



## **HEALTH AND MENTAL HEALTH CLUSTER AGENDA REVIEW MEETING**

**DATE:** Wednesday, October 4, 2023

**TIME:** 11:30 A.M.

**THIS MEETING WILL CONTINUE TO BE CONDUCTED VIRTUALLY AS PERMITTED UNDER THE BOARD OF SUPERVISORS AUGUST 8, 2023, ORDER SUSPENDING THE APPLICATION OF BOARD POLICY 3.055 UNTIL MARCH 31, 2024**

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

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

**CONFERENCE ID: 322130288#**

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

### **AGENDA**

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

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

- I. Call to order
- II. **Information Item(s) (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):**
  - a. **DPH:** Authorization to Amend 17 Contracts for Children's Health Outreach, Enrollment, Utilization and Retention Services and Re-Establish the Annual Base Amount (#07175)
  - b. **DPH:** Approval to Execute an Amendment to Contract Number PH-003436 with Children's Hospital Los Angeles to Increase the Annual Maximum Obligation Effective July 1, 2023, through June 30, 2024; and Extend the Term to Eight Promoting Health Care Engagement Among Vulnerable Target Populations at Risk for or Living with HIV and STDs Services Contracts Effective July 1, 2024, through June 30, 2025 (#07179)

- c. **DPH:** Approval to Amend Two Covid-19 Community-Based Outreach Services Sole Source Contracts with Community Health Councils, Inc. and Public Health Institute to Extend the Contract Terms (#07160)

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

- a. **DPH:** Authorization to Accept and Implement Grant Award Number 1 NU58DP007384-01-00 and Future Grant Awards and/or Amendments from the Centers for Disease Control and Prevention for Solutions for Equitable Diabetes Prevention and Management (#07171)

IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting

- a. **DHS:** Authorization to Enter into A Sole Source Agreement with the Regents of the University of California to Continue Operation of the Mobile Stroke Unit

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

# BOARD LETTER/MEMO CLUSTER FACT SHEET

# DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	10/4/2023	
<b>BOARD MEETING DATE</b>	10/17/2023	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Public Health	
<b>SUBJECT</b>	Authorization to a) execute amendments to 17 Children's Health Outreach, Enrollment, Utilization and Retention Services (CHOEUR) contracts to increase the contractual maximum obligation for fiscal year (FY) 2023-24; b) re-establish the annual base contract amounts for 18 CHOEUR contracts to expand outreach events and enrollment services; and c) delegated authority to increase the delegated authority to provide an increase or decrease in funding to 75% above or below the term's annual base maximum obligation.	
<b>PROGRAM</b>	Maternal, Child, and Adolescent Health Division	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain why: On September 13, 2022, your Board approved the extension of the 18 CHOEUR service contracts as sole source.	
<b>DEADLINES/ TIME CONSTRAINTS</b>	The increased California Dept of Health Care Service (CDHCS) funding for additional Medi-Cal outreach events is limited to FY 2023-24 funding and was effective [date of amendment countersigned by CDHCS].	
<b>COST &amp; FUNDING</b>	Total cost: (estimate) \$15,283,900	Funding source: California Senate Bill 154 (SB 154), partially comprised of Federal funds, Assistance Listing Number 93.778, through CDHCS Medi-Cal Eligibility Division; increases the award amount by \$767,700 from \$14,516,200 to \$15,283,900.
	TERMS (if applicable): 7/01/23 through 6/30/24	
	Explanation: The increased funding supports the provision of additional Medi-Cal outreach events.	
<b>PURPOSE OF REQUEST</b>	This request to execute amendments to increase the maximum obligation to CHOEUR contracts is due to additional funding received in order to conduct more healthcare navigation services for people experiencing homelessness. The increase in the maximum obligation exceeds our current delegated authority.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	SB 154 was enacted in June 2022 to provide funding for the continued provision of Medi-Cal Health Enrollment Navigators Project activities. It authorizes CDHCS to manage and fund Navigators projects focused on providing Medi-Cal outreach, enrollment, retention, and troubleshooting services to underserved Californians. The primary objective of the funds is to connect uninsured residents to healthcare and provide assistance with navigating the healthcare system and enables Public Health to expand the target population to all eligible adults 50 years of age and older, regardless of immigration status. A recent CDHCS allocation agreement amendment provides Public Health with additional funding to support outreach events for re-enrollment of Medi-Cal eligible individuals, and compliments existing Public Health services that include CHOEUR services in Los Angeles County.	

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



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

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

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**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
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Fifth District

**DRAFT**

October 17, 2023

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

Dear Supervisors:

**AUTHORIZATION TO AMEND 17 CONTRACTS FOR CHILDREN'S HEALTH OUTREACH,  
ENROLLMENT, UTILIZATION AND RETENTION SERVICES  
AND RE-ESTABLISH THE ANNUAL BASE AMOUNT  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Request approval to: a) execute amendments to 17 Children's Health Outreach, Enrollment, Utilization and Retention Services contracts to increase the contractual maximum obligation for fiscal year (FY) 2023-24; b) re-establish the annual base contract amounts; and c) delegated authority to provide an increase or decrease in funding to 75% above or below the term's annual base maximum obligation.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Approve and instruct the Director of the Department of Public Health (Public Health), or designee, to execute amendments, substantially similar to Exhibit I, with 17 Children's Health Outreach, Enrollment, Utilization and Retention Services (CHOEUR) contractors, as listed Attachment A, to increase the total annual base maximum obligation for FY 2023-24 by \$767,700, from \$4,056,631 to \$4,824,331; effective upon execution through June 30, 2024, funded by California Senate Bill 154 (SB 154), partially comprised of federal funds, Assistance Listing Number 93.778, through the California Department of Health Care Services (CDHCS) Medi-Cal Eligibility Division.
2. Approve and instruct the Director of the Department of Public Health (Public Health), or designee to re-establish the annual base maximum obligation amount of 18 contracts at the revised FY 2023-24 amount as listed in Attachment A.

3. Delegated authority to Director of Public Health or designee, to execute amendments to the CHOEUR contracts that provide an increase or decrease in funding up to 75% above or below the term's annual base maximum obligation, effective upon amendment execution, or at the beginning of the applicable contract term and make any corresponding service adjustments, as necessary, subject to review and approval by County Counsel, and notification to your Board and CEO.

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

On October 6, 2022, your Board was notified that Public Health was exercising delegated authority to accept and execute an Allocation Agreement award, issued by the CDHCS on September 22, 2022, in the amount of \$14,516,200 for the period of October 1, 2022, through June 30, 2026, for the implementation of the Medi-Cal Health Enrollment Navigators Project (Navigators Project) that supports the Medi-Cal outreach, enrollment, and retention services. The Navigators project focuses on providing Medi-Cal outreach, enrollment, retention, and troubleshooting services to underserved Californians, with a primary objective to connect uninsured residents to healthcare and provide assistance with navigating the healthcare system.

On July 12, 2023, CDHCS issued the amendment to the Allocation Agreement award for the Navigators Project increasing the award by \$767,700 from \$14,516,200 to \$15,283,900 for the period ending June 30, 2024. The amendment will result in augmenting 17 CHOEUR contracts beyond our authority for the implementation of additional Medi-Cal outreach events. One of the original 18 contracts is focused on training, and therefore is not included in this augmentation.

The increase in funding will enhance the outreach events for re-enrollment of Medi-Cal eligible individuals, including those that will soon be eligible due to Medi-Cal expansion, and will complement existing Public Health's Medi-Cal services that include CHOEUR services in Los Angeles County (LAC). The increase in funding will also be used to conduct additional healthcare navigation services for people experiencing homelessness. These services ensure comprehensive navigation services for health coverage programs and other low and no-cost programs; offer referral assistance to clients experiencing mental health disorders, substance use disorders, and homelessness; and support clients with navigating California's complex healthcare system.

Public Health is returning to your Board to request approval to execute amendments to 17 of the 18 CHOEUR contracts, which exceeds our current delegated authority approved by your Board, and to request approval to re-establish the annual base maximum obligation.

Approval of Recommendation 1 will allow Public Health to execute amendments to 17 CHOEUR contracts to increase the funding amounts for FY 2023-24 as listed in Attachment A, for the provision of additional Navigators Project services.

Approval of Recommendation 2 will re-establish the annual base maximum obligation amount of the 18 contracts at the revised FY 2023-24 amounts.

Approval of Recommendation 3 will allow Public Health to execute amendments to the contracts to provide an increase or decrease in funding up to 75% above or below each contract's term's

annual base maximum obligation, effective upon amendment execution, or at the beginning of the applicable contract term and make any corresponding service adjustments, as necessary.

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

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

### **FISCAL IMPACT/FINANCING**

The total cost for the recommended amendment for fiscal year 2023-24 is \$15,283,900, funded by SB 154, partially comprised of federal funds, Assistance Listing Number 93.778, through the CDHCS Medi-Cal Eligibility Division.

There is no net County cost associated with this action.

Funding is included in Public Health FY 2023-24 Recommended Budget, and will be included in future FYs, as necessary.

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

Since 2003, Public Health has contracted with community agencies to conduct health care navigation services utilizing a County-developed model of outreach, enrollment, utilization, and retention to support underserved communities with obtaining and utilizing health care benefits and services. CHOEUR services were previously funded by local and State grants including the Los Angeles County Children and Families First - Proposition 10, AB 82 for Medi-Cal Outreach and Enrollment, Senate Bill (SB) 18 for Medi-Cal Renewal Assistance, SB 75 for Full Scope Medi-Cal for All Children, and AB 74 for the initial implementation of the Navigators Project. These services are currently funded by SB 154 for the Navigators Project.

As required under Board Policy 5.120, your Board was notified on July 13, 2023, of Public Health's request to increase or decrease in funding up to 75 percent above or below the annual maximum obligation. The ability to increase or decrease funding up to 75 percent will allow Public Health to make necessary funding adjustments in the event of unforeseen changes to the CDHCS award amount.

Exhibit I is the Contract amendment approved by County Counsel.

Attachment A identifies the 18 CHOEUR services contractors.

### **CONTRACTING PROCESS**

On September 13, 2022, your Board approved 18 renewal contracts as sole source for the continued provision of CHOEUR services. Under these contracts, the contractors provide comprehensive and coordinated health coverage outreach, enrollment, utilization, and retention services to children and families, and continue to improve health access for low-income families in LAC.

On September 30, 2022, your Board was notified that Public Health was exercising delegated authority to execute 18 renewal contracts as sole source for the continued provision of CHOEUR services, effective upon date of execution for the term of October 1, 2022, through June 30, 2025, at a total maximum obligation of \$10,141,596; funded by SB154.

On April 25, 2023, your Board was notified that Public Health was exercising delegated authority to execute amendments to the 18 CHOEUR services contracts, effective upon execution for the term of October 1, 2022, through June 30, 2025, to increase the total maximum obligation by \$829,743 from \$10,141,596 to \$10,971,339; funded by SB154.

**IMPACT ON CURRENT SERVICES**

Approval of the recommended actions will allow Public Health to provide additional Medi-Cal outreach, enrollment, retention, and troubleshooting services to underserved Californians in LAC, in particular populations experiencing homelessness and those in transitional or unstable housing.

Respectfully submitted,

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

BF:cv  
#07175

Enclosures (2)

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



COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICES CONTRACTS  
FUNDING PERIOD: October 1, 2022 THROUGH JUNE 30, 2025

CONTRACT NUMBER	CONTRACTOR	SD SERVED	SPA SERVED	SERVICE SITE ZIP CODE	October 1, 2022 - June 30, 2023 (Year 1)	July 1, 2023 - June 30, 2024 (Year 2)	Proposed Funding Increase (Year 2)	July 1, 2023 - June 30, 2024 Amended Amount	July 1, 2024 - June 30, 2025 (Year 3)	AMENDED CONTRACT TOTAL
1	PH-004977 Asian Pacific Health Care Venture, Inc.	1, 3	3, 4	90027, 91731, 90012, 90026	\$ 215,583	\$ 287,441	\$ 45,159	\$ 332,600	\$ 274,375	\$ 822,558
2	PH-004978 Child and Family Guidance Center	3	2	91324	\$ 139,382	\$ 185,843	\$ 45,159	\$ 231,002	\$ 177,396	\$ 547,780
3	PH-004979 City of Long Beach	4	8	90815	\$ 110,313	\$ 147,085	\$ 45,159	\$ 192,244	\$ 140,399	\$ 442,956
4	PH-004980 City of Pasadena	5	3	91103	\$ 37,508	\$ 50,011	\$ 45,156	\$ 95,167	\$ 47,738	\$ 180,413
5	PH-004981 Community Health Councils, Inc.	2	6	90008	\$ 273,956	\$ 365,273	\$ 45,159	\$ 410,432	\$ 348,670	\$ 1,033,058
6	PH-004982 Crystal Stairs Inc.	2	6	90222, 90220, 90069, 90061	\$ 193,705	\$ 258,274	\$ 45,159	\$ 303,433	\$ 246,534	\$ 743,672
7	PH-004983 Dignity Community Care	1	4	90015	\$ 219,949	\$ 293,265	\$ 45,159	\$ 338,424	\$ 279,935	\$ 838,308
8	PH-004984 Emanate Health	5	3	91790	\$ 228,145	\$ 304,194	\$ 45,159	\$ 349,353	\$ 290,367	\$ 867,865
9	PH-004985 Human Services Association	1	7	90201	\$ 187,511	\$ 250,015	\$ 45,159	\$ 295,174	\$ 238,651	\$ 721,336
10	PH-004986 Los Angeles County Office of Education	All	Schools	90242; schools in LA County	\$ 98,425	\$ 131,234	\$ 45,159	\$ 176,393	\$ 125,269	\$ 400,087
11	PH-004987 Los Angeles Unified School District	All	Schools	90017; schools in LA County	\$ 108,273	\$ 144,365	\$ 45,159	\$ 189,524	\$ 137,803	\$ 435,600
12	PH-004988 Maternal and Child Health Access #1 (outreach & enrollment)	1, 2	4, 6	90017; 90033; 90047	\$ 331,930	\$ 442,574	\$ 45,159	\$ 487,733	\$ 422,457	\$ 1,242,120
13	PH-004989 *Maternal and Child Health Access #2 (training)	All	All	Various areas within LA County	\$ 187,546	\$ 250,063	\$ -	\$ 250,063	\$ 238,696	\$ 676,305
14	PH-004990 Northeast Valley Health Corporation	3, 5	2	91342, 91340, 91331, 91351	\$ 194,069	\$ 258,759	\$ 45,159	\$ 303,918	\$ 246,997	\$ 744,984
15	PH-004991 Prime Healthcare Services - St. Francis, LLC.	2	6	90262	\$ 137,129	\$ 182,839	\$ 45,159	\$ 227,998	\$ 174,528	\$ 539,655
16	PH-004992 Tarzana Treatment Center	5	1	93534	\$ 118,743	\$ 158,325	\$ 45,159	\$ 203,484	\$ 151,128	\$ 473,355
17	PH-004993 Valley Community Healthcare	3	2	91605	\$ 141,557	\$ 188,744	\$ 45,159	\$ 233,903	\$ 180,165	\$ 555,625
18	PH-004994 Venice Family Clinic	2, 3	5	90291, 90405, 90230	\$ 118,746	\$ 158,327	\$ 45,159	\$ 203,486	\$ 151,130	\$ 473,362
					\$ 3,042,470	\$ 4,056,631	\$ 767,700	\$ 4,824,331	\$ 3,872,238	\$ 11,739,039

NOTE: \*Maternal and Child Health Access #2 (training) - no additional funding

Contract No. \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH  
CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION AND  
RETENTION SERVICES CONTRACT**

Amendment No. 2

THIS AMENDMENT is made and entered into on \_\_\_\_\_,

by and between

COUNTY OF LOS ANGELES  
(hereafter "County"),

and

CONTRACTOR NAME  
(hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICES CONTRACT," dated MONTH XX, XXXX, and further identified as Contract No. PH-00XXXX, and any Amendments thereto (all hereafter "Contract"); and

WHEREAS, on October 17, 2023, the County Board of Supervisors authorized the Director of the Department of Public Health ("Public Health"), or designee, to amend Contract to increase the contractual maximum obligation, and make other hereafter 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, Contractor warrants that it possesses the competence, expertise, and personnel necessary to provide services consistent with the requirements of this Contract and consistent with the professional standard of care for these services.

NOW, THEREFORE, the parties hereto agree to the following:

1. This Amendment is hereby incorporated into the original Contract, and all of its terms and conditions, including capitalized terms defined herein, shall be given full force and effect as if fully set forth therein.

2. This Amendment shall be effective upon execution for the period of July 1, 2023, through June 30, 2024.

3. Exhibit B-1 is deleted in its entirety and replaced with Exhibit B-2, Scope of Work, attached hereto and incorporated herein by reference. All references in the Contract to Exhibit B-1 shall be deemed amended to state Exhibit B-2.

4. Exhibit C-2.1 is deleted in its entirety and replaced with Exhibit C-2.2, Budget, attached hereto and incorporated herein by reference. All references in the Contract to Exhibit C-2.1 shall be deemed amended to state Exhibit C-2.2.

5. Exhibit K is deleted in its entirety and replaced with Exhibit K-1, Notice of Federal Subaward Information, attached hereto and incorporated herein by reference, shall be added to the Contract. All references in the Contract to Exhibit K shall be deemed amended to state Exhibit K-1.

6. Paragraph 5, MAXIMUM OBLIGATION OF COUNTY, Subparagraph A.2, is deleted in its entirety and replaced as follows:

A.2 For the period of July 1, 2023, through June 30, 2024, the maximum obligation of County for all services provided hereunder shall not exceed \_\_\_\_\_ (\$\_\_\_\_\_), as set forth in Exhibit C-2.2, attached hereto and incorporated herein by reference.

7. Paragraph 7, FUNDING/SERVICES ADJUSTMENTS AND, REALLOCATIONS, Subparagraph A is deleted in its entirety and replaced as follows:

“A. Upon Director’s specific written approval, as authorized by the County’s Board of Supervisors, County may: 1) increase or decrease funding up to seventy-five percent (75%) above or below each term’s annual base maximum obligation; 2) reallocate funds between budgets within this Contract where such funds can be more effectively used by Contractor up to seventy-five percent (75%) of the term’s annual base maximum obligation; and 3) make modifications to or within budget categories within each budget, as reflected in Exhibit C and make corresponding service adjustments, as necessary. Such adjustments may be made based on the following: (a) if additional monies are available from federal, State, or County funding sources; (b) if a reduction of monies occurs from federal, State, or County funding sources; and/or (c) if County determines from reviewing Contractor’s records of service delivery and invoices to County that an underutilization of funds provided under this Contract will occur over its term.

All funding adjustments and reallocation as allowed under this Paragraph may be effective upon amendment execution or at the beginning of the applicable contract term, to the extent allowed by the funding source and as authorized by the County’s Board of Supervisors. Adjustments and reallocations of funds in excess of the aforementioned amount shall require separate approval by County’s Board of Supervisors.

Any change to the County maximum obligation or reallocation of funds between budgets in this Contract shall be effectuated by an amendment to this Contract pursuant to the ALTERATION OF TERMS/AMENDMENTS Paragraph of this Contract. Any modification to or within budget categories within each budget, as reflected in Exhibit C, shall be effectuated by a change notice that shall be incorporated into and become part of this Contract pursuant to the ALTERATION OF TERMS/AMENDMENTS Paragraph of this Contract.”

8. Paragraph 8, ALTERATION OF TERMS/AMENDMENTS Subparagraph C is deleted in its entirety and replaced as follows:

“C. Notwithstanding Paragraph 8.A., in instances where the County's Board of Supervisors has delegated authority to the Director to amend this Contract to permit extensions or adjustments of the Contract term, the rollover of unspent Contract funds, and/or an internal reallocation of funds between budgets and/or an increase or decrease in funding up to seventy-five percent (75%) above or below each term's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable Contract term, and make corresponding service adjustments, as necessary, an Amendment shall be prepared by Director and executed by the Contractor and Director, as authorized by the County's Board of Supervisors, and shall be incorporated into and become part of this Contract.”

