Period of the Contract as described in Paragraph 4

 (TERM OF CONTRACT) of the DMH Contract shall not exceed

 ONE MILLION, SEVEN HUNDRED SEVENTY-ONE THOUSAND, THREE

 HUNDRED THIRTY DOLLARS (\$1,771,330) and shall consist of Funded

 Programs as shown in Exhibit B, Financial Summary."
- 6. Financial Exhibit A (<u>FINANCIAL PROVISIONS</u>), Paragraph D, subparagraphs (1),(2), and (3) are deleted in their entireties 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 Contract shall not exceed ONE

- MILLION, SEVEN HUNDRED SEVENTY-ONE THOUSAND, THREE HUNDRED THIRTY DOLLARS (\$1,771,330) 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 Contract shall not exceed ONE MILLION, SEVEN HUNDRED SEVENTY-ONE THOUSAND, THREE HUNDRED THIRTY DOLLARS (\$1,771,330) and shall consist of Funded Programs as shown in Exhibit B, Financial Summary.
- (3) Reimbursement For Third Automatic Renewal Period: The MCA for the Third Automatic Renewal Period of the Contract as described in Paragraph 4 (TERM OF CONTRACT) of the DMH Contract shall not exceed ONE MILLION, SEVEN HUNDRED SEVENTY-ONE THOUSAND, THREE HUNDRED THIRTY DOLLARS (\$1,771,330) and shall consist of Funded Programs as shown in Exhibit B, Financial Summary."
- 7. Financial Summary (Exhibit B) <u>2</u> for FY 2022-23, is deleted in its entirety and replaced with Financial Summary (Exhibit B) <u>3</u> for FY 2022-23, attached hereto and incorporated by reference. All references in the Contract to Financial Summary (Exhibit B) <u>2</u> for FY 2022-23, shall be deemed amended to state "Financial Summary (Exhibit B) <u>3</u> for FY 2022-23."
- 8. Financial Summary (Exhibit B) -2 for FY 2023-24, is deleted in its entirety and replaced with Financial Summary (Exhibit B) -3 for FY 2023-24, attached hereto and incorporated by reference. All references in the Contract to Financial

- Summary (Exhibit B) $-\frac{2}{2}$ for FY 2023-24, shall be deemed amended to state "Financial Summary (Exhibit B) $-\frac{3}{2}$ for FY 2023-24."
- 9. Financial Summary (Exhibit B) 2 for FY 2024-25, is deleted in its entirety and replaced with Financial Summary (Exhibit B) 3 for FY 2024-25, attached hereto and incorporated by reference. All references in the Contract to Financial Summary (Exhibit B) 2 for FY 2024-25, shall be deemed amended to state "Financial Summary (Exhibit B) 3 for FY 2024-25."
- 10. Financial Summary (Exhibit B) 2 for FY 2025-26, is deleted in its entirety and replaced with Financial Summary (Exhibit B) 3 for FY 2025-26, attached hereto and incorporated by reference. All references in the Contract to Financial Summary (Exhibit B) 2 for FY 2025-26, shall be deemed amended to state "Financial Summary (Exhibit B) 3 for FY 2025-26."
- 11. 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.
- 12. Except as provided in this amendment, all other terms and conditions of the Contract shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this amendment to be subscribed by County's Director of Mental Health or designee, and Contractor has caused this 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., Interim Director County of Los Angeles Department of Mental Health

<u>Hillview</u>	<u>Mental</u> <u>Hea</u>	<u>alth Cente</u>	∍r, Inc.
	CONTI	RACTOR	

Name Eva S. McCraven, Ph.D.

Title President/Chief Executive Officer (AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM: OFFICE OF THE COUNTY COUNSEL

By: Emily D. Issa Senior Deputy County Counsel

JN:Hillview MHC 24-Hrs CRTP Contract Amd #3 Increase MHSA ACS SRF#44 09.19.22 BL

LE Name: Hillview Mental Health Center, Inc.