9. Except for the changes set forth hereinabove, Contract shall not be changed in any other respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Contract to be subscribed by its Director of Public Health, and Contractor has caused this Contract to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director

\_\_\_\_\_  
Contractor

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Title \_\_\_\_\_

APPROVED AS TO FORM  
BY THE OFFICE OF THE COUNTY COUNSEL  
DAWYN HARRISON  
County Counsel

APPROVED AS TO CONTRACT  
ADMINISTRATION:

Department of Public Health

By \_\_\_\_\_  
Contracts and Grants Division Management

DA#

Scope of Work

Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

**Goal:** To increase access to health care by assisting children, families and individuals in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.  
**Note:** All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by Public Health.

**Contractor:** Los Angeles County of Education (LACOE)  
**Target Service Area:** Service Planning Area (SPAs) Countywide

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.1 <b>October 1, 2022 – June 30, 2025</b> , the Los Angeles County Office of Education (LACOE) will form and maintain a collaborative of health outreach/enrollment entities to coordinate and implement outreach and enrollment activities with partners listed on the LACOE website to conduct services Countywide to eligible uninsured and under-insured children attending schools within Los Angeles County School Districts; LACOE Educational Programs and Special Education Schools, County Community Schools, Cal SAFE Schools, Los Angeles County Juvenile Detention Centers, Probation Camps, and LACOE Educational Services in (Head Start-State-State Pre-School, Early Intervention Support Services, Homeless Education, School Health and Physical Education, Gain (Greater Avenues for Independence) and CBO special community events.	1.1a Review and revise, as needed, LACOE/Agency Memoranda of Understanding (MOU) with each partnering entity and effectively implement the LACOE school-based Healthy Kids program. Submit MOUs to Department of Public Health (Public Health) for approval.  1.1b Mail letters of invitation regarding partnership meetings to each agency in the Health Outreach Partnership, school districts, and health programs.  1.1c Conduct 10 (ten) monthly meetings with the Health Outreach Partnership agencies to review and revise, (as necessary), school outreach protocol, best practices for outreach & enrollment in Los Angeles County Public Schools, school entrance requirements, agenda, event outcome summary sheets, sign-in forms, and educational and promotional materials that are culturally and linguistically appropriate. Resolve issues at district schools regarding implementation and delivery of outreach & enrollment activities; submit monthly data reporting, review and update master calendar of outreach/enrollment events and action plan. LACOE and Health Outreach Partnership will review and revise, as needed, the Health Outreach Partnership brochure. Provide resource information to the Health Outreach Partnership. Monthly partnership meetings to be held in person, via web conference-HOP Online and telephone conference call.	10/1/22-6/30/25  10/1/22 – 6/30/25  10/1/22-6/30/25	1.1a Letters of Public Health approval and signed MOUs will be kept on file.  1.1b Copies of letters will be kept on file and results submitted in monthly reports to Public Health.  1.1c Documents will be kept on file and submitted with monthly reports to Public Health. HOP Brochure submitted to Public Health for approval.
LACOE will notify Public Health when additional agencies join the LACOE Health Outreach Partnership (HOP).  <u>Health Outreach Partnership Agencies</u>  Website: <a href="http://www.lacoe.edu/healthoutreach">www.lacoe.edu/healthoutreach</a>  Complete list of participants kept on file	1.1d Maintain a schedule of partnership meetings, maintain a list of participants, agenda, minutes, sign-in sheets and information distributed.	10/1/22-6/30/25	1.1d Documents will be kept on file and submitted with monthly reports to Public Health.



Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
 Scope of Work  
 Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>1.2 <b>Annually</b>, LACOE and the Health Outreach Partnership will have conducted outreach to parents of children aged 0-5 and parents of students in grades K-12 and successfully engaged a minimum of <b>2750</b> of the targeted population in Service Planning Areas (SPAs) 1-8, through an outreach contact and distribute materials (HOP Brochures, Superintendent Informational Bulletin) to a minimum of <b>2750</b> of the target population in school districts, parents' meetings, school health programs, nurses, &amp; teachers.</p> <p>"Successfully engaged" is defined as having documented agency outreach.</p> <p>An "outreach contact" is defined as speaking directly either in person or by telephone with a client or potential client for at least eight (8) minutes to publicize available health care options and services. Outreach Contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people.</p>	<p>1.2a Notify each School District, LACOE Educational Programs and Educational Services &amp; Health programs by distribution of the LACOE Superintendent Informational Bulletin (Partnership Agency Listing and HOP Program Brochures) of the interagency effort between (Public Health &amp; Department of Health Services) to support the Health Outreach Partnership to provide uninsured and under insured eligible children greater access to health, vision and dental care. Distribute HOP brochures and Superintendent Informational Bulletin, maintaining a list of sites, addresses, dates and quantity</p> <p>1.2b Schedule parent outreach events at schools by contacting, school districts, school health centers, school nurses, principals, school parent groups and school program services. Maintain and update the Master Calendar of Events (to include sites, dates, address, and times, sign-in sheet, agendas). Assign partnership agencies to scheduled events.</p> <p>1.2c LACOE and HOP partners will conduct outreach, enrollment, screening, referral events &amp; presentations in school districts, LACOE Educational Programs schools' sites, school health centers, parent meeting groups, and related school and health programs.</p> <p>1.2d Work with Public Health contracted partner agencies to enter outreach and enrollment data into electronic tracking systems and maintain data tracking system reporting for non-Public Health partner agencies and LACOE for monthly submissions to Public Health.</p>	<p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p>	<p>1.2a Submit Notification Bulletin for Public Health approval.</p> <p>1.2b Completed materials will be kept on file and results of meeting submitted in monthly reports to Public Health.</p> <p>1.2c Completed documents will be kept on file and the number of participants will be reported to Public Health in monthly reports.</p> <p>1.2d Data tracking system reported to Public Health monthly. Data system will be queried to generate outreach numbers.</p>

Scope of Work  
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
 Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.1 <b>Annually</b> , LACOE/Health Outreach Partnership will have conducted a minimum of eight (8) outreach and enrollment events per year within each targeted SPA area school district, educational program and/or community sites.	<p>2.1a Conduct pre-event planning meetings with Health Outreach Partnership to review and revise, as needed, event flyers, distribution list(s), and enrollment protocol(s) for the targeted school district sites, including school contacts, community church contacts, and other related enrollment materials. Maintain meeting minutes, agenda and participant list and sheet- update Event Planning Form. Submit flyers and enrollment protocol to Public Health for approval.</p> <p>2.1b. Conduct a minimum of four (4) events, (outreach to parents, presentations to school personnel, CBO special events, etc.), and complete event summaries forms. Event summaries to include site, date, outreach workers(s), flyers, number of individuals contacted, and materials presented.</p> <p>2.1c LACOE will conduct one (1) post event meeting per month with the Health Outreach Partnership to evaluate each scheduled outreach and enrollment event. Maintain meeting minutes, agenda, sign-in sheets, and email correspondence.</p>	<p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p>	<p>2.1a Documents will be kept on file and a summary of events will be submitted with monthly reports to Public Health.</p> <p>2.1b Documents will be kept on file and number of participants will be reported to Public Health in monthly reports.</p> <p>2.1c Completed document Event Follow-up Form kept on file.</p>
2.2 By June 30, 2024, LACOE/Health Outreach Partnership will host and/or participate in <b>24</b> renewal events.	2.1c LACOE will coordinate and/or participate in (2) outreach/renewal events per month.	7/1/23-6/30/24	2.2 Completed Event Forms will be kept on file.

Scope of Work

Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
3.1 <b>Annually</b> , LACOE and the Health Outreach Partnership will distribute the Master Calendar and publicize the events within all targeted school districts, educational programs and community-based organizations working with schools.	3.1a LACOE/Health Outreach Partnership will distribute the Master Calendar of Events to targeted SPAs, School Districts, Educational Services, Family Resource Centers, Community Based Organizations, as appropriate. The Master Calendar of outreach and enrollment events will be accessible via the monthly partnership meetings, via the HOP Website ( <a href="http://www.lacoe.edu/healthoutreach">www.lacoe.edu/healthoutreach</a> ), Student Services programs (Migrant Education, Transitional Kindergarten, the Health Outreach Partnership agencies and via HOP Online partnership meeting - <a href="http://connect.lacoe.edu/hoponline">http://connect.lacoe.edu/hoponline</a> ). The LACOE/Health Outreach Program will maintain distribution list.	10/1/22-6/30/25	3.1a Completed documents will be kept on file.  Documents posted to HOP program website and Conference web page.
4.1 <b>Annually</b> , LACOE will participate in a minimum of 80% of the convened monthly contractor meetings.  "Participate is defined as attendance by at least one agency representative from the contracting agency".	4.1a Attend contractor monthly meetings.	10/1/22-6/30/25	4.1a Document the name of individual attending monthly meeting in monthly reports to Public Health.
5.1 <b>Annually</b> , LACOE will participate in 100% of Public Health evaluation activities.	5.1a Contractor shall work with Public Health for compilation of data, review of outreach and enrollment efforts, tracking activities and projects.	10/1/22-6/30/25	5.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
6.1 <b>Annually</b> , LACOE will conduct 100% of Quality Improvement Plan (QIP) activities.	6.1a Develop a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach and enrollment services.  6.1b Conduct QIP activities.	10/1/22-6/30/25  10/1/22-6/30/25	6.1a Letter of Public Health approval will be maintained on file. Material to be available for random sampling and auditing by Public Health.  6.1b Document QIP appropriate activities in monthly reports to Public Health.

Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

**Goal:** To increase access to health care by assisting children, families, and individuals in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

**Note:** All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by Public Health.

**Contractor:**  
**Target Service Area:**  
**Subcontractor: (If applicable)**

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION																																																						
<p>1.1 OUTREACH</p> <p><b>By June 30, 2023</b>, Contractor and subcontractors shall successfully engage a minimum of <b>2543</b> of the target population through outreach/in-reach contact.</p> <table><tr><th>Agency Name</th><th>SPA(s)</th><th>Numbers</th></tr><tr><td>APHCV</td><td>3</td><td>872</td></tr><tr><td>APHCV</td><td>4</td><td>1111</td></tr><tr><td>Sub (CSC)</td><td>3</td><td>246</td></tr><tr><td>Sub (CSC)</td><td>4</td><td>314</td></tr><tr><td><b>Total</b></td><td><b>3 &amp; 4</b></td><td><b>2543</b></td></tr></table> <p><b>By June 30, 2024</b>, Contractor and subcontractors shall successfully engage a minimum of <b>3391</b> of the target population through outreach/in-reach contact.</p> <table><tr><th>Agency Name</th><th>SPA(s)</th><th>Numbers</th></tr><tr><td>APHCV</td><td>3</td><td>1164</td></tr><tr><td>APHCV</td><td>4</td><td>1481</td></tr><tr><td>Sub (CSC)</td><td>3</td><td>328</td></tr><tr><td>Sub (CSC)</td><td>4</td><td>418</td></tr><tr><td><b>Total</b></td><td><b>3 &amp; 4</b></td><td><b>3391</b></td></tr></table> <p><b>By June 30, 2025</b>, Contractor and subcontractors shall successfully engage a minimum of <b>3237</b> of the target population through outreach/in-reach contact.</p> <table><tr><th>Agency Name</th><th>SPA(s)</th><th>Numbers</th></tr><tr><td>APHCV</td><td>3</td><td>1413</td></tr><tr><td>1112APHCV</td><td>4</td><td>314</td></tr><tr><td>Sub (CSC)</td><td>3</td><td>398</td></tr><tr><td>Sub (CSC)</td><td>4</td><td>398</td></tr><tr><td><b>Total</b></td><td><b>3 &amp; 4</b></td><td><b>3237</b></td></tr></table>	Agency Name	SPA(s)	Numbers	APHCV	3	872	APHCV	4	1111	Sub (CSC)	3	246	Sub (CSC)	4	314	<b>Total</b>	<b>3 &amp; 4</b>	<b>2543</b>	Agency Name	SPA(s)	Numbers	APHCV	3	1164	APHCV	4	1481	Sub (CSC)	3	328	Sub (CSC)	4	418	<b>Total</b>	<b>3 &amp; 4</b>	<b>3391</b>	Agency Name	SPA(s)	Numbers	APHCV	3	1413	1112APHCV	4	314	Sub (CSC)	3	398	Sub (CSC)	4	398	<b>Total</b>	<b>3 &amp; 4</b>	<b>3237</b>	<p>1.1a Develop, or review and revise, outreach protocol including: outreach contact forms/event summary sheets, sign-in sheets, and educational materials. Outreach and educational materials shall be culturally and linguistically appropriate and include information regarding Medi-Cal, Healthy Kids and other no or low-cost health programs. Submit to County of Los Angeles Department of Public Health (Public Health) for approval.</p> <p>1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.</p> <p>1.1c Conduct outreach at events, (e.g., presentations, fairs, etc.), and complete event summaries. Event summaries to include site, date, name of outreach worker(s), flyers, number of individuals contacted, sign-in sheets, if appropriate, and materials presented.</p> <p>1.1d Conduct outreach (e.g., telephone outreach, walk-ins, etc.) and maintain contact documentation including but not limited to: sites, dates, name of outreach worker(s), number of individuals contacted, family name/identifier.</p> <p>1.1e Enter documentation of outreach numbers into Community Health Outreach Initiative (CHOI) database.</p>	<p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p>	<p>1.1a Public Health letters of approval and materials will be kept on file.</p> <p>1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to Public Health</p> <p>1.1c Completed documents will be kept on file and number of participants will be reported to Public Health in monthly reports.</p> <p>1.1d Completed documentation will be kept on file and number of participants will be reported to Public Health in monthly reports.</p> <p>1.1e Data system will be queried to generate outreach numbers.</p>
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Scope of Work  
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

<p><u>"Successfully engaged"</u> is defined as having documented agency outreach contacts (see: Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)</p> <p>An "outreach or in-reach contact" is defined as speaking directly either in person or by telephone with a client or potential client(s) for at least eight (8) minutes to publicize available health care options and services. Outreach contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people who may be clients, potential clients or personnel with access to potential clients (school staff, WIC sites, CBO staff, etc.). Contractor must ensure to not limit outreach activities within own agency/clinic but rather provide appropriate comprehensive outreach efforts outside of own agency to ensure that proposed geographic areas/SPA(s) are targeted accordingly and maximize all outreach opportunities to low-income families and their children.</p>		
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Scope of Work  
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
 Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION																																																						
<b>2.1 APPLICATION ASSISTANCE</b>  Contractor and subcontractors will complete applications for Medi-Cal, Healthy Kids and other no/low-cost plans. Contractor and subcontractor will also provide clients with screening and referrals to appropriate health programs or health agencies for substance abuse disorder services; mental health services; and federally eligible Medi-Cal enrollees.  <u>By June 30, 2023</u> , complete applications for a minimum of <b>982</b> clients.  <table><tr><th>Agency Name</th><th>SPA(s)</th><th>Numbers</th></tr><tr><td>APHCV</td><td>3</td><td>340</td></tr><tr><td>APHCV</td><td>4</td><td>426</td></tr><tr><td>Sub (CSC)</td><td>3</td><td>96</td></tr><tr><td>Sub (CSC)</td><td>4</td><td>120</td></tr><tr><td><b>Total</b></td><td><b>3 &amp; 4</b></td><td><b>982</b></td></tr></table> <u>By June 30, 2024</u> , complete applications for a minimum of <b>1309</b> clients.  <table><tr><th>Agency Name</th><th>SPA(s)</th><th>Numbers</th></tr><tr><td>APHCV</td><td>3</td><td>453</td></tr><tr><td>APHCV</td><td>4</td><td>568</td></tr><tr><td>Sub (CSC)</td><td>3</td><td>128</td></tr><tr><td>Sub (CSC)</td><td>4</td><td>160</td></tr><tr><td><b>Total</b></td><td><b>3 &amp; 4</b></td><td><b>1309</b></td></tr></table> <u>By June 30, 2025</u> , completed applications for a minimum of <b>1249</b> clients.  <table><tr><th>Agency Name</th><th>SPA(s)</th><th>Numbers</th></tr><tr><td>APHCV</td><td>3</td><td>432</td></tr><tr><td>APHCV</td><td>4</td><td>542</td></tr><tr><td>Sub (CSC)</td><td>3</td><td>122</td></tr><tr><td>Sub (CSC)</td><td>4</td><td>153</td></tr><tr><td><b>Total</b></td><td><b>3 &amp; 4</b></td><td><b>1249</b></td></tr></table>	Agency Name	SPA(s)	Numbers	APHCV	3	340	APHCV	4	426	Sub (CSC)	3	96	Sub (CSC)	4	120	<b>Total</b>	<b>3 &amp; 4</b>	<b>982</b>	Agency Name	SPA(s)	Numbers	APHCV	3	453	APHCV	4	568	Sub (CSC)	3	128	Sub (CSC)	4	160	<b>Total</b>	<b>3 &amp; 4</b>	<b>1309</b>	Agency Name	SPA(s)	Numbers	APHCV	3	432	APHCV	4	542	Sub (CSC)	3	122	Sub (CSC)	4	153	<b>Total</b>	<b>3 &amp; 4</b>	<b>1249</b>	2.1a Develop, or review and revise, enrollment protocol. Submit to Public Health for approval.  2.1b Conduct enrollment activities utilizing Public Health approved client intake form.  2.1c Enter data from Public Health approved forms into CHOI data system utilizing appropriate codes.  2.1d Develop, or review and revise, referral protocol and submit to Public Health for approval.  2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form or appropriate Public Health approved forms.	10/1/22-6/30/25  10/1/22-6/30/25  10/1/22-6/30/25  10/1/22-6/30/25  10/1/22-6/30/25	2.1a Public Health letters of approval and materials will be on file.  2.1b Completed materials (i.e., client intake and enrollment documents) will be kept on file and number of participants documented in monthly reports to Public Health. Printed documents of electronically submitted applications will be made available upon Public Health request.  2.1c For monthly reports, Public Health data system will be queried to generate number of applications submitted.  2.1d Public Health letters of approval on file.  2.1e Maintain client intake forms with services/program referral information.
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Scope of Work  
Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

<p>"Completed applications" is defined as assisting clients to fill out health insurance applications line-by-line, through in-person, telephone assistance or electronic submission. It may also be defined as providing in-depth assistance (troubleshooting) toward facilitating enrollments for clients whose applications were unsuccessfully completed by another agency or DPSS.</p> <p>"Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. Healthy Way LA, CCS, Community Partners, Health Benefit Exchange, Public Health, early detection programs, legal services for health issues, substance abuse disorder services, mental health services, federal Medi-Cal, etc.). Does not include referrals for shelter, food, and other non-direct medical needs.</p>		
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Scope of Work  
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
 Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.2 By June 30, 2025, Contractor and subcontractors will have <b>annually</b> investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom agency assisted with or facilitated applications as measured in Objective 2.1.</p> <p>"Investigated enrollment status" is defined as: 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card; or, 2) checking status with appropriate insurer through telephone or computer (e.g. MEDS/AEVS/IVR/IEVS). This objective documents <b>agency effort</b> to ascertain enrollment status. A minimum of three (3) attempted calls must be made and documented unless successful contact has been made.</p>	<p>2.2a Develop, or review and revise, enrollment verification protocol. Submit to Public Health for approval.</p> <p>2.2b Conduct enrollment verification and troubleshooting using Public Health approved enrollment verification and troubleshooting forms.</p> <p>2.2c Enter data from Public Health approved forms into CHOI data system.</p>	<p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p>	<p>2.2a Letter(s) of Public Health approval and materials will be kept on file.</p> <p>2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.2c Public Health data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to Public Health.</p>
<p>2.3 By June 30, 2025, Contractor and subcontractors will have <b>annually</b> confirmed enrollment on 75% of client applications assisted with or facilitated by Contractor and subcontractors as measured in Objective 2.1.</p> <p>This objective documents <b>enrollment outcome</b>.</p> <p>"Confirmed enrollment" is defined as: 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.</p>	<p>2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form.</p> <p>2.3b Enter data from Public Health approved forms into CHOI database</p>	<p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p>	<p>2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.3b CHOI data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to Public Health.</p>