Amendment No.: Fiscal Year: 2022-23 3 Agreement No: MH570010 Fin Sum No: 3 LE No: 00194 A C D E

Α	В	С	D	Е
Rank	Funded Programs	Medi-Cal	Local Match	Funded Program
	Categorically Funded Programs	Reimbursable ¹	Funds	Amount (Gross)
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	-	-
5	Specialized Foster Care MAT MC	Υ	-	-
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 11	DCFS Medical Hub Non-MC DCFS PHF MC	N		-
12	Comprehensive SOC Program (SAMHSA, CFDA #93.958) Non-MC	N	-	<u> </u>
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 GROW Non-MC	N 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 Y		-
37 38	Measure H Housing Supportive Services Program MC 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	Υ	-	1
	Federal/State Revenue			
44	Federal/State Revenue MC	Y		
4.5	Realignment Funded Programs			
45	DMH Mental Health Services Non-MC	N		-
46 47	DMH Mental Health Services Invoice DMH Mental Health Services MC	N Y		
48	DMH IMD Step Down Non-MC	N	-	
49	DMH IMD Step Down Invoice	N		_
50	DMH IMD Step Down MC	Y	-	_
	MHSA Funded Programs			
51	MHSA Full Service Partnership Non-MC	N		
52	MHSA Full Service Partnership Invoice	N		-
53	MHSA Adult Full Service Partnership Incentives Invoice	N		<u>-</u>
54 55	MHSA Child Full Service Partnership Incentives Invoice	N		-
55 56	MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC	Y N	-	-
56	MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice	N N		-
58	MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC	Y	-	-
59	MHSA Alternative Crisis Services Non-MC	N		1,364,348
60	MHSA Alternative Crisis Services Invoice	N		,551,570
61	MHSA Alternative Crisis Services Startup Fund Invoice	N		
62	MHSA Alternative Crisis Services MC	Y	133,400	406,982
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 PELlovoice	N		-
69 70	MHSA PEI Invoice MHSA PEI MC	N Y		<u> </u>
10	Maximum Contract Amount (MCA)	1 1	-	\$ 1,771,330
	MAXIMUM COMMAC AMOUNT (MICA)			พ เ.//เ.งงับ

1,771,330

LE Name: Hillview Mental Health Center, Inc.

LE No: 00194

Amendment No.:

Amendment No.:

Fiscal Year: 2023-24

Fin Sum No: 3

Α	В	С	D D	E
Rank	Funded Programs	Medi-Cal Reimbursable ¹	Local Match Funds	Funded Program Amount (Gross)
	Categorically Funded Programs	T		
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	-	-
5 6	Specialized Foster Care MAT MC 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	Υ	-	1
18	Juvenile Justice Program (JJCPA - New Directions) Non-MC	N		-
19	Juvenile Justice Program (JJCPA - New Directions) MC	Υ	-	•
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 Y		-
31	DHS EPIC Program MC		-	-
35 36	Measure H Housing Supportive Services Program Non-MC Measure H Housing Supportive Services Program Invoice	N 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	-	-
	Federal/State Revenue			
44	Federal/State Revenue MC	Y		-
	Realignment Funded Programs			
45	DMH Mental Health Services Non-MC	N		-
46	DMH Mental Health Services Invoice	N		-
47	DMH Mental Health Services MC	Y	-	-
48	DMH IMD Step Down Non-MC	N		-
49	DMH IMD Step Down Invoice	N		-
50	DMH IMD Step Down MC	Y	-	-
<u> </u>	MHSA Funded Programs			
51	MHSA Full Service Partnership Non-MC	N		-
52 53	MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice	N		-
7 1	IMASA Adult Full Service Partnership Incentives Invoice	N		-
54	MHSA Child Full Service Partnership Incentives Invoice	N		-
54 55	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC	N Y	-	<u> </u>
54 55 56	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC	N Y N	-	-
54 55 56 57	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice	N Y N	-	- - -
54 55 56 57 58	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC	N Y N N Y	-	-
54 55 56 57 58 59	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC	N Y N N Y	-	-
54 55 56 57 58 59 60	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice	N Y N N Y	-	-
54 55 56 57 58 59 60 61	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice	N Y N N Y N N		- - 1,364,348 - -
54 55 56 57 58 59 60 61 62	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Alternative Crisis Services MC	N Y N N Y N N N	- 133,400	- 1,364,348 - -
54 55 56 57 58 59 60 61 62 63	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Alternative Crisis Services MC MHSA Alternative Crisis Services MC MHSA Housing Supportive Services Program Non-MC	N Y N N Y N N N		- 1,364,348 - -
54 55 56 57 58 59 60 61 62 63 64	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Alternative Crisis Services MC MHSA Alternative Crisis Services Program Non-MC MHSA Housing Supportive Services Program Invoice	N Y N N Y N N N		- 1,364,34{ - -
54 55 56 57 58 59 60 61 62 63 64 65	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Alternative Crisis Services MC MHSA Housing Supportive Services Program Non-MC MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC	N Y N N Y N N Y N		- 1,364,348 - -
54 55 56 57 58 59 60 61 62 63 64 65 66	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Alternative Crisis Services MC MHSA Alternative Crisis Services MC MHSA Housing Supportive Services Program Non-MC MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC MHSA Linkage Services Invoice	N Y N N Y N N Y N N		- - 1,364,348 - -
54 55 56 57 58 59 60 61 62 63 64 65 66 67	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Alternative Crisis Services MC MHSA Alternative Crisis Services Program Non-MC MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC MHSA Housing Supportive Services Program MC MHSA Linkage Services Invoice MHSA Planning, Outreach, & Engagement Non-MC	N Y N N Y N N Y N N Y		- 1,364,348 - -
54 55 56 57 58 59 60 61 62 63 64 65 66 67 68	MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Alternative Crisis Services MC MHSA Housing Supportive Services Program Non-MC MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC MHSA Housing Supportive Services Program MC MHSA Linkage Services Invoice MHSA Planning, Outreach, & Engagement Non-MC MHSA Prevention & Early Intervention (PEI) Non-MC	N Y N N N N Y N N N N N N N N N N N N N		
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LE Name: Hillview Mental Health Center, Inc.

LE No: 00194

Amendment No.:

Amendment No.:

Fiscal Year: 2024-25

Agreement No: MH570010

Fin Sum No: 3

Α	B B	С	D	Е
Rank	Funded Programs	Medi-Cal Reimbursable ¹	Local Match Funds	Funded Program Amount (Gross)
•	Categorically Funded Programs	1		
2	Family Preservation Program Mon-Medi-Cal (Non-MC) Family Preservation Program Medi-Cal (MC)	N Y		-
3	Specialized Foster Care - DCFS MAT Non-MC	N	-	<u>-</u>
4	Specialized Foster Care Enhanced Mental Health Svcs MC	Y	_	
5	Specialized Foster Care MAT MC	Y	<u> </u>	-
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	Υ	-	•
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 CalWORKs MHS Non-MC	N		-
23		N N		-
24	CalWORKs Coordinated Entry System Invoice 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	Υ	-	-
38	Children's Outreach & Triage Team (COTT) Non-MC	N		1
39	Children's Outreach & Triage Team (COTT) Invoice	N		•
40	Children's Outreach & Triage Team (COTT) MC	Y	-	1
41	Outreach & Triage Team (OTT) Non-MC	N		-
42	Outreach & Triage Team (OTT) Invoice	N		-
43	Outreach & Triage Team (OTT) MC	Y	-	-
4.4	Federal/State Revenue	T		
44	Federal/State Revenue MC	Y		-
45	DMH Mental Health Services Non-MC	l N		
46	DMH Mental Health Services Invoice	N		-
47		IN		<u> </u>
	DMH Mental Health Services MC	Y	-	-
48	DMH IMD Step Down Non-MC	N	-	-
48 49	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice	N N	-	-
48	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice DMH IMD Step Down MC	N	-	-
48 49	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice	N N	-	
48 49 50	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs	N N Y	-	- - - -
48 49 50 51	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC	N N Y	-	- - - - -
48 49 50 51 52	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice	N N Y	-	- - - -
48 49 50 51 52 53	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice	N N Y	-	- - - -
48 49 50 51 52 53 54	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice	N N Y	-	- - - - - -
48 49 50 51 52 53 54 55	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC	N N Y	-	- - - - - - -
48 49 50 51 52 53 54 55 56	DMH IMD Step Down Invoice DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC	N N Y N N N N Y	-	- - - - - - - - - -
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48 49 50 51 52 53 54 55 56 57 58 59 60	DMH IMD Step Down Invoice DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Invoice	N N Y Y N N N N N N N N N N N N N N N N	-	- - - - - - - - - -
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48 49 50 51 52 53 54 55 56 57 58 59 60 61 62	DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Alternative Crisis Services MC	N N Y Y N N N N N N N N N N N N N N N N	-	- - - - - - - - 1,364,348
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48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65	DMH IMD Step Down Non-MC DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services Invoice MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Alternative Crisis Services Program Non-MC MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC	N N Y Y N N N N Y N N N Y N N N Y Y N N N N Y Y N N N N Y Y N N N N N N Y Y N		- - - - - - - - 1,364,348
48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services Invoice MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Alternative Crisis Services MC MHSA Housing Supportive Services Program Non-MC MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC MHSA Linkage Services Invoice	N N Y N N N Y N N N Y N N N Y N N N Y N N N N Y N N N N Y N		- - - - - - - - - 1,364,348
48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Housing Supportive Services Program Non-MC MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC MHSA Linkage Services Invoice MHSA Planning, Outreach, & Engagement Non-MC	N N Y N N N N N N N N N N N N N N N N N		- - - - - - - - - 1,364,348
48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68	DMH IMD Step Down Non-MC DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services Invoice MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Startup Fund Invoice MHSA Alternative Crisis Services MC MHSA Alternative Crisis Services Program Non-MC MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC MHSA Housing Supportive Services Program MC MHSA Linkage Services Invoice MHSA Planning, Outreach, & Engagement Non-MC MHSA Prevention & Early Intervention (PEI) Non-MC	N N Y Y N N N N N N N N N N N N N N N N		- - - - - - - - 1,364,348
48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67	DMH IMD Step Down Non-MC DMH IMD Step Down Invoice DMH IMD Step Down MC MHSA Funded Programs MHSA Full Service Partnership Non-MC MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Child Full Service Partnership Incentives Invoice MHSA Full Service Partnership MC MHSA Outpatient Care Services Non-MC MHSA Outpatient Care Services Invoice MHSA Outpatient Care Services MC MHSA Alternative Crisis Services Non-MC MHSA Alternative Crisis Services Invoice MHSA Alternative Crisis Services Startup Fund Invoice MHSA Housing Supportive Services Program Non-MC MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC MHSA Linkage Services Invoice MHSA Planning, Outreach, & Engagement Non-MC	N N Y N N N N N N N N N N N N N N N N N		- - - - - - - - - -

LE Name: Hillview Mental Health Center, Inc.

LE No: 00194

Amendment No.: 3 Agreement No: MH570010 Fiscal Year: 2025-26 Fin Sum No: 3

Rank	Funded Programs	Medi-Cal Reimbursable ¹	Local Match Funds	Funded Progra Amount (Gros
	Categorically Funded Programs			
1	Family Preservation Program Non-Medi-Cal (Non-MC)	N Y		-
3	Family Preservation Program Medi-Cal (MC) Specialized Foster Care - DCFS MAT Non-MC	N N	-	-
4	Specialized Foster Care Enhanced Mental Health Svcs MC	Y	_	
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 14	Comprehensive SOC Program (SAMHSA, CFDA #93.958) Invoice Juvenile Justice Program (STOP) Non-MC	N N		-
15	Juvenile Justice Program (STOP) Non-MC 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 30	DCSS Forensic Center Services Invoice DHS EPIC Program Non-MC	N 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	Υ	-	
41	Outreach & Triage Team (OTT) Non-MC	N		
42	Outreach & Triage Team (OTT) Invoice	N		
43	Outreach & Triage Team (OTT) MC	Y	-	
44	Federal/State Revenue MC	ΤΥ		
44	Realignment Funded Programs	<u> </u>		
45	DMH Mental Health Services Non-MC	N		
46	DMH Mental Health Services Invoice	N		
47	DMH Mental Health Services MC	Y	-	
48	DMH IMD Step Down Non-MC	N		
49	DMH IMD Step Down Invoice	N		
50	DMH IMD Step Down MC	Y	-	
F.4	MHSA Funded Programs	l N		
51 52	MHSA Full Service Partnership Invoice	N N		,
53	MHSA Full Service Partnership Invoice MHSA Adult Full Service Partnership Incentives Invoice	N N		•
54	MHSA Child Full Service Partnership Incentives Invoice	N N		
55	MHSA Full Service Partnership MC	Y	-	
56	MHSA Outpatient Care Services Non-MC	N N		
57	MHSA Outpatient Care Services Invoice	N		
58	MHSA Outpatient Care Services MC	Υ		
59	MHSA Alternative Crisis Services Non-MC	N		1,364,3
60	MHSA Alternative Crisis Services Invoice	N		
61	MHSA Alternative Crisis Services Startup Fund Invoice	N		
	MHSA Alternative Crisis Services MC	Y	133,400	406,9
62	I	I NI		
62 63	MHSA Housing Supportive Services Program Non-MC	N		
62 63 64	MHSA Housing Supportive Services Program Invoice	N		
62 63 64 65	MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC	N Y	-	
62 63 64 65 66	MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC MHSA Linkage Services Invoice	N Y N	-	
62 63 64 65 66	MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC MHSA Linkage Services Invoice MHSA Planning, Outreach, & Engagement Non-MC	N Y N	-	
62 63 64 65 66	MHSA Housing Supportive Services Program Invoice MHSA Housing Supportive Services Program MC MHSA Linkage Services Invoice	N Y N	-	



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D. Interim Director

Curley L. Bonds, M.D. Chief Medical Officer Connie D. Draxler, M.P.A. Interim Chief Deputy Director

October 11, 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.

Interim 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 24-HOUR RESIDENTIAL TREATMENT 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 Hillview Mental Health Center, Inc.

JUSTIFICATION

On November 15, 2022, DMH will present to your Board a letter for approval to amend an existing 24-Hour Residential Treatment Contract to increase the MCA for the continued provision of specialty mental health services for Fiscal Year (FY) 2022-23 and any subsequent fiscal year, as Hillview Mental Health Center, Inc., 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 24-Hour Residential Treatment Contract in a timely manner as the Department has a need to increase the number of residential beds for individuals discharging from a hospital setting to an outpatient crisis residential program in Service Area (SA) 2. Hillview Mental

Each Supervisor October 11, 2022 Page 2

Health Center, Inc., is a sub-acute residential provider that provides psychiatric and medical services as an alternative to acute hospital care, and has the capacity to expand the number of beds available to DMH from 12 beds to 15 beds. The three additional beds are essential to meet the increasing demand of transitional residential beds and link clients to mental health services in SA 2.

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 November 15, 2022 Board Meeting.

If you have any questions, or require additional information, please contact me by email at 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 or at (213) 943-9146.

LHW:CDD:CD SK:PS:atm

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