Scope of Work  
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
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<p><b>3.1 TROUBLESHOOTING ASSISTANCE</b></p> <p>Contractor and subcontractors will provide ongoing assistance to clients experiencing problems with enrollment, utilizing benefits, or retention.</p> <p><u>By June 30, 2023</u>, provide ongoing assistance to <b>980</b> clients.</p> <table><tr><td><u>Agency Name</u></td><td><u>Numbers</u></td></tr><tr><td>APHCV</td><td>764</td></tr><tr><td>Sub (CSC)</td><td>216</td></tr><tr><td><b>Total</b></td><td><b>980</b></td></tr></table> <p><u>By June 30, 2024</u>, provide ongoing assistance to <b>1306</b> clients.</p> <table><tr><td><u>Agency Name</u></td><td><u>Numbers</u></td></tr><tr><td>APHCV</td><td>1018</td></tr><tr><td>Sub (CSC)</td><td>288</td></tr><tr><td><b>Total</b></td><td><b>1306</b></td></tr></table> <p><u>By June 30, 2025</u>, provide ongoing assistance to <b>1239</b> clients.</p> <table><tr><td><u>Agency Name</u></td><td><u>Numbers</u></td></tr><tr><td>APHCV</td><td>966</td></tr><tr><td>Sub (CSC)</td><td>273</td></tr><tr><td><b>Total</b></td><td><b>1239</b></td></tr></table> <p>"Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Assistance may be provided to: 1) clients who originally applied with Contractor; or, 2) clients who submitted applications with another agency or DPSS but have requested assistance from Contractor. A minimum of three (3) attempted calls must be made and documented unless successful contact has been made.</p>	<u>Agency Name</u>	<u>Numbers</u>	APHCV	764	Sub (CSC)	216	<b>Total</b>	<b>980</b>	<u>Agency Name</u>	<u>Numbers</u>	APHCV	1018	Sub (CSC)	288	<b>Total</b>	<b>1306</b>	<u>Agency Name</u>	<u>Numbers</u>	APHCV	966	Sub (CSC)	273	<b>Total</b>	<b>1239</b>	<p>3.1a Develop, or review and revise, utilization protocol and submit to Public Health for approval.</p> <p>3.1b Conduct troubleshooting/problem solving for clients. Document results on appropriate forms.</p> <p>3.1c Enter data from Public Health approved forms into CHOI database.</p>	<p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p>	<p>3.1a Letter(s) of Public Health approval and materials will be kept on file.</p> <p>3.1b Completed forms will be kept on file and number of participants will be documented in monthly reports to Public Health.</p> <p>3.1c CHOI database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to Public Health.</p>
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APHCV	966																										
Sub (CSC)	273																										
<b>Total</b>	<b>1239</b>																										

Scope of Work  
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
 Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

<p>3.2 By June 30, 2025, Contractor and subcontractors will <b>annually</b> offer utilization assistance at 4-6 months to 70% of clients whose applications were assisted or facilitated by Contractor and subcontractors in Objective 2.1 and were confirmed enrolled.</p> <p>"Offer utilization assistance" is defined as attempting to contact 100% of clients and making successful contact with 70% of clients either in-person or by telephone to determine whether benefits have been utilized.</p>	<p>3.2a Develop, or review and revise, utilization protocol and submit to Public Health for approval.</p> <p>3.2b Conduct utilization assistance and document results on utilization forms using the appropriate codes.</p> <p>3.2c Enter data from Public Health approved utilization forms into Public Health CHOI database.</p>	<p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p>	<p>3.2a Letter(s) of Public Health approval and materials will be kept on file.</p> <p>3.2b Completed forms will be kept on file and number of participants will be documented in monthly reports to Public Health.</p> <p>3.2c Public Health data system will be queried to generate number of clients offered utilization assistance at 4-6 months in monthly reports submitted to Public Health.</p>
<p>4.1 By June 30, 2023, annually, Contractor and subcontractors will offer redetermination assistance at 11-12 months to 65% of clients whose applications were assisted or facilitated by Contractor and subcontractors in Objective 2.1 and were confirmed enrolled.</p> <p>"Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 65% of clients either in-person or by telephone to determine whether redetermination assistance is desired. A minimum of three (3) attempted calls must be made and documents unless successful contact has been made.</p>	<p>4.1a Develop, or review and revise, redetermination protocol and submit to Public Health for approval.</p> <p>4.1b Conduct redetermination assistance and document results on redetermination forms using the appropriate codes.</p> <p>4.1c Enter data from Public Health approved redetermination forms into CHOI database.</p>	<p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p>	<p>4.1a Letter(s) of Public Health approval and materials will be kept on file.</p> <p>4.1b Completed forms will be kept on file and number of participants will be documented in monthly reports to Public Health via CHOI database.</p> <p>4.1c CHOI data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to Public Health.</p>

Scope of Work  
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
 Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION																								
<b>4.2 REDETERMINATION ASSISTANCE</b> By June 30, 2025, Contractor and subcontractors will provide redetermination assistance to:  1. Clients who submitted their original application elsewhere, but have requested redetermination assistance from Contractor and/or  2. Clients who submitted their original application with the Contractor and have already renewed that coverage at least once since their original enrollment confirmation date.  <b>By June 30, 2023,</b> Contractor will provide redetermination and renewal assistance to <b>757</b> clients needing assistance with their renewal/ redetermination documents.  <table><tr><td><b>Agency Name</b></td><td><b>Numbers</b></td></tr><tr><td>APHCV</td><td>590</td></tr><tr><td>Sub (CSC)</td><td>167</td></tr><tr><td><b>Total</b></td><td><b>757</b></td></tr></table> <b>By June 30, 2024,</b> Contractor will provide redetermination and renewal assistance to <b>1010</b> clients needing assistance with their renewal/ redetermination documents.  <table><tr><td><b>Agency Name</b></td><td><b>Numbers</b></td></tr><tr><td>APHCV</td><td>788</td></tr><tr><td>Sub (CSC)</td><td>222</td></tr><tr><td><b>Total</b></td><td><b>1010</b></td></tr></table> <b>By June 30, 2025,</b> Contractor will provide redetermination and renewal assistance to <b>964</b> clients needing assistance with their renewal/ redetermination documents.  <table><tr><td><b>Agency Name</b></td><td><b>Numbers</b></td></tr><tr><td>APHCV</td><td>754</td></tr><tr><td>Sub (CSC)</td><td>212</td></tr><tr><td><b>Total</b></td><td><b>964</b></td></tr></table> "Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification/renewal paperwork.	<b>Agency Name</b>	<b>Numbers</b>	APHCV	590	Sub (CSC)	167	<b>Total</b>	<b>757</b>	<b>Agency Name</b>	<b>Numbers</b>	APHCV	788	Sub (CSC)	222	<b>Total</b>	<b>1010</b>	<b>Agency Name</b>	<b>Numbers</b>	APHCV	754	Sub (CSC)	212	<b>Total</b>	<b>964</b>	4.2a Conduct redetermination assistance and document Public Health approved Intake Form into CHOI database.  4.2b Enter data from CHOI approved Intake Form into CHOI database data system.	10/1/22-6/30/25  10/1/22-6/30/25	4.2a Completed forms will be kept on file.  4.2b CHOI data system will be queried to generate number of "non-agency" clients receiving redetermination assistance in monthly reports submitted to Public Health.
<b>Agency Name</b>	<b>Numbers</b>																										
APHCV	590																										
Sub (CSC)	167																										
<b>Total</b>	<b>757</b>																										
<b>Agency Name</b>	<b>Numbers</b>																										
APHCV	788																										
Sub (CSC)	222																										
<b>Total</b>	<b>1010</b>																										
<b>Agency Name</b>	<b>Numbers</b>																										
APHCV	754																										
Sub (CSC)	212																										
<b>Total</b>	<b>964</b>																										

Scope of Work  
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
 Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

<p><b>4.3 RENEWAL ASSISTANCE</b></p> <p>By June 30, 2024, Contractor and subcontractors will host and/or participate in existing events to assist client with renewal assistance.</p> <p><b>By June 30, 2024</b>, Contractor will host and/or participate in <b>24</b> renewal events.</p> <ul style="list-style-type: none"> <li>- Identify Staff only for renewal events</li> <li>- Track outreach completed at renewal events visit)</li> <li>- Promote full-scope eligibility for all individuals, regardless of immigration status, under age 50</li> <li>- Promote transition of MyHealthLA to Medi-Cal</li> </ul>	<p>4.3a Assistant clients at renewal event with navigating the BenefitsCal portal and to submit annual renewal documents when necessary.</p> <p>4.3b Document renewal events/activities on CHOI forms using appropriate codes.</p>	<p>7/1/23-6/30/24</p> <p>7/1/23-6/30/24</p>	<p>4.3a Completed forms will be kept on file.</p> <p>4.3b CHOI database will be queried to generate number of clients assisted with renewal assistance at event.</p>
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Scope of Work  
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
 Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>5.1 By June 30, 2025, annually, Contractor and subcontractors will have a minimum of 65% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1)</p> <p>"Retention rate" is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a defined period (month and year) to be determined by Public Health) who are contacted by Contractor 14 months later to determine enrollment status.</p>	<p>5.1a Develop, or review and revise, retention protocol. Submit to Public Health for approval</p> <p>5.1b Conduct retention activities and document results on retention verification documents.</p> <p>5.1c Submit data from retention verification documents to Public Health.</p>	<p>10/1/22-6/30/25</p> <p>Public Health will determine the date to conduct the 14-month Retention Survey</p>	<p>5.1a Letters of Public Health approved materials will be kept on file.</p> <p>5.1b Completed retention verification document will be kept on file and results submitted to Public Health as required.</p> <p>5.1c Public Health will compute contractor retention rate and report summary of results to Contractor.</p>
<p>6.1 By June 30, 2025, annually, Contractor and subcontractors will enter data on program participants into CHOI database system to monitor, facilitate, and evaluate health insurance enrollment and retention.</p> <p><i>Please note: For clients assisted through various funds, Contractor will enter data in the CHOI database system under the appropriate Funding Sources.</i></p> <p>"Enter data" is defined as directly entering required data elements into the Public Health web-based data system available to all contractors.</p>	<p>6.1a Contractor and subcontractors will install any necessary computer hardware or software in order to access the Internet.</p> <p>6.1b Ensure that appropriate staff are trained on data entry AND participate in all Public Health required and uninitiated data meetings, updates, and discussions.</p> <p>6.1c Enter data into CHOI database.</p> <p>6.1d Run monthly report and send signed copy to Public Health.</p> <p>6.1e Ensure Public Health-approved latest forms and documents are utilized and on file.</p>	<p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p>	<p>6.1a Contractor will demonstrate the ability to access the Internet.</p> <p>6.1b Documentation of training and issuance of username and password for data input.</p> <p>6.1c CHOI Database</p> <p>6.1d Maintain copies of signed monthly reports on file.</p> <p>6.1e Maintain latest forms and documents on file.</p>

Scope of Work  
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
 Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>7.1 By June 30, 2025, annually, Contractor and subcontractors will ensure that 100% of enrollment staff, including staff at subcontracting agencies, are fully trained to provide outreach, enrollment, utilization, and retention services.</p> <p>“Fully trained” is defined as participation in Public Health required and approved trainings and any pertinent programmatic updates for staff providing services. Additional Public Health process trainings (e.g., Public Health forms and data system updates) may be required as necessary.</p>	<p>7.1a Attend all required Public Health approved trainings. A list of required trainings will be provided to Contractor by Public Health.</p> <p>7.1b Contractor and subcontractors' enrollment staff shall attend update trainings for new or changed initiatives/programs as required or at a minimum, every 2 years.</p>	<p>10/1/22-6/30/25</p> <p>10/1/22-6/30/25</p>	<p>7.1a Maintain certificates of attendance in employee files. Document names of new staff attending the required trainings in the monthly reports to Public Health.</p> <p>7.1b Maintain certificates of attendance in employee files. Document names of staff attending updated trainings in the monthly reports to Public Health.</p>
<p>8.1 By June 30, 2025, Annually, Contractor will participate in a minimum of 80% of the convened contractor meetings.</p> <p>“Participate” is defined as attendance by at least one representative from the contracting agency.</p>	<p>8.1 Attend Contractors' meetings.</p>	<p>10/1/22-6/30/25</p>	<p>8.1 Document names of individuals attending monthly Contractor meeting in monthly reports to Public Health.</p>

Scope of Work  
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
 Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2025, annually, Contractor and subcontractors will support, implement, and participate in 100% of the outreach, enrollment, utilization, and retention required evaluation activities including assisting in routine and/or piloted data and tracking projects related to the CHOI data system or other electronic application submission system(s).	9.1a Contractor and subcontractors' staff shall work with Public Health for compilation of data, review of outreach efforts, and tracking subcontractors' activities and special projects.	10/1/22-6/30/25	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
	9.1b Contractor and subcontractors' staff shall attend Public Health training on CHOI data system and other electronic application submission system(s) implemented in Los Angeles County.	10/1/22-6/30/25	9.1b Document attendance in monthly reports submitted to Public Health
	9.1c Contractor and subcontractors' staff shall utilize CHOI data system and work with Public Health to identify implementation barriers.	10/1/22-6/30/25	9.1c Document utilization and participation in monthly reports submitted to Public Health.
10.1 By June 30, 2025, annually, Contractor and subcontractors will conduct 100% of Quality Improvement Plan (QIP) Activities	10.1a Develop, or review and revise, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services.	10/1/22-6/30/25	10.1a Submit QIP to Public Health for approval. Letter of QIP approval will be maintained on file.
	10.1b Conduct QIP activities.	10/1/22-6/30/25	10.1b Document QIP activities in monthly reports to Public Health.

Scope of Work  
 Children's Health Coverage: Outreach, Enrollment, Utilization and Retention Services  
 Medi-Cal Health Enrollment Navigators Project  
**Period: October 1, 2022 – June 30, 2025**

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<b>For Contractors with Subcontractors:</b>  11.1 By June 30, 2023, annually, Contractor will conduct a minimum of one site visit, and one annual contract monitoring, to each subcontractor.	11.1a Schedule site visits and maintain list of site, dates, and times.	By 3/30/23 and 3/30/24 and 3/30/25	11.1a Completed materials will be kept on file. Schedule of site visit shall be submitted with monthly reports to Public Health.
	11.1b Conduct site visits utilizing check list provided by Public Health and maintain monitoring visit check list.	By 3/30/23 and 3/30/24 and 3/30/25	11.1b Completed materials will be kept on file including sign-in sheets and completed Public Health monitoring visit check list.
	11.1c Conduct annual contract monitoring	By 3/30/23 and 3/30/24 and 3/30/25	11.1c Completed contract monitoring tools and documentation will be kept on file.
	11.1d Prepare Reports of Findings and approve subcontractors' corrective action responses.	By 3/30/23 and 3/30/24 and 3/30/25	11.1d Completed documentation of correction action materials will be kept on file.



**SCHEDULE****CONTRACTOR NAME****CHILDREN'S HEALTH OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION  
SERVICES****MEDI-CAL HEALTH ENROLLMENT NAVIGATORS PROJECT**

Budget Period  
July 1, 2023  
 through  
June 30, 2024

Full-Time Salaries	\$
Employee Benefits @ %	\$
Total Full-Time Salaries and Employee Benefits	\$
Part-Time Salaries	\$
Employee Benefits @ %	\$
Total Part-Time Salaries and Employee Benefits	\$
<b>Total Salaries and Employee Benefits</b>	<b>\$</b>
Operating Expenses	\$
Renewal Events	\$
Lease/Rent	\$
Subcontractor	\$
Indirect Cost @ 10% of Salaries	\$
<b>TOTAL PROGRAM BUDGET</b>	<b>\$</b>

# BOARD LETTER/MEMO CLUSTER FACT SHEET

# DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	10/4/2023						
<b>BOARD MEETING DATE</b>	10/17/2023						
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>						
<b>DEPARTMENT(S)</b>	Department of Public Health						
<b>SUBJECT</b>	Request approval to execute an amendment to the Promoting Health Care Engagement Among Vulnerable Target Populations at Risk for or Living with HIV and STDs Services Contract Number PH-003436 with Children's Hospital Los Angeles to increase funding for the period of July 1, 2023 through June 30, 2024; and to delegate authority to extend all eight Vulnerable Populations contracts effective July 1, 2024 through June 30, 2025.						
<b>PROGRAM</b>	Division of HIV and STD Programs						
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>DEADLINES/ TIME CONSTRAINTS</b>	(1) Increase funds to Contract Number PH-003436 with Children's Hospital Los Angeles (CHLA) for the term of July 1, 2023 through June 30, 2024. (2) Eight Vulnerable Populations contracts are scheduled to end on June 30, 2024.						
<b>COST &amp; FUNDING</b>	<table border="1"> <tr> <td>Total cost: (1) \$300,000 (CHLA increase) (2) \$5,332,063 (annual)</td> <td>Funding source: Centers for Disease Control and Prevention Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States (CDC EHE) funds and Net County cost (NCC) funds</td> </tr> <tr> <td colspan="2">TERMS (if applicable): (1) Date of execution for the period of July 1, 2023 through June 30, 2024 and (2) delegated authority to extend July 1, 2024 through June 30, 2025</td> </tr> <tr> <td colspan="2">Explanation:</td> </tr> </table>	Total cost: (1) \$300,000 (CHLA increase) (2) \$5,332,063 (annual)	Funding source: Centers for Disease Control and Prevention Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States (CDC EHE) funds and Net County cost (NCC) funds	TERMS (if applicable): (1) Date of execution for the period of July 1, 2023 through June 30, 2024 and (2) delegated authority to extend July 1, 2024 through June 30, 2025		Explanation:	
Total cost: (1) \$300,000 (CHLA increase) (2) \$5,332,063 (annual)	Funding source: Centers for Disease Control and Prevention Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States (CDC EHE) funds and Net County cost (NCC) funds						
TERMS (if applicable): (1) Date of execution for the period of July 1, 2023 through June 30, 2024 and (2) delegated authority to extend July 1, 2024 through June 30, 2025							
Explanation:							
<b>PURPOSE OF REQUEST</b>	To increase funding to Contract PH-0003436 with CHLA, to support the addition of program evaluation and outreach staff needed to implement and evaluate activities and needs identified in the retrospective review of the impact on services targeting young men who have sex with men (YMSM) of color in Los Angeles County. Delegate authority to execute contract amendments to eight Vulnerable Populations contracts. The purpose of Vulnerable Population programs are to: 1) decrease new HIV and STD infections among YMSM and transgender individuals; and 2) increase linkage to care among HIV positive YMSM and transgender individuals not currently in HIV medical care.						
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	<p>On June 28, 2022, your Board approved eight contracts for the provision of Vulnerable Population services for the term effective July 1, 2022 through June 30, 2023, with an option to extend through June 30, 2024.</p> <p>On April 21, 2023, Public Health notified your Board that it was exercising delegated authority to increase funding to Contract Number PH-003436 with CHLA in the amount of \$50,000, increasing the maximum obligation from \$500,000 to \$550,000, for the term effective July 1, 2022 through June 30, 2023, to support increased staff time to conduct a review of the impact of services for the enhancement of Vulnerable Population services to YMSM and transgendered individuals.</p>						
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: (2) Develop and implement strategies that identify, prioritize and effectively support the most disadvantaged geographies and populations.						
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: 2. Alliance for Health Integration; reduce health inequities by increasing coordination and integration of STI/HIV services to decrease rates in LA County.						

<b>DEPARTMENTAL CONTACTS</b>	<p>Name, Title, Phone # &amp; Email:</p> <ol style="list-style-type: none"><li>1. Joshua Bobrowsky, Director Government Affairs, Public Health (213) 288-7871, <a href="mailto:jbobrowsky@ph.lacounty.gov">jbobrowsky@ph.lacounty.gov</a></li><li>2. Mario Perez, Director, Division of HIV and STD Programs (213) 351-8001, <a href="mailto:mjperez@ph.lacounty.gov">mjperez@ph.lacounty.gov</a></li><li>3. Emily Issa, Senior Deputy County Counsel (213) 974-1827, <a href="mailto:Elssa@counsel.lacounty.gov">Elssa@counsel.lacounty.gov</a></li></ol>
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**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

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

**ANISH P. MAHAJAN, M.D., M.S., M.P.H.**  
Chief Deputy Director

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**DRAFT**



**BOARD OF  
SUPERVISORS**

**Hilda L. Solis**  
First District

**Holly J. Mitchell**  
Second District

**Lindsey P. Horvath**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

October 17, 2023

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

Dear Supervisors:

**APPROVAL TO EXECUTE AN AMENDMENT TO CONTRACT NUMBER PH-003436  
WITH CHILDREN'S HOSPITAL LOS ANGELES TO INCREASE THE ANNUAL  
MAXIMUM OBLIGATION EFFECTIVE JULY 1, 2023, THROUGH JUNE 30, 2024;  
AND EXTEND THE TERM TO EIGHT PROMOTING HEALTH CARE ENGAGEMENT  
AMONG VULNERABLE TARGET POPULATIONS AT RISK FOR OR LIVING WITH  
HIV AND STDs SERVICES CONTRACTS EFFECTIVE JULY 1, 2024, THROUGH  
JUNE 30, 2025  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Request approval to execute an amendment to the Promoting Health Care Engagement Among Vulnerable Target Populations at Risk for or Living with HIV and STDs Services Contract Number PH-003436 with Children's Hospital Los Angeles to increase funding for the period of July 1, 2023, through June 30, 2024, and to delegate authority to extend all eight Vulnerable Populations contracts effective July 1, 2024, through June 30, 2025.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Approve and instruct the Director of the Department of Public Health (Public Health), or designee, to execute an amendment, substantially similar to Exhibit I, to Contract Number PH-003436 with Children's Hospital Los Angeles (CHLA), for promoting health care engagement among vulnerable target populations at risk for or living with HIV and STDs (Vulnerable Populations), to increase the annual funding by \$300,000, from \$500,000 to \$800,000, effective July 1, 2023, through June 30,

2024, 100 percent funded by Centers for Disease Control and Prevention (CDC) Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States (CDC EHE) funds and net County cost (NCC).

2. Delegate authority to the Director of Public Health, or designee, to amend eight Vulnerable Populations contracts with the agencies listed in Attachment A, to extend the contract terms for 12 months, at a combined annual maximum obligation of \$5,332,063, effective July 1, 2024, through June 30, 2025, 100 percent funded by CDC EHE and NCC funds.
3. Delegate authority to the Director of Public Health, or designee, to execute future amendments to the Vulnerable Populations contracts referenced in Recommendation No. 2 that provide an increase or decrease in funding up to 10 percent above or below each period's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable contract period, and make corresponding service adjustments, as necessary, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office.
4. Delegate authority to the Director of Public Health, or designee, to execute change notices to the contracts referenced in Recommendation No. 2 that authorize budget modifications, and corresponding service adjustments to the scope of work(s), as necessary; changes to hours of operation and/or service locations; and/or corrections of errors in the contract's terms and conditions.
5. Delegate authority to the Director of Public Health, or designee, to immediately suspend any contract upon issuing a written notice to contractors who fail to perform and/or fully comply with program requirements; to terminate contracts for convenience by providing a 30-calendar day advance written notice to contractors; and to accept voluntary contract termination notices from contractors.

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

Public Health understands that sociocultural, environmental, and economic challenges known collectively as social determinants of health (SDOH) affect the well-being of African American and Latino young men who have sex with men (YMSM) and transgender individuals. HIV and STD prevention services provided under these contracts address SDOH as a prevention strategy that improves the overall health and well-being of YMSM and transgender individuals.

The primary goals for HIV and STD prevention services are to: 1) decrease new HIV and STD infections among YMSM and transgender individuals; and 2) increase linkage to care among HIV positive YMSM and transgender individuals not currently in HIV medical care.

Approval of Recommendation 1 will allow Public Health to increase funding to Contract Number PH-003436 with CHLA to support the hiring of additional staff to implement and evaluate program activities that address the needs identified several months ago through an assessment of services and their impact targeting YMSM of color in Los Angeles County. These activities include: 1) delivering technical assistance to youth-serving agencies tied to recruitment and engagement of YMSM in services, 2) working with school districts to ensure YMSMs are provided with appropriate resources, and 3) training a variety of Vulnerable Populations providers who are able to identify structural changes that will increase access by YMSM to health and prevention services to be effective allies.

Approval of Recommendation 2 will allow Public Health to execute amendments to the Vulnerable Populations contracts identified in Attachment A, to extend the terms for 12 additional months through June 30, 2025.

Approval of Recommendation 3 will allow Public Health to execute amendments to the Vulnerable Populations contracts to increase or decrease funding up to 10 percent above or below each period's annual base maximum obligation and make corresponding service adjustments, as necessary.

Approval of Recommendation 4 will allow Public Health to execute change notices to the contracts that authorize budget modifications, and corresponding service adjustments, as necessary, changes to hours of operation and/or service locations, and/or corrections of errors in the contract's terms and conditions.

Approval of Recommendation 5 will allow Public Health to immediately suspend contracts with contractors who fail to perform and/or fully comply with program requirements, to terminate contracts for convenience by providing a 30-calendar day advance written termination notice to contractors, and to accept voluntary requests from contractors to terminate their contract(s).

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

The recommended actions support Strategy 1.2, Enhance Our Delivery of Comprehensive Interventions, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

The total cost to amend Contract Number PH-003436 with CHLA is \$300,000, increasing the maximum obligation from \$500,000 to \$800,000, the period of July 1, 2023, through June 30, 2024, 100 percent funded by CDC EHE and NCC funds.

Funding for this contract is included in Public Health's Adopted Budget for fiscal year (FY) 2023-24 and will be included in future FYs, as necessary.

The total maximum obligation for the eight contract amendments for the provision of HIV and STD services is \$5,332,063, for the period of July 1, 2024, through June 30, 2025, 100 percent funded by CDC and NCC funds. Ryan White Program funds can be used to support HIV prevention services for HIV positive clients and will also be used as an alternate source of funding as applicable.

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

Public Health's allocations for HIV and STD prevention services are aligned with the Los Angeles County Commission on HIV's recommended allocation.

County Counsel has reviewed and approved Exhibit I as to form. Attachment A provides information about the eight Vulnerable Populations services contracted providers who are being recommended to extend under Recommendation 2 effective July 1, 2024.

### **CONTRACTING PROCESS**

On November 7, 2017, your Board approved eight contracts for the provision of Vulnerable Populations services for the period effective November 7, 2017, through June 30, 2020, with two optional one-year renewal terms, which were exercised through the period ending June 30, 2022.

On June 28, 2022, your Board approved an extension of the eight Vulnerable Populations contracts for the period effective July 1, 2022, through June 30, 2023, with an option to extend through June 30, 2024.

On April 21, 2023, Public Health notified your Board that it was exercising delegated authority to increase funding to Contract Number PH-003436 with CHLA in the amount of \$50,000, increasing the maximum obligation from \$500,000 to \$550,000, for the period effective July 1, 2022, through June 30, 2023, to support increased staff time to conduct a review of the impact of services for the enhancement of Vulnerable Populations services to YMSM and transgender individuals.

Public Health is assessing current service programming for these clients to ensure that critical HIV and STD service needs are being met. Based on the results of those assessments, the Division of HIV and STD Programs will be able to utilize the data to support forthcoming program solicitation components anticipated for release in 2024.

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

Approval of the recommended actions will allow Public Health to enhance and continue the delivery of critical HIV and STD prevention services for YMSM and transgender individuals in areas of high HIV and STD morbidity.

The Honorable Board of Supervisors  
October 17, 2023  
Page 5

Respectfully submitted,

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

BF:bgc  
BL:#07179

Enclosures

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



**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HIV AND STD PROGRAMS  
PROMOTING HEALTH CARE ENGAGEMENT AMONG TARGETED VULNERABLE POPULATIONS**

\*(CENTERS FOR DISEASE CONTROL AND PREVENTION AND NET COUNTY COST FUNDS)

No.	Contractor Name	Contract Number	Contract Extension Period 1 7/1/24- 6/30/25	Contract Extension Period 2 N/A	Total Maximum Obligation	Service Planning Area Served	Supervisory District Served
NCC							
1	AltaMed Health Services	PH-003434	\$ 500,000	NA	\$ 500,000	4, 6 & 7	1, 2, & 3
2	Children's Hospital Los Angeles	PH-003436	\$ 800,000	NA	\$ 800,000	4 & 6	1, 2, & 3
3	Los Angeles LGBT Center	PH-003437	\$ 750,000	NA	\$ 750,000	4 & 6	1, 2, & 3
No.	Contractor Name	Contract Number	Contract Extension Period 1 7/1/24- 12/31/24	Contract Extension Period 2 1/1/25- 6/30/25	Total Maximum Obligation	Service Planning Area Served	Supervisory District Served
CDC							
4	In the Meantime Men's Group, Inc.	PH-003438	\$ 375,000	\$ 375,000	\$ 750,000	4 & 6	1, 2, & 3
5	Men's Health Foundation	PH-003439	\$ 250,000	\$ 250,000	\$ 500,000	6 & 8	2
Subtotal Annual Budget Requested for YMSM					\$ 3,300,000		
NCC							
No.	Contractor Name	Contract Number	Contract Extension Period 1 7/1/24- 6/30/25	Contract Extension Period 2 N/A	Total Maximum Obligation	Service Planning Area Served	Supervisory District Served
6	Bienestar Human Services, Inc.	PH-003440	\$ 750,000	NA	\$ 750,000	6 & 8	2 & 4
7	Center for Health Justice	PH-003435	\$ 282,063	NA	\$ 282,063	1 through 8	1 through 5
8	Los Angeles LGBT Center	PH-003441	\$ 1,000,000	NA	\$ 1,000,000	4 & 6	1, 2, & 3
Subtotal Annual Budget Request for TI					\$ 2,032,063		
<b>Grand Total</b>					\$ 5,332,063		

\*RYAN WHITE PROGRAM FUNDS MAY BE USED FOR PREVENTION ACTIVITIES FOR HIV POSITIVE CLIENTS

**EXHIBIT B-7 REVISED**  
**Vulnerable Populations Prevention Services**  
**Scope of Work**  
**July 1, 2023 – June 30, 2024**

**Goal:** To reduce the risk of HIV and STD infection among young African-American (AA) and Latino men who have sex with men (YMSM) ages 15-29 in the Central Cluster of Los Angeles County.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
1.0 By 06/30/24, Children's Hospital Los Angeles' (CHLA) Connect to Protect Los Angeles (C2PLA) team will host a minimum of 6 Working Groups and 30 subcommittee meetings designed to create opportunities for members to identify and address the Social Determinants of Health (SDOH) driving HIV among AA and Latino YMSM in Los Angeles County. Workgroups include: <ul style="list-style-type: none"> <li>School Subcommittees</li> <li>Care and Testing</li> <li>Vulnerable Populations</li> </ul>	<p>1.1 Identify schedule of Youth and Young Adult Workgroup of Community Advisory Coalition (CAC) meetings to address HIV and STIs among AA and Latino YMSM and report back at C2PLA meetings to ensure cross communication.</p> <p>1.2 Schedule meetings, identify locations, and provide facilitation support. Maintain a calendar of sites, dates, and submit in monthly reports to the Division of HIV and STD Programs (DHSP).</p> <p>1.3 Develop and maintain ongoing work plans for each subcommittee.</p>	<p>07/01/23 - ongoing</p> <p>07/01/23 - ongoing</p> <p>07/01/23 - ongoing</p>	<p>1.1 Calendar will be kept on file and documented in monthly reports to DHSP.</p> <p>1.2 Documents will be kept on file and number of participants documented in monthly reports to DHSP.</p> <p>1.3 Documents will be kept on file and number of participants documented in monthly reports to DHSP.</p>
2.0 By 06/30/24, CHLA's C2PLA will identify and accomplish a minimum of 4 structural change objective through identified subcommittees related to addressing barriers to the engagement of youth along the comprehensive HIV continuum.	<p>2.1 Review and revise, as needed, Structural Change Objective (SCO) Worksheets in individual subcommittees to identify action steps for each structural change objective.</p> <p>2.2 Develop and maintain coordination with key partners for each structural change objective.</p> <p style="padding-left: 20px;">a. Schedule meetings, identify locations, and provide facilitation support.</p> <p style="padding-left: 20px;">b. Maintain a calendar of sites, dates, and times and report in monthly reports to DHSP.</p>	<p>07/01/23 - ongoing</p> <p>07/01/23 - ongoing</p>	<p>2.1 Letter(s) of approval from DHSP kept on file.</p> <p>2.2 Documents will be kept on file and number of participants documented in monthly reports to DHSP.</p>
3.0 By 06/30/24, CHLA's C2PLA will create a minimum of one branded product designed to target AA and Latino YMSM to support their capacity to effectively engage in primary healthcare.	<p>3.1 Convene meetings with existing youth Community Advisory Boards (CAB) to discuss creation of material and to determine content and format.</p> <p>3.2 Track materials distributed.</p>	<p>07/01/23 - ongoing</p> <p>07/01/23 - ongoing</p>	<p>3.1. Letter(s) of approval from DHSP kept on file.</p> <p>3.2 Documents will be kept on file and number of participants documented in monthly reports to DHSP</p>

**EXHIBIT B-7 REVISED**  
**Vulnerable Populations Prevention Services**  
**Scope of Work**  
**July 1, 2023 – June 30, 2024**

**Goal:** To reduce the risk of HIV and STD infection among young African-American (AA) and Latino men who have sex with men (YMSM) ages 15-29 in the Central Cluster of Los Angeles County.

<p>4.0 By 06/30/24, CHLA's C2PIA will complete an assessment of on all DHSP-funded Vulnerable Population providers to determine their training and technical assistance needs related to YMSM of color programming.</p>	<p>4.1 Develop assessment tool in collaboration with DHSP.</p> <p>4.2 Implement assessment, analyze results and report in monthly report to DHSP.</p>	<p>09/01/23 - ongoing</p> <p>09/01/23 - ongoing</p>	<p>4.1 Documents will be kept on file and number of participants documented in monthly reports to DHSP.</p> <p>4.2 Documents will be kept on file and number of participants in monthly reports to DHSP.</p>
<p>5.0 By 06/30/24, CHLA's C2PLA will adapt and/or develop professional development trainings and technical assistance (TA) events on topics related to positive youth development, youth-friendly services, and youth CAB facilitation and management.</p>	<p>5.1 Develop trainings and a TA curriculum/protocol to include but not be limited to: positive youth-development, youth-friendly services and youth CAB facilitation and management. Submit to DHSP for approval.</p> <p>5.2 Schedule trainings/TA events and maintain calendar.</p> <p>5.3 Conduct trainings/TA events, analyze results and report in monthly reports to DHSP.</p>	<p>09/01/23 - ongoing</p> <p>9/01/23 - ongoing</p> <p>9/01/23 - ongoing</p>	<p>5.1 Letter(s) of approval from DHSP kept on file.</p> <p>5.2 Documents will be kept on file and number of participants in monthly reports to DHSP.</p> <p>5.3 Documents will be kept on file and number of participants in monthly reports to DHSP</p>
<p>6.0 By 06/30/24, CHLA's C2PLA will implement and evaluate at least 6 trainings for agency staff based on assessment results and DHSP priorities, including workshops addressing SDOH.</p>	<p>6.1 Develop training for agency staff based on results for assessment and submit to DHSP for approval.</p> <p>6.2 Schedule trainings and maintain calendar.</p> <p>6.3 Conduct trainings, analyze results and report in monthly reports to DHSP.</p>	<p>09/01/23 - ongoing</p> <p>09/01/23 - ongoing</p> <p>09/01/23 - ongoing</p>	<p>6.1 Letter(s) of approval from DHSP kept on file.</p> <p>6.2 Documents will be kept on file and number of participants in monthly reports to DHSP.</p> <p>6.3 Documents will be kept on file and number of participants in monthly reports to DHSP.</p>

**EXHIBIT B-7 REVISED**  
**Vulnerable Populations Prevention Services**  
**Scope of Work**  
**July 1, 2023 – June 30, 2024**

**Goal:** To reduce the risk of HIV and STD infection among young African-American and Latino men who have sex with men (YMSM) ages 15-29 in the Central Cluster of Los Angeles County.

7.0 By 6/30/24, CHLA's C2PLA will conduct evaluation activities to determine outcome indicators across all DHSP-funded vulnerable population providers.	7.1 Develop evaluation tools that include but are not limited to pre and post-surveys, assessment of data systems and evaluation technical assistance needs. Submit material to DHSP.	9/30/23 - ongoing	7.1 Letter(s) of approval from DHSP kept on file.
	7.2 Pilot pre/post surveys, complete assessments, analyze results and report in monthly reports to DHSP.		7.2 Documents will be kept on file and number of participants documented in monthly reports to DHSP.
	7.3 Develop recommendation based on outcome indicators and present to DHSP leadership.		7.3 Letter(s) of approval from DHSP kept on file.
	7.4 Develop evaluation process and present to DHSP leadership.		7.4 Letter(s) of approval from DHSP kept on file.
8.0 By 6/30/24, CHLA's C2PLA will implement a minimum of 2 trainings for agency staff related to evaluation and outcomes measures.	8.1 Schedule trainings with providers.	9/30/23 - ongoing	8.1 Documents will be kept on file and number of participants documented in monthly reports to DHSP.
	8.2 Conduct trainings, collect sign in sheets, evaluate results and report in monthly reports to DHSP.	9/30/23 - ongoing	8.2 Documents will be kept on file and number of participants documented in monthly reports to DHSP.
9.0 By 06/30/24, CHLA's C2PLA will provide at least 2 additional TA events via coaching or individual TA.	9.1 Schedule TA sessions. Maintain calendar of TA sessions.	09/30/23 - ongoing	9.1 Documents will be kept on file and number of participants in monthly reports to DHSP.
	9.2 Conduct TA events/sessions, collect sign-in sheets, evaluate results and report in monthly reports to DHSP.	9/30/23 - ongoing	9.2 Documents will be kept on file and number of participants in monthly reports to DHSP.

Contract No. PH-003436

**DEPARTMENT OF PUBLIC HEALTH  
PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET  
POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs SERVICES  
CONTRACT**

Amendment No. 12

THIS AMENDMENT is made and entered into on \_\_\_\_\_,

by and between

COUNTY OF LOS ANGELES  
(hereafter "County"),

and

CHILDREN'S HOSPITAL LOS ANGELES  
(hereafter "Contractor").

WHEREAS, reference is made to the document entitled "PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs SERVICES CONTRACT," dated November 14, 2017, and further identified as Contract No. PH-003436, and all amendments thereto (all hereafter "Contract"); and

WHEREAS, on October 17, 2023, the County of Los Angeles (County) Board of Supervisors (Board) authorized the Director of the Department of Public Health (Public Health), or designee, to execute an amendment to the Contract to increase funds for the provision of additional services; and

WHEREAS, the parties intend to amend the Contract to increase the maximum obligation for the period of July 1, 2023 through June 30, 2024, to support the addition of program evaluation and outreach staff needed to implement and evaluate activities and needs identified in the retrospective review of the impact on services targeting young men who have sex with men (YMSM) of color in Los Angeles County, and make other

hereafter designated changes, including updating certain terms and provisions and amending exhibits and schedules to update the budgets; and

WHEREAS, County has been awarded grant funds from the federal Centers for Disease Control and Prevention, Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States (CDC EHE), Assistance Listing Number 93.940, a portion of which has been designated to the Contract; 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, 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, the parties hereto agree as follows:

1. This amendment is effective upon execution for the period of July 1, 2023 through June 30, 2024.

2. Exhibit B-7, SCOPE OF WORK FOR PROMOTING HEALTH CARE ENGAGEMENT AMONG TARGET POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs SERVICES for the period of July 1, 2023 through June 30, 2024, is being replaced by B-7-REVISED, SCOPE OF WORK, attached hereto and incorporated herein by reference.

3. Exhibit C, Schedule 7A, BUDGET(S) FOR PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs SERVICES, attached hereto and incorporated herein by reference, is added to the Contract.

4. Exhibit L.1, Notice of Federal Subaward Information, attached hereto and incorporated herein by reference, is added to the Contract.

5. Contract, Paragraph 3, DESCRIPTION OF SERVICES, Subparagraph D, is deleted in its entirety and replaced as follows:

"D. Federal Award Information for this Contract is detailed in Exhibit L.1, Notice of Federal Subaward Information, attached hereto and incorporated herein by reference."

6. Contract, Paragraph 5, MAXIMUM OBLIGATION OF COUNTY, Subparagraph J, is deleted in its entirety and replaced as follows:

"J. Effective July 1, 2023 through June 30, 2024, the maximum obligation of County for all services provided hereunder will not exceed eight hundred thousand dollars (\$800,000). Of this amount, three hundred thousand dollars (\$300,000) is allocated to support the addition of program evaluation and outreach staff needed to implement and evaluate activities and needs identified in the retrospective review of the impact on services targeting YMSM of color in Los Angeles County, as set forth in Exhibit C, Schedule 7A, attached hereto and incorporated herein by reference."

7. Except for the changes set forth hereinabove, the Contract will not be changed in any respect by this amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this amendment to be executed by its Director of Public Health, or designee, and Contractor has caused this amendment to be executed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director

CHILDREN'S HOSPITAL LOS ANGELES  
Contractor

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Title \_\_\_\_\_

APPROVED AS TO FORM  
BY THE OFFICE OF THE COUNTY COUNSEL  
DAWYN R. HARRISON  
County Counsel

APPROVED AS TO CONTRACT  
ADMINISTRATION:

Department of Public Health

By \_\_\_\_\_  
Contracts and Grants Division Management

BL #07179:bgc



**SCHEDULE 7A**

**CHILDREN'S HOSPITAL LOS ANGELES**

**PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET  
POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs**

**(YOUNG MEN WHO HAVE SEX WITH MEN)**

**(CDC EHE AND NCC\*)**

	<u>Budget Period</u> July 1, 2023 through <u>June 30, 2024</u>
Salaries	\$0
Employee Benefits	\$0
Travel	\$0
Equipment	\$0
Supplies	\$0
Other	\$0
Consultant/Subcontractor	\$0
Indirect Costs	<u>\$0</u>
<b>TOTAL PROGRAM BUDGET</b>	<b>\$300,000</b>

During the term of this Contract, any variation to the above budget must be executed through a written Change Notice, executed by the Division of HIV and STD Programs' Director and the Contractor. Invoices and cost reports must be submitted and will be reimbursed in accordance with approved line-item detailed budgets.

\*NCC funds will only be used to cover funding for June 1, 2024 through June 30, 2024.



## County of Los Angeles

## Notice of Federal Subaward Information

Recipient Information (i)	Federal Award Information (www.usaspending.gov)																								
<b>1. Recipient Name</b> Children's Hospital Los Angeles <b>2. Vendor Customer Code (VCC)</b> 039993 <b>3. Employer Identification Number (EIN)</b> 95-1690977 <b>4. Recipient's Unique Entity Identifier (ii) Data Universal Numbering System (DUNS)(www.SAM.gov)</b> DVL1CMRMWRN9 <b>5. Award Project Title</b> Promoting Health Health Care Engagement among Vulnerable Target Populations At-Risk for Living with HIV and STDs Services <b>6. Project Director or Principal Investigator</b> Name: Karen Niemeier Title: Executive Director Address: 4650 Sunset Boulevard, MS#97 Los Angeles, CA 90027-6062 E-mail: chlaawards@chla.usc.edu <b>7. Authorized Official</b> Name: Jodi S. Ogden Title: Vice President, Research Operations Address: 4650 Sunset Boulevard, MS#97 Los Angeles, CA 90027-6062 E-mail: chlaawards@chla.usc.edu	<b>10. Federal Award Number (1)</b> 5 NU62PS924619-04-00 <b>11. Federal Award (iv)</b> July 6, 2023 <b>12. Unique Federal Award Identification Number (FAIN) (iii)</b> NU62PS924619 <b>13. Name of Federal Awarding Agency (xi)</b> Center for Disease Control and Prevention <b>14. Federal Award Project Title (x)</b> Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States <b>15. Assistance Listing Number (xii)</b> 93.940 <b>16. Assistance Listing Program Title (xii)</b> HIV Prevention Activities _Health Department Based <b>17. Is this Award R&amp;D? (xiii)</b> No																								
<b>8. County Department Contact Information</b> Name: Sine Yohannes Title: Chief, Financial Services, DHSP Address: 600 S. Commonwealth Ave., 10th Fl. Los Angeles, CA 90005 E-mail: syohannes@ph.lacounty.gov <b>9. Program Official Contact Information</b> Name: Mario J. Pérez, MPH Title: Director, DHSP Address: 600 S. Commonwealth Ave., 10th Fl. Los Angeles, CA 90005 E-mail: mjperez@ph.lacounty.gov	<table border="1"> <thead> <tr> <th colspan="2">Summary Federal Subaward Financial Information</th> </tr> </thead> <tbody> <tr> <td><b>18. Budget Period Start Date (vi):</b> August 1, 2023</td> <td><b>End Date:</b> May 31, 2024</td> </tr> <tr> <td><b>19. Total Amount of Federal Funds Obligated by this Action (vii)</b></td> <td>\$ 300,000</td> </tr> <tr> <td>20a. Direct Cost Amount</td> <td>\$</td> </tr> <tr> <td>20b. Indirect Cost Amount (xiv)</td> <td>\$</td> </tr> <tr> <td><b>20. Authorized Carryover</b></td> <td>\$</td> </tr> <tr> <td><b>21. Offset</b></td> <td>\$</td> </tr> <tr> <td><b>22. Total Amount of Federal Funds Obligated this Budget Period (viii)</b></td> <td>\$</td> </tr> <tr> <td><b>23. Total Approved Cost Sharing or Matching, where applicable</b></td> <td>\$</td> </tr> <tr> <td><b>24. Total Federal and Non-Federal Approved this Budget Period (ix)</b></td> <td>\$ 300,000</td> </tr> <tr> <td><b>25. Projected Performance Period Start Date (v):</b> August 1, 2023</td> <td><b>End Date:</b> May 31, 2024</td> </tr> <tr> <td><b>26. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b></td> <td>\$ 300,000</td> </tr> </tbody> </table> <b>27. Authorized Treatment of Program Income</b> <b>28. County Program Officer Signature</b> Name: Mario J. Pérez Title: Director, DHSP	Summary Federal Subaward Financial Information		<b>18. Budget Period Start Date (vi):</b> August 1, 2023	<b>End Date:</b> May 31, 2024	<b>19. Total Amount of Federal Funds Obligated by this Action (vii)</b>	\$ 300,000	20a. Direct Cost Amount	\$	20b. Indirect Cost Amount (xiv)	\$	<b>20. Authorized Carryover</b>	\$	<b>21. Offset</b>	\$	<b>22. Total Amount of Federal Funds Obligated this Budget Period (viii)</b>	\$	<b>23. Total Approved Cost Sharing or Matching, where applicable</b>	\$	<b>24. Total Federal and Non-Federal Approved this Budget Period (ix)</b>	\$ 300,000	<b>25. Projected Performance Period Start Date (v):</b> August 1, 2023	<b>End Date:</b> May 31, 2024	<b>26. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	\$ 300,000
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## 29. Remarks

Contract # PH-003436  
7/31/23- 6/30/24  
Promoting Health Health Care Engagement among Vulnerable Target Populations At-Risk for Living with HIV and STDs Services  
Schedule 7-\$500,00 (NCC)  
Schedule 7A - \$300,000 (CDC EHE)\*

\*CDC EHE funding ends May 31, 2024, NCC will cover June 1, 2024 through June 30, 2024 if new funds are not yet available.

Signature/Date

# BOARD LETTER/MEMO CLUSTER FACT SHEET

# DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	10/4/2023	
<b>BOARD MEETING DATE</b>	10/17/2023	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Department of Public Health (Public Health)	
<b>SUBJECT</b>	Approval to execute amendments to sole source Contract Number PH-004537 with Community Health Councils, Inc. (CHC) to extend the term through June 30, 2024, and Contract Number PH-004746 with Public Health Institute (PHI) to extend the term through March 31, 2024, and delegate authority to execute amendments that: a) extend the term through December 31, 2024, at amounts determined by the Director of the Department of Public Health (Public Health), based on funding availability; b) reflect funding adjustments and other related changes; and/or c) suspend and/or terminate the contracts, as necessary.	
<b>PROGRAM</b>	Executive Office, Office of Planning, Integration and Engagement (OPIE)	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain why: As the COVID-19 emergency has lifted, Public Health is considering alternatives to sole source contracts. However, the Centers for Disease and Control and Prevention (CDC) has approved an extension for Public Health to meet the CDC grant requirements and complete the activities set forth in these two sole source contracts by December 31, 2024. Continuation of these services is critical to reduce health inequities and any interruption caused by entering a competitive solicitation process and potentially contracting with new vendors would prove to be too costly in resources and would significantly undermine the progress made towards these efforts in the affected communities by CHC and PHI.	
<b>DEADLINES/ TIME CONSTRAINTS</b>	Current sole source contracts with CHC and PHI will expire December 31, 2023.	
<b>COST &amp; FUNDING</b>	Total cost:  +\$705,635 (CHC)  -\$1,615,327 (PHI)	Funding source:  The increase amount of the recommended contract amendment with CHC is \$705,635, effective date of execution through June 30, 2024, funded by CDC ELC, and Tobacco Settlement funds.  The decrease amount of the recommended contract amendment with PHI is \$1,615,327, effective date of execution through March 31, 2024; funded by CDC ELC, ALN 93.323, and PARTNER Project funding, ALN 93.391.
	TERMS (if applicable): date of execution through June 30, 2024, for contract Number PH-004537 with CHC, and date of execution through March 31, 2024, for Contract Number PH-004746 with PHI.	
	Explanation: The COVID-19 community-based outreach services provide coordinated, community-based services to individuals and communities disproportionately impacted by COVID-19. These efforts include critical outreach and education to prevent COVID-19 transmission; facilitating equitable access to COVID-19 testing, vaccination and	

	related services; system navigation; procurement of Personal Protective Equipment and other supplies necessary to prevent the spread and transmission of COVID-19; strategic planning to support under-served communities; and training and capacity building for community-based organizations.
<b>PURPOSE OF REQUEST</b>	Extension of the sole source contracts is needed for the continued provision of community-based outreach services to reach communities throughout Los Angeles County (LAC) that have been disproportionately impacted by COVID-19 and to complete the activities set forth in the contracts.
<b>BACKGROUND</b> (include internal/external issues that may exist including any related motions)	On March 4, 2020, the Board declared a local and public health emergency in response to the increased spread of COVID-19 across the country. Public Health continues to oversee engagement initiatives to reach communities throughout LAC that have been most impacted by COVID-19 and ensure that they receive culturally and linguistically appropriate outreach. Public Health has expanded outreach efforts by implementing a spectrum of services designed to address urgent COVID-19 needs and creating infrastructure for post-pandemic recovery in communities hardest hit by COVID-19.
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how:  The COVID-19 Community Health Worker Outreach and Vaccine Distribution Support Services and COVID-19 Equity Community Grant Projects seek to address health inequities caused by and exacerbated by COVID-19 in historically under-resourced and underserved communities in Los Angeles Counties. These projects are foundationally rooted in the equity principles of 1) developing and implementing strategies that identify, prioritize, and effectively support the most disadvantaged geographies and populations; 2) reducing racial disparities in life outcomes, as well as disparities in public investment, to shape those outcomes; and 3) intervening early and emphasizing long-term prevention.
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how:  Board Priority #2: Health Integration/Alliance for Health Integration and Board Priority #8: Anti-Racism  Public Health is continuing efforts to address health inequities due to and exacerbated by COVID-19 through collaboration with CHC and PHI to provide ongoing community-based outreach to marginalized communities with the highest infection rates and lowest COVID-19 vaccination rates – often an intersection of communities of color, low socioeconomic status, and decreased access to health/mental health services.
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email:  Joshua Bobrowsky, Public Health Director Government Affairs (213) 288-7871 <a href="mailto:jbobrowsky@ph.lacounty.gov">jbobrowsky@ph.lacounty.gov</a>  Noel Barakat, Clinical Nursing Director II, EXEC (213) 288-8756, <a href="mailto:nbarakat@ph.lacounty.gov">nbarakat@ph.lacounty.gov</a>  Tiffany Romo, Health Program Manager I, OPIE (213) 288-8670, <a href="mailto:tromo@ph.lacounty.gov">tromo@ph.lacounty.gov</a>  Blaine McPhillips, Senior Deputy County Counsel (213) 974-1920, <a href="mailto:bmcphillips@counsel.lacounty.gov">bmcphillips@counsel.lacounty.gov</a>



DRAFT



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

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

**ANISH P. MAHAJAN, M.D., M.S., M.P.H.**  
Chief Deputy Director

313 N. Figueroa St. Room 708  
Los Angeles, CA 90012  
TEL. (213) 288-8756

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

**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District

**Holly J. Mitchell**  
Second District

**Lindsey P. Horvath**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

October 17, 2023

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 TWO COVID-19 COMMUNITY-BASED OUTREACH  
SERVICES SOLE SOURCE CONTRACTS WITH COMMUNITY HEALTH COUNCILS,  
INC. AND PUBLIC HEALTH INSTITUTE TO EXTEND THE CONTRACT TERMS  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Request approval to execute amendments to sole source Contract Number PH-004537 with Community Health Councils, Inc. to increase the amount and extend the term through June 30, 2024, and sole source Contract Number PH-004746 with Public Health Institute to decrease the amount and extend the term through March 31, 2024; and delegate authority to execute amendments that: a) extend the term through December 31, 2024; b) reflect funding adjustments and other related changes; and/or c) suspend and/or terminate the contracts, as necessary.

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Approve and instruct the Director of Department of Public Health (Public Health), or designee, to execute an amendment to sole source Contract Number PH-004537 with Community Health Councils, Inc. (CHC) for the continued provision of COVID-19 community-based outreach services, substantially similar to Exhibit I, to increase the amount by \$705,635, from \$30,287,392 to \$30,993,027, and extend the term through June 30, 2024; funded by the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) funding, Assistance Listing Number (ALN) 93.323 and Tobacco Settlement funds.

2. Approve and instruct the Director of Public Health, or designee, to execute an amendment to sole source Contract Number PH-004746 with Public Health Institute (PHI) for the continued provision of COVID-19 community-based outreach services, substantially similar to Exhibit II, to decrease the amount by \$1,518,937, from \$15,399,028 to \$13,880,091, and extend the term through March 31, 2024; funded by CDC ELC funding, ALN 93.323, and the Partners Across Regions Tackling Needs for an Equitable Response (PARTNER) Project funding, ALN 93.391.
3. Delegate authority to the Director of Public Health, or designee, to execute amendments to the contracts that: a) allow the rollover of unspent contract funds, as applicable; b) extend the term through December 31, 2024, at amounts determined by the Director of Public Health, based on funding availability; c) allow a no-cost extension to the term through June 30, 2025; d) provide an increase or decrease in funding up to 10 percent above or below each term's annual base maximum obligation, effective upon amendment execution, or at the beginning of the applicable contract term, and make corresponding service adjustments, as necessary; and/or e) make revisions to the Statement of Work, as necessary, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).
4. Delegated authority to the Director of Public Health, or designee, to execute change notices to these contracts that authorize: a) budget modifications and corresponding service adjustments, as necessary; b) changes to hours of operation and/or service locations; and/or c) corrections of errors in the contract's terms and conditions.
5. Delegate authority to the Director of Public Health, or designee, to immediately suspend the contract(s) upon issuing a written notice to contractors who fail to perform and/or fully comply with program requirements; to terminate the contract(s) for convenience by providing a 30-calendar day advance written notice to the contractors; and to accept voluntary contract termination notices from contractors.

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

On March 4, 2020, the Board declared a local and public health emergency in response to the increased spread of COVID-19 across the country. Throughout the pandemic, under-resourced and disproportionately impacted communities within Los Angeles County (LAC) have seen an exacerbation in existing inequities in chronic conditions, communicable diseases, and other health issues. These circumstances have contributed to adverse health effects most notably among individuals who reside in marginalized communities with the highest infection rates and lowest COVID-19 vaccination rates – often an intersection of communities of color, low socioeconomic status, and decreased access to health/mental health services – and further substantiates the need for ongoing pandemic recovery and resiliency programs that provide critical outreach to promote public health messaging and provide resources to high-need community members. Additionally, the extended duration of the pandemic has strained Public Health's capacity to address new and worsening conditions impacting underserved LAC communities.

Despite the decrease in COVID-19 viral transmission, the end of the national Public Health Emergency and the local emergency, as well as the rescinding of Health Officer Orders in LAC, there remains a need for Public Health to mitigate the impact of the COVID-19 pandemic through Public Health's continuation of the COVID-19 Community Health Worker Outreach and Vaccine Distribution Support Services and COVID-19 Equity Community Grant Projects. Public Health continues to oversee these engagement initiatives to reach communities throughout LAC that have been most impacted by COVID-19 and ensure that they receive culturally and linguistically appropriate outreach. Public Health has expanded outreach efforts by implementing a spectrum of services designed to address urgent COVID-19 needs and creating infrastructure for post-pandemic recovery in communities hardest hit by COVID-19. Continuation of these services is critical to reduce such health inequities and any interruption of community outreach for COVID-19 prevention and mitigation strategies.

As the COVID-19 emergency has lifted, Public Health is considering alternatives to sole source contracts. However, the Centers for Disease and Control and Prevention (CDC) has approved an extension for Public Health to meet the CDC grant requirements and complete the activities set forth in these two sole source contracts by December 31, 2024. Continuation of these services is critical to reduce health inequities and any interruption caused by entering a competitive solicitation process and potentially contracting with new vendors would prove to be too costly in resources and would significantly undermine the progress made towards these efforts in the affected communities by CHC and PHI.

Approval of Recommendations 1 and 2 will allow Public Health to execute amendments to the Contract with CHC to increase the amount and extend the term through June 30, 2024, and to the Contract with PHI to decrease the amount and extend the term through March 31, 2024.

Approval of Recommendation 3 will allow Public Health to execute amendments to the contracts to: a) allow the rollover of unspent contract funds, as applicable; b) extend the term through December 31, 2024, at amounts determined by the Director of Public Health, based on funding availability; c) allow a no-cost extension to the term of up to six months, through June 30, 2025; d) provide an increase or decrease in funding up to 10 percent above or below each term's annual base maximum obligation, effective upon amendment execution, or at the beginning of the applicable contract term, and make corresponding service adjustments, as necessary; and/or e) make revisions to the Statement of Work, as necessary, subject to review and approval by County Counsel, and notification to your Board and the CEO.

Approval of Recommendation 4 will allow Public Health to execute change notices to contracts that authorize: a) budget modifications and corresponding service adjustments, as necessary; b) changes to hours of operation and/or service locations; and/or c) corrections of errors in the contract's terms and conditions.

Approval of Recommendation 5 will allow Public Health to immediately suspend contract(s) with contractors who fail to perform and/or to fully comply with program requirements, to terminate contract(s) for convenience by providing a 30-calendar day advance written termination notice to contractors, and to accept a voluntary contract termination notices from contractors.

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

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

### **FISCAL IMPACT/FINANCING**

The total cost of the recommended contract amendment with CHC is an increase of \$705,635, for the period effective date of execution through June 30, 2024, funded by CDC ELC, and Tobacco Settlement funds. The total decrease of the recommended contract amendment with PHI is \$1,518,937, for the period effective date of execution through March 31, 2024; funded by CDC ELC, ALN 93.323, and PARTNER Project funding, ALN 93.391.

There is no net County cost associated with this action.

Funding is included in Public Health's Recommended Budget fiscal year (FY) 2023-24 and will be included in future FYs, as necessary.

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

On January 30, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern.

On March 4, 2020, the Board declared a local and public health emergency in response to the increased spread of COVID-19 across the country.

On October 13, 2020, the Board of Supervisors delegated authority to the Acting CEO, or designee(s), which includes departments, in consultation with County Counsel, to enter into, execute, amend, and if necessary, terminate contracts, including sole source, necessary to support the County's continued efforts to assist and address the health, safety, and welfare of County residents during the COVID-19 pandemic and in compliance with requirements of the federal or state funding source for such contract.

On March 31, 2023, the Board ended its declaration of the COVID-19 public health emergency in LAC.

As required under Board Policy 5.100, Public Health notified your Board on July 25, 2023, of its intent to request your Board's approval to extend the term of existing sole source contracts with CHC through December 31, 2024, (now requesting extension



to June 30, 2024), and PHI through March 31, 2024, for the continuation of community-based outreach services.

County Counsel has reviewed and approved Exhibits I and II as to use. Attachment A is the Sole Source Checklists signed by the CEO.

### **CONTRACTING PROCESS**

The execution of these sole source contracts was completed under the October 13, 2020, CEO delegated authority to support the County's continued efforts to assist and address the health, safety, and welfare of County residents during the COVID-19 pandemic and to comply with the requirements of the federal or state funding sources supporting each contract.

On September 27, 2022, the Board of Supervisors delegated authority to execute amendments to these COVID-19 community-based outreach services sole source contracts to extend the term through December 31, 2023. Subsequently, Public Health notified your Board that it was exercising delegated authority to execute various amendments to these two contracts.

Public Health is returning to your Board to request delegated authority to extend services through June 30, 2024, for CHC and to extend services with PHI through March 31, 2024, to complete the activities set forth in these contracts and meet CDC grant requirements.

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

Approval of the recommended actions will allow Public Health to continue COVID-19 pandemic recovery and resiliency work important to closing health and wellness gaps, both created and exacerbated by the COVID-19 pandemic, as well as strengthen and build the infrastructure of existing public health organizations that are integrated within and community-based.

Respectfully submitted,

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

BF:an  
BL #07160

Enclosures

The Honorable Board of Supervisors  
October 17, 2023  
Page 6

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

## SOLE SOURCE CHECKLIST

Department Name: Public Health

☐

New Sole Source Contract

☒

Sole Source Amendment to Existing Contract

Date Existing Contract First Approved: \_\_\_\_\_

PH-004537 Community Health Councils, Inc.

Check (✓)	<b>JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS</b> Identify applicable justification and provide documentation for each checked item.
<input type="checkbox"/>	➤ 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>
<input type="checkbox"/>	➤ Compliance with applicable statutory and/or regulatory provisions.
<input type="checkbox"/>	➤ Compliance with State and/or federal programmatic requirements.
<input type="checkbox"/>	➤ Services provided by other public or County-related entities.
<input checked="" type="checkbox"/>	➤ Services are needed to address an emergent or related time-sensitive need.
<input type="checkbox"/>	➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
<input type="checkbox"/>	➤ 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.
<input type="checkbox"/>	➤ 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.
<input type="checkbox"/>	➤ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
<input type="checkbox"/>	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
<input type="checkbox"/>	➤ It is in the best economic interest of the County (e.g., significant costs and time to replace an existing system or infrastructure, administrative cost and time savings and excessive learning curve for a new service provider, etc.). In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

Erika Bonilla  
Chief Executive Office

8/29/23

Date

## SOLE SOURCE CHECKLIST

Department Name: Public Health

☐

New Sole Source Contract

☒

Sole Source Amendment to Existing Contract

Date Existing Contract First Approved: \_\_\_\_\_

PH-004537 Community Health Councils, Inc.

Check (✓)	<b>JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS</b> Identify applicable justification and provide documentation for each checked item.
<input type="checkbox"/>	➤ 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>
<input type="checkbox"/>	➤ Compliance with applicable statutory and/or regulatory provisions.
<input type="checkbox"/>	➤ Compliance with State and/or federal programmatic requirements.
<input type="checkbox"/>	➤ Services provided by other public or County-related entities.
<input checked="" type="checkbox"/>	➤ Services are needed to address an emergent or related time-sensitive need.
<input type="checkbox"/>	➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
<input type="checkbox"/>	➤ 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.
<input type="checkbox"/>	➤ 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.
<input type="checkbox"/>	➤ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
<input type="checkbox"/>	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
<input type="checkbox"/>	➤ It is in the best economic interest of the County (e.g., significant costs and time to replace an existing system or infrastructure, administrative cost and time savings and excessive learning curve for a new service provider, etc.). In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

Erika Bonilla  
Chief Executive Office

8/29/23

Date

Contract No. PH-004537

**DEPARTMENT OF PUBLIC HEALTH  
COVID-19 COMMUNITY HEALTH WORKER OUTREACH AND VACCINE  
DISTRIBUTION SUPPORT SERVICES  
CONTRACT**

Amendment No. 6

THIS AMENDMENT is made and entered on \_\_\_\_\_,

by and between

COUNTY OF LOS ANGELES  
(hereafter "County")

and

COMMUNITY HEALTH COUNCILS,  
INC.  
(hereafter "Contractor").

WHEREAS, on April 18, 2021, the County and Contractor entered into Contract No. PH-004537 (Contract) to provide COVID-19 Community Health Worker Outreach and Vaccine Distribution Support Services for the Department of Public Health (Public Health); and

WHEREAS, on October 13, 2020, the Board delegated authority to the Acting Chief Executive Officer (CEO), or his designee(s), which includes departments in consultation with County Counsel, to enter into, execute, amend, and if necessary, terminate agreements, including sole source, necessary to support of the County's continued efforts to assist and address the health, safety, and welfare of County residents during the COVID-19 pandemic and in compliance with requirements of the federal or state funding source for such agreement; and

WHEREAS, on December 9, 2021, Amendment 1 was executed to extend the Contract term through June 30, 2022, increase the Maximum Obligation of the County, revise the statement of work, and make other designated changes; and

WHEREAS, on March 3, 2022, Amendment 2 was executed to extend the Contract term through August 31, 2022, modify the budget, roll over unspent funds through August 31, 2022, and make other designated changes; and

WHEREAS, on June 29, 2022, Amendment 3 was executed to extend the term of the Contract through October 31, 2022, increase the Maximum Obligation of the County, and make other designated changes; and

WHEREAS, on September 27, 2022, the Board of Supervisors delegated authority to the Director of Public Health, or designee, to execute amendments to the Contract; and

WHEREAS, on October 12, 2022, Amendment 4 was executed to extend the term of the Contract through October 31, 2023, increase the Maximum Obligation of the County, and make other designated changes; and

WHEREAS, on July 21, 2023, Amendment 5 was executed to extend the term of the Contract through December 31, 2023, decrease the Maximum Obligation of the County, and make other designated changes; and

WHEREAS, on October 17, 2023, the Board of Supervisors authorized the Director of the Department of Public Health, or designee to execute amendments to COVID-19 sole source service contracts to extend the term through June 30, 2024; and

WHEREAS, County has been allocated funds from the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) grant, Assistance Listing Number 93.323, and Tobacco Settlement Funds, which a portion of these funds has been designated to this amendment, and the

Contractor is subrecipient of this grant with all the duties and obligations of that designation attached; and

WHEREAS, it is the intent of the parties hereto to amend the Contract to: 1) extend the term through June 30, 2024; 2) increase the Maximum Obligation of the County by seven hundred five thousand, six hundred and thirty-five dollars (\$705,635), from thirty million, two hundred eighty-seven thousand, three hundred and ninety-two (\$30,287,392) to thirty million, nine hundred ninety-three thousand, twenty-seven dollars (\$30,993,027); 3) revise the statement of work; and 4) make other designated changes; and

WHEREAS, the Contract provides that changes in accordance with Paragraph 7, ALTERATIONS OF TERMS/AMENDMENTS, provides that changes may be made in the form of an Amendment which is formally approved and executed by the parties; and

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

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment is effective upon execution through June 30, 2024.
2. Exhibit C-4, Budget, attached hereto and incorporated by reference, is added to the Contract.
3. Exhibit C-5, Budget, attached hereto and incorporated by reference, is added to the Contract.
4. Exhibit A.2, Statement of Work, is deleted in its entirety and replaced with Exhibit A.3, Statement of Work, attached hereto and incorporated by reference. All

references in the Contract to “Exhibit A.2, Statement of Work”, will be deemed amended to state “Exhibit A.3, Statement of Work”.

5. Exhibit M, Notice of Federal Subaward information, will be deleted in its entirety and replaced with Exhibit M-1, Notice of Federal Subaward Information, attached hereto and incorporated by reference. All references in the Contract to “Exhibit M, Notice of Federal Subaward Information”, will be deemed amended to state, “Exhibit M-1, Notice of Federal Subaward Information”.

6. Paragraph 4, TERM OF CONTRACT, is deleted in its entirety and replaced as follows:

“4. TERM OF CONTRACT:

The Term of this Contract will be effective April 18, 2021, and will continue in full force and effect through June 30, 2024, unless sooner terminated or extended, in whole or in part, as provided in this Contract.

The Contractor shall notify (Program Office) when this Contract is within six (6) months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, the Contractor shall send written notification to (Program Office) at the address herein provided in Exhibit J-2.”

7. Paragraph 5, MAXIMUM OBLIGATION OF COUNTY, Subparagraph A, is deleted in its entirety and replaced as follows:

“5. MAXIMUM OBLIGATION OF COUNTY:

A. For the term of April 18, 2021, through June 30, 2024, the maximum obligation of County for all services provided hereunder will not exceed thirty million, nine hundred ninety-three thousand, twenty-seven



dollars (\$30,993,027), as set forth in Exhibits C-1.1, C-2.2, C-3.1, C-4, and C-5, attached hereto and incorporated herein by reference. In no instance shall the County be liable for any costs in excess of this amount, nor for any authorized or ineligible costs or expenses”

8. Paragraph 6, USE OF FUNDS, Subparagraph A, is deleted in its entirety and replaced as follows:

“6. USE OF FUNDS:

A. The Contractor shall receive advances of the maximum obligation not to exceed thirty million, nine hundred ninety-three thousand, twenty-seven dollars, (\$30,993,027) within one (1) week of the full execution of this Contract for providing the tasks, deliverables, goods, services, and other work specified in Exhibit A.3 and in accordance with Exhibit C-1.1, C-2.2, C-3.1, C-4, and C-5 attached hereto and incorporated herein by reference. “

9. Paragraph 63, PUBLIC RECORDS ACT, is deleted in its entirety and replaced as follows:

“63. PUBLIC RECORDS ACT:

Any document submitted by Contractor; all information obtained in connection with the County's right to audit and inspect the Contractor's documents, books, and accounting records pursuant to the RECORD RETENTION AND AUDITS Paragraph of this Contract; as well as those documents which were required to be submitted in response to the solicitation process for this Contract, become the exclusive property of the County. All such documents become a matter of public record and will be regarded as public

records. Exceptions will be those elements in the California Government Code Section 7921.000 et seq. (Public Records Act) and which are marked “trade secret,” “confidential,” or “proprietary.” The County will not in any way be liable or responsible for the disclosure of any such records including, without limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.

B. In the event the County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked “trade secret,” “confidential,” or “proprietary,” Contractor agrees to defend and indemnify the County from all costs and expenses, including reasonable attorney’s fees, in action or liability arising under the Public Records Act.”

10. Paragraph 68, SOLICITATION OF BIDS OR PROPOSALS, is deleted in its entirety and replaced as follows:

“68. PROHIBITION FROM PARTICIPATION IN FUTURE  
SOLICITATION(S):

“A Proposer, or a Contractor or its subsidiary or Subcontractor (“Proposer/Contractor”), is prohibited from submitting a bid or proposal in a County solicitation if the Proposer/Contractor has provided advice or consultation for the solicitation. A Proposer/Contractor is also prohibited from submitting a bid or proposal in a County solicitation if the Proposer/Contractor has developed or prepared any of the solicitation materials on behalf of the County. A violation of this provision will result in the disqualification of the Contractor/Proposer from

participation in the County solicitation or the termination or cancellation of any resultant County contract. This provision will survive the expiration, or other termination of this Agreement.”

11. Exhibit G, JURY SERVICE PROGRAM, is deleted in its entirety and replaced with Exhibit G, SAFELY SURRENDERED BABY.

12. Paragraph 29, COMPLIANCE WITH CIVIL RIGHTS LAW is deleted in its entirety and replaced as follows:

“29. COMPLIANCE WITH CIVIL RIGHTS LAW:

Contractor hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC Sections 2000 (e) (1) through 2000 (e) (17), to the end that no person will, on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical handicap, marital status, political affiliation, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract.

Additionally, Contractor certifies to the County:

1. That Contractor has a written policy statement prohibiting discrimination in all phases of employment.
2. That Contractor periodically conducts a self-analysis or utilization analysis of its work force.
3. That Contractor has a system for determining if its employment practices are discriminatory against protected groups.

4. Where problem areas are identified in employment practices, Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables.

Contractor shall comply with Exhibit D – Contractor’s EEO Certification.”

13. Paragraph 35, CONSIDERATION OF HIRING GAIN/GROW

PARTICIPATNS is deleted in its entirety and replaced as follows:

“35. CONSIDERATION OF HIRING GAIN/GROW PARTICIPANTS:

A. Should Contractor require additional or replacement personnel after the effective date of this Contract, Contractor will give consideration for any such employment openings to participants in the County’s Department of Public Social Services Greater Avenues for Independence (GAIN) Program or General Relief Opportunity for Work (GROW) Program who meet Contractor’s minimum qualifications for the open position(s). For this purpose, consideration means that Contractor will interview qualified candidates. The County will refer GAIN/GROW participants by job category to Contractor. Contractor must report all job openings with job requirements to: [GAINGROW@DPSS.LACOUNTY.GOV](mailto:GAINGROW@DPSS.LACOUNTY.GOV) and [BSERVICES@WDACS.LACOUNTY.GOV](mailto:BSERVICES@WDACS.LACOUNTY.GOV); and DPSS will refer qualified GAIN/GROW job candidates.

B. In the event that both laid-off County employees and GAIN/GROW participants are available for hiring, County employees must be given first priority.”

14. Paragraph 39, COUNTY’S QUALITY ASSURANCE PLAN is deleted in its entirety and replaced as follows:

“39. COUNTY’S QUALITY ASSURANCE PLAN:

“County or its agent(s) will monitor Contractor's performance under this Contract on not less than an annual basis. Such monitoring will include assessing Contractor's compliance with all Contract terms and performance standards. Contractor deficiencies which County determines are significant, or continuing, and that may place performance of the Contract in jeopardy if not corrected, will be reported to the Board of Supervisors and listed in the appropriate contractor performance database. The report to the Board will include improvement/corrective action measures taken by County and Contractor. If improvement does not occur consistent with the corrective action measures, the County may terminate this Contract or impose other penalties as specified in this Contract.”

15. Paragraph 74, TERMINATION FOR GRATUITIES AND/OR IMPROPER CONSIDERATION is deleted in its entirety and replaced as follows:

“74. TERMINATION FOR IMPROPER CONSIDERATION:

County may, by written notice to Contractor, immediately terminate Contractor's right to proceed under this Contract, if it is found that consideration, in any form, was offered or given by Contractor, either directly or through an intermediary, to any County officer, employee, or agent, with the intent of securing this Contract or securing favorable treatment with respect to the award, amendment, or extension of this Contract, or making of any determinations with respect to the Contractor's performance pursuant to this Contract. In the event of such termination, the County will be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

Contractor must immediately report any attempt by a County officer or employee to solicit such improper consideration. The report must be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (800) 544-6861.

Among other items, such improper considerations may take the form of cash, discounts, services, the provision of travel or entertainment, or other tangible gifts."

16. Except for the changes set forth hereinabove, all terms and conditions of the Contract will not be changed in any respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be executed by its Director of Public Health, or designee, and Contractor has caused this Amendment to be executed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director

COMMUNITY HEALTH COUNCILS,  
INC. \_\_\_\_\_  
Contractor

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Title \_\_\_\_\_

APPROVED AS TO FORM  
BY THE OFFICE OF THE COUNTY COUNSEL  
DAWYN R. HARRISON  
County Counsel

APPROVED AS TO CONTRACT  
ADMINISTRATION:

Department of Public Health

By \_\_\_\_\_  
Contracts and Grants Division Management

#07060:an

**EXHIBIT A.3**

**STATEMENT OF WORK**

**FOR**

**COUNTY OF LOS ANGELES DEPARTMENT OF  
PUBLIC HEALTH**

**COVID-19 COMMUNITY HEALTH WORKER  
OUTREACH AND VACCINE DISTRIBUTION SUPPORT  
SERVICES**



**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COVID-19 COMMUNITY HEALTH WORKER OUTREACH AND  
VACCINE DISTRIBUTION SUPPORT SERVICES**

**STATEMENT OF WORK**

**1. INTRODUCTION/PROJECT SERVICES**

On March 4, 2020, the County of Los Angeles (County) Board of Supervisors (Board) and the Department of Public Health (Public Health) declared a local and public health emergency in response to the increased spread of the Novel Coronavirus (COVID-19) across the country.

In September 2020, Public Health created the Community Outreach and Engagement branch to enhance existing Public Health community engagement infrastructure. The County implemented a county-wide Community Health Worker (CHW) Outreach Initiative (Initiative) to coordinate and mobilize CHWs to conduct healing-informed, grassroots community outreach to ensure that accurate and up-to-date information regarding COVID-19, and access to basic Personal Protective Equipment (PPE) such as reusable face masks and hand-sanitizer, reaches all communities, especially those that are most highly impacted by the virus. The CHW Outreach Initiative developed a multi-pronged approach to mobilize CHWs under an expedited timeline by building an in-house team of CHWs and contracting with a Fiscal Agent to coordinate community-based contracts to leverage existing networks of CHWs and other peer providers.

In September 2020, Public Health allocated \$18.5 million through the Coronavirus Aid, Relief, and Economic Security (CARES) Act Coronavirus Relief Funds (CRF) funding to implement the CHW Outreach Initiative. Between October 1 and December 30, 2020, the CHW Outreach Initiative contracted with California Community Foundation (CCF) to fund 16 community-based organizations (CBO) to leverage existing peer outreach infrastructure to deploy CHWs countywide. Over 200,000 outreach activities were conducted during this period. The Initiative facilitated collaboration and cross-learning across different peer outreach models, including violence interventionists, Promotores, indigenous and people of color advocates, parent advocates, essential worker advocates, and others. To this end, CCF also contracted with 3 training providers who provided workforce development for more than 900 CHWs across multiple disciplines including training in COVID-19, field safety, trauma informed and resilience-oriented practice, and soft skills such as computer skills, active listening, and supervision. CCF also contracted with a communications firm to develop community-relevant messaging and materials to be distributed by CHWs as trusted voices. This provided CHWs with skills to engage communities experiencing trauma and ensured that COVID-19 messaging was culturally responsive to meet the unique needs of these diverse communities. These contracts were extended through March 31, 2021, via a no-cost extension of unspent funds. Additionally, during this extension with the advent and availability of COVID-19 vaccines, these agencies played a pivotal

role in vaccine registration for eligible individuals residing in Los Angeles communities hardest-hit by the virus.

In January 2021, Public Health allocated an additional \$23 million from the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) grant, Catalog of Federal Domestic Assistance (CFDA) Number 93.323, which have been designated as ELC Enhanced Detection and Expansion Funds<sup>1</sup> for continued CHW Outreach to amplify accurate and evolving COVID-19 messaging to high priority communities countywide, with a focus on myth busting and trust building to encourage people to accept the COVID-19 vaccine, and assisting eligible community members with registering for vaccine appointments and accessing distribution sites. Additionally, the funding will enable community-based organizations to provide critical, non-clinical support to Public Health vaccine distribution efforts. CBOs shall identify, recruit, select, and manage a broad range of individuals able to support vaccine distribution Point of Dispensing (POD) sites under the direct supervision and coordination of Public Health. The County has also allocated funds from Tobacco Settlement Funds, a portion of which has been designated to this Contract.

Recently, Public Health received Tobacco Settlement Funds of which \$400,000 was allocated to the Peer Health Advocates (PHA) Program. PHA Program is a peer outreach model in which high school students have the opportunity to work closely with the Student Wellbeing Center (SWBC) Public Health Staff (i.e., Youth Educators and Youth Educator Supervisors) on issues related to the social determinants of health, including, but not limited to, COVID-19 prevention, social justice, substance abuse prevention, and mental and sexual health. Students are trained in leadership skills and gain experience as leaders contributing to positive peer norms and building a positive climate in their school community, one that supports healthy decision-making.

## **2. OVERVIEW OF NEED FOR SERVICES**

Public Health aims to reduce the disproportionate impact of COVID-19 by supporting community partners in areas/regions where health disparities from COVID-19 and other social determinants of health persist. The CHW Outreach and Vaccine Distribution Support Services project (CHWOI) and PHA are part of Public Health's goal to build a community-centered system of care and strengthen the foundational infrastructure needed to deliver coordinated, community-based services to individuals and communities disproportionately impacted by COVID-19. Throughout the COVID-19 pandemic, grassroots community organizations have stretched limited resources to provide critical outreach to community members and worked independently to promote public health messaging and provide resources to isolated, high need community members. By investing in existing community outreach networks, and grassroots models of engagement, the County will expand its reach and foster

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<sup>1</sup> ELC Enhancing Detection through Coronavirus Response and Relief (CRR) Supplemental Funds  
<https://www.cdc.gov/nceid/dpei/pdf/elc-enhancing-detection-expansion-guidance-508.pdf>

sustainable efforts to support services for hard-to-reach and historically underserved and vaccine-hesitant communities across Los Angeles County (LAC). When referenced, 'communities' may refer to either regions/neighborhoods or groups with shared identities, characteristics, and geographic locations, or both, as featured in Attachment 1 - Priority Communities.

The school community is an integral resource in the lives of adolescents. Part of their development during the teen years is to take on increased responsibility for their own lives, define their own values, and become more independent. It is also a time of activism when they work to find their place in the world and ways in which they can make a difference. During adolescence, their peer group takes on a greater role as well. The PHA Program builds on all these elements of adolescence and offers the students a way to grow by taking a leadership role on their campus and supporting a school climate that promotes health and healthy decision-making. The PHAs are the trusted voices for their fellow students in the school community and provide a needed linkage to resources and services.

The CHWOI project utilizes trusted voices to amplify critical COVID-19 messaging and general education outreach tailored to communities most impacted by the COVID-19 pandemic. Key messages include but are not limited to:

- What COVID-19 is, how it can spread, what to do when you have it, and how individuals and families can stay safe;
- Vaccine safety, what it is, understanding rollout and timeline, description of the different vaccines, how to register when you're eligible, accessing vaccine distribution sites, review of potential vaccine reactions, and aftercare guidance if a reaction occurs;
- How to access services including, but not limited to, social services, health insurance coverage, medical and behavioral health services, and availability of COVID-19 prevention services (e.g., testing, contact tracing);
- Current directives, what's open and not open, employee/employer requirements, and worker rights;
- How to respond if Public Health calls you for contact tracing, the importance of contact tracing, how to access social supports for isolation/quarantine, when to return contact tracing call, how to cooperate with contact tracing; and
- Dispelling myths and conducting rumor control, including where to find accurate information and updates.

The PHA Program leverages the student body in schools throughout LAC that have on-site Student Wellbeing Centers to provide messaging to students that addresses critical topics that affect high school age children. Key topics include, but are not limited to:

- COVID-19 mitigation and prevention;
- Vaccine information for preventable childhood diseases, including COVID-19;

- Mental health and counseling resources;
- Substance use prevention;
- Sexual health and healthy relationships; and
- Social determinants of health and social justice.

Public Health has aligned complementary community engagement projects to ensure that communities most impacted by COVID-19 throughout the County are reached and are receiving culturally appropriate outreach. These complementary projects include, but are not limited to, County Communications and the County COVID-19 Community Equity Fund (Equity Fund) which focuses on Contact Tracing, Systems Navigation, and Community-driven Communications. Public Health will work to ensure that these complementary COVID-19 outreach projects coordinate identification of and outreach to priority communities, collaborate across community-based organizations, share referrals, and create feedback loops to share best practices and challenges.

Public Health is rapidly expanding its capacity to increase equitable access to the COVID-19 vaccine across LAC. To accomplish this critical task, Public Health will partner with CBOs to: 1) assist eligible residents in high need communities with registration for vaccine appointments; and 2) support and staff PODs, temporary facilities that will dispense vaccinations to eligible, high priority groups in the County. CBOs will actively register eligible individuals in high need communities for vaccine appointments and designate staff to provide non-clinical support and rotate through POD sites in LAC (i.e., manage flow, screening, registration, answer questions, set up, and clean up). Public Health will provide training, PPE, and oversee the overall operations and daily assignments of staff assigned to POD sites. Additionally, all information collected during appointment registration and POD administration is confidential and belongs to Public Health. Agencies cannot share or use the information to advance their work and services.

As a complementary service to further Public Health's goal of increasing health equity in LAC, Public Health has developed the PHA Program to leverage the student body in local schools to train identified students to serve as public health messengers at their school sites with the purpose of sharing specific health-related messages and wellness resources with their peers.

### **3. PERFORMANCE OF DELIVERY**

#### **3.1 Specific Services Provided - CHWOI**

Contractor will oversee disbursement, and administrative and fiscal oversight of funds to CBO Subcontractors throughout LAC with existing peer outreach infrastructure that the CBO Subcontractors can quickly mobilize for five distinct and complementary service areas:

- 1) CHW Outreach: Provide grassroots virtual and in-person COVID-19 outreach and education to communities most impacted by the virus.

- 2) Vaccine Appointment Registration: Support vaccine distribution by engaging in the registration of eligible individuals residing in highly impacted, low-income areas surrounding vaccination PODs, mobile, and other pop-up clinic sites.
- 3) Vaccine Distribution Support: Schedule, staff, and supervise teams to promote and support upcoming vaccination events throughout LAC.
- 4) Resource connection: Link community members that express a COVID or non-COVID related need to local resources.
- 5) Chronic and communicable disease prevention and management: Provide information about chronic and communicable diseases in high need communities.

Contractor will identify and contract with an estimated 15-30 CBO Subcontractors who will be responsible for CHW Outreach and Vaccine Distribution support throughout LAC. The CBO Subcontractors will recruit staff from their networks to support the three service areas included above, including CHWs from several peer disciplines such as: Community Violence Intervention Workers and Ambassadors, Promotores, Parent Advocates, Youth Advocates, Essential Worker Advocates, Black, American Indian, Indigenous, and People of Color Peer Advocates, among others. CBO Subcontractors will apply for the service areas they have the capacity to provide outreach to and high need, and priority communities they have ability to reach. Contractor will work with Public Health to make final determination on CBO Subcontractors and identify additional training and communications Subcontractors to provide overall support to the Initiative.

### **3.2 Specific Services Provided - PHA**

Contractor will oversee disbursement, and administrative and fiscal oversight of funds to quickly mobilize for two distinct and complementary service areas:

- 1) Identify Participants - Contractor will work with Public Health to identify and select PHAs from the student body. Approximately 10 PHAs per each of the 45 Student Wellbeing Centers per semester will be recruited to join this program.
- 2) Disbursement of Funds - Oversee the disbursement of stipends to an estimated 450 PHA Program participants, to be approved by Public Health. Contractor will issue a \$250 stipend each semester to each PHA who completes the program requirements (maximum of \$500 per PHA student). This stipend will be issued in the form of a check or gift card based on the PHA's preference.

### **3.3 Training - CHWOI**

#### Mandatory Public Health COVID-19 Trainings

Contractor will monitor and ensure that the CBO Subcontractors conducting CHW Outreach Services participate in and pay their staff to attend the required

centralized CHW training conducted by Public Health. Public Health will confirm CHWs that have already completed the required training. The CHW training will be conducted in English and Spanish and Public Health will coordinate with training Subcontractors to expand training to additional languages spoken or preferred by CHWs as needed. Training topics will include but not be limited to COVID-19 101, COVID-19 Vaccine 101, project requirements, how to use the online data tracker, and best practices for community outreach methods which will be provided during an orientation training. Public Health will provide recordings for training on demand as agencies come on board; guidance on answering questions; and ongoing refresher trainings to reinforce practices, promote up to date information regarding COVID-19 directives and resources, and provide timely messages to address urgent issues.

Contractor will monitor and ensure that the CBO Subcontractors providing COVID-19 Vaccine POD Support participate in and pay their staff to attend the required POD training conducted by Public Health. Training will be provided online and include topics such as basics of COVID-19, COVID-19 vaccine basics, infection control procedures, working at a field site, PPE best practices, and HIPAA. Additional training will be provided in-person at the assigned POD site.

#### Enhanced Learning Opportunities

Subject to approval by Public Health, Contractor will ensure that CBO Subcontractors attend enhanced learning trainings to ensure that outreach is culturally relevant and sensitive to the needs of diverse communities disproportionately impacted by COVID-19 and build skills of a community-based workforce. Enhanced Learning Opportunities to include but are not limited to: trauma and resilience informed training to support CHWs engaging with communities and individuals that are hardest hit by COVID-19 and/or those who are resistant to public health messaging, guidance, and restrictions; field safety protocols; coordination across agencies; and soft skills such as computer skills, active listening, and supervision. Public Health will lead programmatic oversight and coordination of identified training agencies. Enhanced learning opportunities serve as training that increase the skills and knowledge base for CHWs to effectively provide outreach on COVID-19 and chronic conditions exacerbated by the pandemic. Enhanced learning opportunity attendance is critical to remain up to date on emerging health issues that disproportionately impact priority communities. Therefore, each agency is responsible to have CHW and Supervising CHWs (SCHWs) attend at least one enhanced learning opportunity per month. Attendance must be tracked by CBO Subcontractors and submitted to Public Health upon requested.

### **3.4 Training – PHA**

#### PHA Meetings/Trainings

Contractor will partner with Public Health to monitor and ensure that PHA's participate in and not miss more than two meetings per semester, from October 2023 to June 2024. Meetings and trainings in Semester 1 are scheduled on a weekly basis, and nine sessions are anticipated to be offered from October 2023 through December 2023. The training plan for Semester 2 is under development and will be revised based on feedback from PHAs during Semester 1. Training topics for Semester 1 include, but are not limited to, End Overdose Training and Hands Only CPR Training, which are health-related topics that address conditions that were exacerbated by COVID-19 and increased the need for this outreach due to the respiratory consequences induced by COVID-19.

### **3.5 Evaluation - CHWOI**

Contractor will serve as an evaluator and assess impact and outcomes of this community outreach project. In collaboration with and upon approval from Public Health, Contractor will develop a comprehensive evaluation plan identifying data type and establishing indicators of success before evaluation begins. Contractor will share preliminary information from the evaluation process to inform programmatic development. Final results will be shared upon closing of this project.

### **3.6 Other Identified Needs**

Contractor may provide additional recommendations on prospective additional tasks, whether for Contractor or subcontractors for Public Health to consider in providing critical support to ensure that the Initiative is effective, culturally relevant, and sensitive to the needs of diverse communities disproportionately impacted by COVID-19, including but not limited to project management and coordination, research and evaluation, supplies, or training, as needs are identified. For example, Contractor may recommend technologies and/or enhancements or other adjustments related to Section 4.1 and 4.2 below. Prior to implementation thereof, these recommendations are subject to approval by Public Health, and they must be consistent with CDC ELC and Tobacco Settlement funding requirements.

## **4 RESPONSIBILITIES**

The County's and the Contractor's responsibilities are as follows and those specified in Section 3 above the County and Contractor:

### **4.1 County Responsibilities - CHWOI**

Public Health and the County Project Manager will monitor Contractor performance of the delivery of Contractor services specified in Section 3.1 above and provide direction relating to policy, information and procedural requirements. Public Health will provide and be fully responsible for

programmatic oversight, including (a) ensuring that the CHW Outreach and Vaccine Distribution support efforts of CBO Subcontractors align with public health protocols for a cohesive approach and substantial reach across LAC in high need populations and (b) providing recommendations in order for Contractor to identify and contract with appropriate CBO Subcontractors that are subject to Public Health requirements specified in the Contract.

Public Health responsibilities will include:

- 4.1.1 Designate a Project Manager to oversee the project and provide programmatic staffing infrastructure to develop and manage a project implementation plan with input from Contractor.
- 4.1.2 Provide recommendations on prospective CBO Subcontractors for Contractor to consider and guidance for ensuring that communities (Attachment 1 - Priority Communities) most impacted by COVID-19 are receiving outreach.
- 4.1.3 Provide input to Contractor in drafting the statement of experience for prospective CBO Subcontractors to be invited to apply that describes their service population and focus, types of community-based services provided, estimated number of CHWs they can recruit, relevant experience with COVID-19 outreach and with vaccine distribution, other COVID-19 funding sources, and rationale for participating in this program, to aid in selection of agencies for the CHW Outreach Initiative and Vaccine Distribution.
- 4.1.4 Provide programmatic guidance to Contractor and be responsible for ensuring that CBO Subcontractors follow Public Health Outreach protocols and Vaccine POD protocols, utilization of appropriate messaging and materials. Designate staff, Partner Agency Liaisons, to provide ongoing technical guidance and support to agencies.
- 4.1.5 Provide input to Contractor in the drafting of templates for the CBO Subcontractors Agreement and standard Statements of Work.
- 4.1.6 Work with Contractor to develop statement of work for Communication Subcontractor and Training Subcontractors and provide all oversight and coordination with selected agencies, including programmatic contract management, coordination with CBO Subcontractors to co-design of messaging and materials and schedule training sessions.
- 4.1.7 Provide COVID-19 outreach materials for community outreach and coordinate distribution to CBO Subcontractors.



- 4.1.8 Coordinate and be responsible for the purchase and distribution to CBO Subcontractors of basic PPE including reusable face coverings and hand sanitizer for CBO Subcontractors to use and distribute to community members.
- 4.1.9 Provide access for agency staff conducting fieldwork via outreach or vaccine distribution to receive the COVID-19 vaccine. CBO Subcontractors will be responsible for ensuring that all necessary staff register to receive the vaccine and receive both doses of the vaccine.
- 4.1.10 Provide online and paper tracking tools for documenting hiring, training, and scheduling staff, and tracking outreach and Vaccine Distribution activities provided by CBO Subcontractors.
- 4.1.11 Provide process data to Contractor to evaluate equitable allocation of funds and outreach among the priority communities and regions.
- 4.1.12 Elicit and synthesize recommendations and lessons learned from the community-outreach project from the Contractor and CBO Subcontractors, including opportunities for collaboration and learning across peer disciplines, and recommendations for systems change to build infrastructure for peer-led community system of care.
- 4.1.13 Provide progress report templates for monthly, quarterly, and final project reports. Reports will be submitted by the Contractor on a quarterly basis and the CBO Subcontractors on a monthly basis.
- 4.1.14 Review CHW Outreach Initiative, Vaccine Distribution, and CDC monthly, quarterly, and final reports submitted by the Contractor to ensure all tasks, deliverables, goods, services are provided by Contractor are in accordance with the terms and conditions set forth in the Contract.

## **4.2 County Responsibilities – PHA**

Public Health will develop procedures and be responsible for the collection of fiscal documentation necessary to provide PHA Program participants with stipends. Public Health will provide Contractor with tracking tools for documenting stipend distribution and a template for gift card management, if requested.

- 4.2.1 Select PHAs and administer two PHA cohort programs during the project period.

- 4.2.2 Issue the PHA a certificate of completion and collect and submit all the necessary documents to Contractor to confirm the PHA can be issued a stipend.
- 4.2.3 Provide Contractor with a final list of PHA Program participants to receive stipend/gift cards within two weeks of distribution for each distribution period, dates to be agreed upon by Contractor and Public Health.
- 4.2.4 Collaborate with Contractor to develop and approve Incentive Control Plan for payment management.
- 4.2.5 Coordinate and conduct initial program planning meeting with Contractor and meet at least quarterly, thereafter, to review the process and status of the deliverables. Additional meetings may be requested by either Party.

### **4.3 Contractor Responsibilities - CHWOI**

In performing its responsibilities specified in the first paragraph of Section 3.1, Contractor will provide fiscal and administrative oversight of CBO Subcontractors to ensure proper use of Program Funds and documentation. Contractor shall develop agreements with Subcontractors, with Public Health input and approval, to deliver services in communities highly impacted by COVID-19. These responsibilities include, but are not limited to:

- 4.3.1 Provide consultation to Public Health and the County's Project Manager to develop an implementation plan to include agreed-upon timelines and deliverables. All program documents, completed materials, evaluations, etc., will be maintained on file and available for review by Public Health upon request.
- 4.3.2 Oversee the disbursement of Program Funds to CBO Subcontractors and conduct fiscal and administrative monitoring of CBO Subcontractors, to be approved by Public Health. Ensure clear communication to Subcontractors regarding requirements, templates, and timelines. Provide regular updates to Public Health regarding Subcontractor billing progress and challenges.
- 4.3.3 Coordinate with Public Health to identify and contract with an estimated 15-30 CBO Subcontractors that meet the specified qualification to provide COVID-19 community outreach and engagement, vaccine appointment registration, and vaccine distribution services, collectively employing an estimated 400-500 full-time equivalent (FTE) CHWs to provide these services

throughout LAC and across multiple peer specialties which must include:

1. Promotores
2. Community Violence Intervention Workers
3. Parent Advocates
4. Essential Worker Advocates
5. Black, American Indian, Indigenous, and People of Color Peer Advocates
6. Others to be identified

CBO Subcontractors should collectively assign tasks to CHWs in the following proportion, subject to changing conditions in the relevant communities: if needed, CHWs will work up to 25% of their time to support vaccine PODs or other locations specified by County; 25% will assist the community in securing vaccine appointments; 50% will consist of in-person or virtual outreach. CBO Subcontractors should have existing peer networks to recruit, train, and mobilize CHWs, and the ability to provide supervision of outreach and vaccine distribution teams, ensure fidelity to Public Health training, and oversee data collection.

- 4.3.4 Coordinate with Public Health to align and reinforce messaging to Subcontractors regarding project goals, expectations, and timelines, to ensure streamlined communication. Facilitate a minimum of 2 convenings among subcontracted agencies to build collaboration and peer learning opportunities to discuss successes and challenges.
- 4.3.5 Coordinate with Public Health to recommend additional necessary activities to support COVID-19 outreach, including but not limited to coordination and facilitation, or training needs as identified.
- 4.3.6 Compile monthly, quarterly, and final progress reports and invoices for submission to Public Health.

#### **4.4 Contractor Responsibilities – PHA**

In performing its responsibilities specified in the first paragraph of Section 3.2, Contractor will provide fiscal and administrative oversight of the PHA Program to ensure proper disbursement of PHA stipends/gift cards and documentation. These responsibilities include, but are not limited to:

- 4.4.1 Issue payments to approximately 450 PHA Program participants, not to exceed \$500 per PHA to be paid out in two \$250 installments, the first occurring in January 2024, the second in May 2024, paid in the form of

a check or gift card depending on the PHAs preference. If a check is preferred, PHAs must submit a tax ID or social security number. The type of gift card to be issued to student must be approved by Public Health before purchase.

- 4.4.2 Develop an Incentive Control Plan to track all payments issued. The Incentive Control Plan must be approved by Public Health prior to issuance of payment.
- 4.4.3 Produce Expense Reports and Itemized Participant Reports (in Excel and PDF) within 30 days of payment distribution. The Expense Report template and the Itemized Participant Report Template must be submitted to Public Health for approval prior to first report submission.
- 4.4.4 The Itemized Participant Reports will include, at a minimum, the following information:
  - First and last name of student;
  - School the student participated in the PHA Program;
  - Date Public Health submitted the completed forms to Contractor;
  - Date Contractor issued the payment;
  - Type of payment issued (check or gift card);
  - Amount of payment issued; and
  - Date payment was issued.
- 4.4.5 Participate in initial program planning meeting with Public Health and will meet at least quarterly, thereafter, to review the process and status of the deliverables. Additional meetings may be requested by either Party.

## **5 Project-Specific Work Requirements**

### **5.1 Contractor Staffing Infrastructure - CHWOI**

- 5.1.1 Contractor shall designate one Project Manager who will oversee the COVID-19 CHW Outreach and Vaccine Distribution Support Services project and act as the central point of contact with the County, and who shall be responsible for the overall day-to-day activities, management and coordination of this Contract. The Contractor's Project Manager is responsible for:
  - Providing fiscal and administrative oversight of funds;
  - Providing guidance and recommendations on project planning, implementation, and selection of Subcontractors;

- Participating in meetings with the County, as needed, to discuss updates and/or concerns;
- Providing regular updates to Public Health regarding Subcontractors' administration progress and challenges.
- Ensuring that the monthly reports and final report are provided to the County in accordance with the requirements set forth in Section 7, below; and
- Monitoring Subcontractors' compliance with CDC ELC Funding Guidance, executed agreement for Program Funds, current and subsequent Treasury guidelines and instructions, ELC Cooperative Agreement (CK19-1904) – COVID Supplemental Funds as well as any other applicable laws and regulations.

5.1.2 Project Manager must have the following training and experience, including but not limited to:

- A Master's degree in social services (i.e., public health social work, anthropology, or public administration) or a relevant field or equivalent work experience.
- Demonstrated experience in working with community-based organizations, managing subcontractors or fiscally-sponsored projects, program design and implementation, and managing, invoicing, and reporting on government funded programs.
- Strong oral, written, organizational, communication, and interpersonal skills.
- Knowledge and experience with contract management for community organizations, COVID-19, and CHWs.

5.1.3 County must have access to the Contractor's Project Manager during normal business hours between 8:00 a.m. and 5:00 p.m. PT. Contractor shall provide a telephone number where the Project Manager may be reached during normal business hours between 8:00 a.m. and 5:00 p.m. PT.

5.1.4 Contractor's Project Manager will act as the liaison on behalf of the Contractor to address all fiscal and contractual matters relating to the daily operations of the Contract and Subcontractors.

5.1.5 Contractor shall assign a sufficient number of employees to perform the required work.

## **5.2 Contractor Staffing Infrastructure - PHA**

5.2.1 Contractor will designate one Project Manager who will oversee the

PHA Program and act as the central point of contact with Public Health. The Contractor's Project Manager will be responsible for the overall day-to-day activities, management, and coordination of the Contract.

The Contractor's Project Manager will be responsible for:

- Providing fiscal and administrative oversight of funds;
- Providing guidance and recommendations on the selection of PHAs;
- Participating in meetings with Public Health, as needed, to discuss updates and/or concerns;
- Providing regular updates to Public Health regarding fund disbursements;
- Ensuring semi-annual progress reports and a final program report is submitted to Public Health according to the agreed upon timeline.

5.2.2 Project Manager must have the following training and experience, including but not limited to:

- Two years of experience within the last five years serving as a fiscal intermediary for community outreach projects.

5.2.3 County must have access to the Contractor's Project Manager during normal business hours between 8:00 a.m. and 5:00 p.m. PT. Contractor shall provide a telephone number where the Project Manager may be reached during normal business hours between 8:00 a.m. and 5:00 p.m. PT.

5.2.4 Contractor's Project Manager will act as the liaison on behalf of the Contractor to address all fiscal and contractual matters relating to the daily operations of the Contract and Subcontractors.

5.2.5 Contractor shall assign a sufficient number of employees to perform the required work.

### **5.3 CBO Subcontractor Selection Process - CHWOI**

Contractor shall work with Public Health to select and enter into agreements with an estimated 15-30 qualified CBO Subcontractors that will coordinate the recruitment, hiring, supervision, and deployment of CHWs to provide outreach to their identified communities; and of administrative teams to support vaccine PODs and other locations. Public Health will provide programmatic oversight and coordination across CBO Subcontractors and coordinate ongoing training for CHWs and POD support staff. Contractor will identify a group of organizations that meet the eligibility criteria below, are collectively able to cover most of the high need communities across the

County as determined by Social Vulnerability Index and COVID-19 case rate data, and leverage peer outreach networks across multiple disciplines. Public Health will approve the available list of CBO Subcontractors based on a review of meeting minimum requirements. The requirements for the selected CBO Subcontractors may include but are not limited to:

- Currently serve prioritized regions/neighborhoods and/or individuals/groups as indicated in Attachment 1 - Priority Communities, who have been disproportionately impacted by COVID-19 and the lack of resources related to the social determinants of health.
- Have a 501(c)(3) non-profit status, a State Recognized Tribe that appears on the State of California's Native American Heritage Commission's List, or a Federally Recognized Tribe that has an office/operation in LAC.
- Have experience providing COVID-19 community outreach and education, and/or experience supporting distribution of vaccines (i.e., flu, COVID-19, others). For example, participating in the CHW Outreach Initiative or selection for the Equity Fund may pre-qualify agencies to meet the minimum requirements.
- Have existing peer outreach staffing and/or training infrastructure that can be quickly mobilized for this project and meet one of the following required experience options:
  - Organization has a minimum of one year of experience in the last three years providing supportive services to the prioritized individuals/groups listed in Attachment 1 - Priority Communities, and are currently utilizing a peer approach to conduct outreach or provide services to people in these prioritized groups; OR
  - Organization has three years of experience providing training and recruitment support to peer specialists to conduct outreach or provide services to people in the prioritized groups.
- Employ individuals with lived experience, local to the priority communities they serve and/or who currently serve in roles that support specific community initiatives (e.g., organizers, community health promoters, intervention workers, etc.).
- Provide a statement of experience that describes its service population and focus, types of community-based services provided, estimated number of CHWs they can recruit, relevant experience with COVID-19 outreach and vaccine distribution, other COVID-19 funding sources, and rationale for participating in this program to enable Public Health and Contractor to determine selection of CBO Subcontractors.

#### **5.4 CBO Subcontractor Responsibilities – CHW Outreach**

Contractor is required to coordinate across Subcontractors and ensure that the CBO Subcontractors are using Program Funds in compliance with current or subsequent Treasury guidelines and instructions, ELC Cooperative Agreement (CK19-1904) – COVID Supplemental Funds as well as any other applicable laws or regulations. CBO Subcontractors must work with Public Health initiative leads who will provide programmatic oversight to ensure that they are serving prioritized communities and identity groups listed in Attachment 1 - Priority Communities, with skilled staff who have a deep understanding of their communities' needs and challenges and serve as trusted voices and advocates. CBO Subcontractor agreements and statements of work will be developed by the Contractor, with approval of Public Health, per this Attachment A and the Agreement. Responsibilities of CBO Subcontractors may include, but are not limited to:

- 5.4.1 Designate a programmatic lead to be the main point of contact for Public Health for CHW Outreach and Vaccine Distribution Support Services. The agency programmatic lead will be responsible for ensuring that contracted partners and team supervisors are aware of all projects protocols and participate in training to provide guidance to staff. Agency lead will be required to participate in regular meetings with Public Health to check in on project progress and coordinate with Public Health or designate a point person to address logistics issues (i.e., coordinating material deliveries from Public Health, troubleshooting technical issues with online systems), and manage data entry completed by staff.
- 5.4.2 Review and affirm ability to follow the standard implementation plan provided by Contractor, the latter in consultation with Public Health, for identification of priority communities the CBO Subcontractor can reach, estimated number of staff to be hired for CHW Outreach and Vaccine Distribution Support Services, timeline and approach for recruitment, supervision and training of staff, and completion of data logs to track progress.
- 5.4.3 Leverage existing peer networks to quickly recruit and hire staff for each service category.
  - a. CHW Outreach: CHWs and CHW Supervisors may include a mix of part-time and full-time staff from different peer disciplines. Attachment 2 includes recommended staffing requirements and minimum pay that can be adapted to meet the needs of the organizations and their priority communities.
  - b. Vaccine Appointment Registration: Existing CHW and CHW supervisors will add this component to regular responsibilities and include compiling phone lists of eligible



community members to register for vaccines, calling eligible constituents for registration, inputting registration information into registration system, securing appointment confirmation, and confirming access to transportation for eligible community members.

- c. Vaccine Distribution Support: Staff will need to be flexible and fulfill roles at the POD site as needed and directed by POD site supervisor. These roles include computer registration, runners, set-up and tear down, traffic flow, materials preparation, and others. Attachment 3 includes a description of team member responsibilities and requirements. Staff must be able to drive to needed POD sites around the County and work 10-hour shifts. County will reimburse at County's reimbursement rate, currently \$61.5 cents per mile to allow staff to travel to POD sites.
- d. Resource connection: Hire experienced CHWs that are familiar with the CBOs of the areas in which they are assigned to conduct outreach. Staff will serve to provide information about local social services programs that can provide additional support to community members most impacted by COVID-19.

Chronic and communicable disease prevention and management: Staff will identify health-related needs of impacted communities to provide additional health education and expanded resources to these groups.

- 5.4.4 Ensure that staff participate in Public Health centralized trainings, including CHW Outreach Training, and Vaccine POD Support Training (as applicable), orientation and refresher trainings, and provide guidance to staff to reinforce messaging and field guidelines. Agencies must pay staff to participate in Public Health trainings.
- 5.4.5 Provide supervision infrastructure for CHW Outreach Initiative and Vaccine Distribution. This includes developing weekly outreach plans for CHW teams based on community map assignments and outreach priorities provided by Public Health, identifying outreach locations and methods and potential community partners appropriate to the community; ensuring that supervisors participate in all Public Health trainings and review all weekly updates so that they can provide guidance to CHWs. Recommended supervision ratio is 1:6 CHWs. CHWs will:

- Perform in-language outreach and education services virtually or in settings where highly impacted communities may frequent when safety control measures and local directives permit.
  - Virtual methods include social media, online meeting platforms, texting, and phone-banking and participating in online community meetings.
  - In-person methods including providing outreach during community meetings, on-site outreach at COVID-19 testing sites or distribution points, targeted and door-to-door delivery of outreach materials at homes, targeted outreach at small businesses, parks, places of worship, schools, and other community-preferred events and locations; all these activities will be done in compliance with existing Health Officer Orders and when activities are permitted.
- Disseminate outreach materials provided by Public Health and other items (e.g., cloth face coverings and hand sanitizer provided by Public Health) to increase awareness of and promote COVID-19 prevention activities to communities highly impacted by COVID-19. Distributing face coverings and small bottles of hand sanitizer will encourage ongoing vigilance and safety practices during vaccine rollout. Outreach materials and PPE can also be printed and purchased by CBO Subcontractor utilizing program funds for dissemination of materials in the community.
- Share referrals for services identified via outreach to Public Health System Navigators with linkage to care and support services for individuals and families impacted by COVID-19.
- Identify service gaps, fears, areas of improvement, and misinformation related to COVID-19 shared by community members and provide recommendations to Public Health.
- Track and maintain log of outreach activities conducted using data tracking tool provided by Public Health.

5.4.6 Assist eligible community members with completing the COVID-19 vaccination appointment registration process and accessing vaccination sites. Agencies will be tasked with connecting eligible community members with vaccination appointments. This includes compiling phone lists of eligible constituents to register for vaccines, calling eligible constituents for registration, inputting registration information into registration system, securing appointment confirmation, and confirming access to transportation for eligible constituent.

5.4.7 Provide supervision infrastructure for Vaccine Distribution Teams

and coordinate with Public Health POD leads and/or designees. This includes ensuring teams complete required trainings, coordinating with Public Health to schedule teams to support PODs, ensuring field site protocols are followed, and reporting to Public Health on progress.

- 5.4.8 Ensure that project staff working in the field, including CHWs and POD support staff, are monitored for COVID-19 exposure and are provided appropriate PPE to conduct outreach and POD activities safely and in compliance with current health directive guidelines, including Public Health Safety Plan and Field Guidance documents, to be provided by Public Health, including but not limited to:
- Wash hands often with soap and water for at least 20 seconds. If soap and water are not available, use alcohol-based hand sanitizer that contains at least 60% alcohol for at least 20 seconds.
  - Limit the amount of time that you spend in any situation where persons are present who may be ill.
  - Maintain a distance of six feet or greater from all persons you encounter.
  - Utilizing required PPE based on activity or assignment such as face coverings, surgical masks, and/or face shields.
  - Avoid direct physical contact with any person, but if direct contact is necessary, use required PPE.
  - Do not rub eyes or nose or touch face until proper hand hygiene has been performed.
- 5.4.9 May provide feedback to Public Health, including recommendations for adapting Public Health outreach materials, messaging, training, and outreach approach to the unique needs of the communities they serve and sharing successes and challenges of the project. Agencies will be reimbursed for staff time and resources required to provide feedback.
- 5.4.10 Assist Public Health with ensuring that data are tracked using data logs provided by Public Health, which is to include but not limited to:
- a. CHW Outreach:
    - Number of CHWs recruited by community and peer discipline.
    - Number of outreach activities by type and date, by Priority Individuals/Groups, Regions and Neighborhoods in Attachment 1 - Priority Communities.
    - Referrals made by program area.
  - b. Vaccine Appointment Registration.
    - Number of people registered per day per POD site.

c. Vaccine Distribution Support:

- Number of POD support teams recruited by community.
- Number of PODs scheduled and completed by location.

- 5.4.11 Agencies may propose additional cost to spend staff time and resources to support the overall initiative, for activities directly related to the statement of work, for example, with specialized training modules, or co-designing outreach materials, to be approved by Contractor and Public Health.
- 5.4.12 Participate in meetings as needed with Contractor, Public Health, and other Subcontractors to facilitate coordination, peer learning and sharing of best practices and challenges.
- 5.4.13 Compile CHW Outreach Initiative monthly and final progress reports in addition to CDC quarterly and year end reports as well as invoices for submission to the Contractor and Public Health using a template provided by Public Health.

## 6 PAYMENTS

### 6.1 County to Contractor

Funds will be provided on a reimbursement model.

Contractor shall provide a monthly invoice to the County that details the tasks, deliverables, goods, services, and other work specified in this Statement of Work. All invoices shall include a financial invoice and all required reports and/or data. All invoices shall clearly reflect all required information as specified on forms provided by County regarding the services for which claims are to be made and any and all payments made to Contractor. Invoices shall be submitted to County within thirty (30) calendar days after the close of each calendar month.

Contractor shall prepare and maintain on a current basis, complete financial records in accordance with generally accepted accounting principles; written guidelines, standards, and procedures which may from time to time be promulgated by Director; and requirements set forth in the Los Angeles County Auditor-Controller's Contract Accounting and Administration Handbook. The handbook is available on the internet at <http://publichealth.lacounty.gov/cg/docs/AuditorControllerContractingandAdminHB.pdf>

Federally funded Contractors shall adhere to strict fiscal and accounting standards and must comply with Title 2 of the code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and

Audit Requirements for Federal Awards and related Office of Management and Budget Guidance. Please see LA County contract for required financial documents.

## **6.2 Contractor to Subcontractors – CHWOI**

For purposes of this Contract, subcontracts must be approved in advance in writing by Director or authorized designee(s). In the event that Director consents to any subcontracting, Contractor shall be solely liable and responsible for any and all payments or other compensation to all Subcontractors, and their officers, employees, and agents from the funds provided by Public Health.

Subcontractors must submit monthly progress reports and invoices along with supporting documentation/general ledgers that support expenses incurred and/or accrued within 30 days of the end of each month.

## **7.0 REPORTING**

### **7.1 REPORTING - CHWOI**

In addition to the reporting requirements outlined in the Contractor Contract, the Contractor will submit CHW Outreach Initiative monthly and final progress reports along with CDC quarterly and year end reports to Public Health on the following information using a template provided by Public Health:

- Monthly progress meeting deliverables
- Challenges and recommendations to Public Health
- Attach supporting documentation, including copies of Subcontractors' Agreements
- Quarterly progress reports on milestones in approved format
- Monthly fiscal reports
- Performance measure data
- CDC annual progress reports (APRs)

Monthly progress reports must be submitted to Public Health within 30 days of the end of each month. Contractor will provide a final report and supporting documentation for expenditures to Public Health no later than August 31, 2024, unless extended by the County.

### **7.2 REPORTING - PHA**

The Contractor will submit progress reports to Public Health, twice a year after stipends are issued in January 2024 and May 2024, for reconciliation and auditing purposes, using a template provided by Public Health.

Additionally, as stated in Section 4.4.3, Contractor will produce Expense and Itemized Participant Reports within 30 days of payment distribution. Furthermore, Contractor will provide a final report and supporting documentation of expenditures to Public Health by June 30, 2024.

## EXHIBIT C-4

### COVID-19 COMMUNITY HEALTH WORKER OUTREACH AND VACCINE DISTRIBUTION SUPPORT SERVICES – PEER HEALTH ADVOCATE

Budget Period  
Date of Execution  
through  
June 30, 2024

BUDGET SUMMARY	
Description	Amount
Salaries/Benefits	\$22,500
Stipends	\$225,000
Indirect Cost*/Administrative Costs	\$22,500
<b>TOTAL PROGRAM BUDGET</b>	<b>\$270,000</b>

\*Indirect Cost must not exceed 10% of total direct costs.

During the term of this Agreement, any variation to the above budget must be executed through a written Change Notice, executed by the Public Health Project Director and the Contractor. Invoices and cost reports must be submitted in accordance with approved line-item detailed budgets.

## EXHIBIT C-5

### COVID-19 COMMUNITY HEALTH WORKER OUTREACH AND VACCINE DISTRIBUTION SUPPORT SERVICES

Budget Period  
January 1, 2024  
through  
June 30, 2024

BUDGET SUMMARY	
Description	Amount
Salaries	\$54,000
Employee Benefits	\$13,500
Travel	-
Supplies/Incentives	-
Subcontractors	\$285,000
Consultant/Other	\$51,385
Other	\$25,000
Indirect Cost*/Administrative Costs	\$6,750
<b>TOTAL PROGRAM BUDGET</b>	<b>\$435,635</b>

\*Indirect Cost must not exceed 10% of total direct costs.

During the term of this Agreement, any variation to the above budget must be executed through a written Change Notice, executed by the Public Health Project Director and the Contractor. Invoices and cost reports must be submitted in accordance with approved line-item detailed budgets.






## County of Los Angeles

Department of Public Health, Acute Communicable Disease Control

## Notice of Federal Subaward Information

Recipient Information (i)	Federal Award Information (www.usaspending.gov)																								
<b>1. Recipient Name</b> Community Health Councils, Inc.	<b>10. Federal Award Number (1)</b> 6 NU50CK000498-02-04																								
<b>2. Vendor Customer Code (VCC)</b> 515464	<b>11. Federal Award Date (iv)</b> 01/13/2021																								
<b>3. Employer Identification Number (EIN)</b> 954487664	<b>12. Unique Federal Award Identification Number (FAIN) (iii)</b> NU50CK000498																								
<b>4. Recipient's Unique Entity Identifier (ii)</b> Data Universal Numbering System (DUNS) (www.SAM.gov) 874543929	<b>13. Name of Federal Awarding Agency (xi)</b> Centers for Disease Control and Prevention																								
<b>5. Award Project Title</b> Community-Based Outreach	<b>14. Federal Award Project Title (x)</b> Los Angeles County Epidemiology and Laboratory Capacity Cooperative Agre																								
<b>6. Project Director or Principal Investigator</b> Name: Michelle Burton Title: Deputy Chief Executive Office Address: 4335 W Adams Blvd, Suite 200 Los Angeles, CA 90018 E-mail: mburton@chc-inc.org	<b>15. Assistance Listing Number (xii)</b> 93.323																								
<b>7. Authorized Official</b> Name: Sejal Patel Title: VP Innovation and Economic Development Address: 4335 W Adams Blvd, Suite 200 Los Angeles, CA 90018 E-mail: spatel@chc-inc.org	<b>16. Assistance Listing Program Title (xii)</b> Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)																								
<b>County Department Information (xi)</b> Public Health	<b>17. Is this Award R&amp;D? (xiii)</b> No																								
<b>8. County Department Contact Information</b> Name: Alfredo Reyes Title: Director of Budget and Administration Address: 313 N Figueroa Suite 212 Los Angeles, CA 90010 E-mail: alfreyes@ph.lacounty.gov	<table border="1"> <thead> <tr> <th colspan="2">Summary Federal Subaward Financial Information</th> </tr> </thead> <tbody> <tr> <td><b>18. Budget Period Start Date (vi):</b> 1/1/2024</td> <td><b>End Date:</b> 6/30/2024</td> </tr> <tr> <td><b>19. Total Amount of Federal Funds Obligated by this Action (vii)</b></td> <td>\$435,635.00</td> </tr> <tr> <td>20a. Direct Cost Amount</td> <td>\$428,885.00</td> </tr> <tr> <td>20b. Indirect Cost Amount (xiv)</td> <td>\$6,750.00</td> </tr> <tr> <td><b>20. Authorized Carryover</b></td> <td>\$0</td> </tr> <tr> <td><b>21. Offset</b></td> <td>\$0</td> </tr> <tr> <td><b>22. Total Amount of Federal Funds Obligated this Budget Period (viii)</b></td> <td>\$435,635.00</td> </tr> <tr> <td><b>23. Total Approved Cost Sharing or Matching, where applicable</b></td> <td>\$0</td> </tr> <tr> <td><b>24. Total Federal and Non-Federal Approved this Budget Period (ix)</b></td> <td>\$435,635.00</td> </tr> <tr> <td><b>25. Projected Performance Period Start Date (v):</b> 1/1/2024</td> <td><b>End Date:</b> 6/30/2024</td> </tr> <tr> <td><b>26. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b></td> <td>\$435,635.00</td> </tr> </tbody> </table>	Summary Federal Subaward Financial Information		<b>18. Budget Period Start Date (vi):</b> 1/1/2024	<b>End Date:</b> 6/30/2024	<b>19. Total Amount of Federal Funds Obligated by this Action (vii)</b>	\$435,635.00	20a. Direct Cost Amount	\$428,885.00	20b. Indirect Cost Amount (xiv)	\$6,750.00	<b>20. Authorized Carryover</b>	\$0	<b>21. Offset</b>	\$0	<b>22. Total Amount of Federal Funds Obligated this Budget Period (viii)</b>	\$435,635.00	<b>23. Total Approved Cost Sharing or Matching, where applicable</b>	\$0	<b>24. Total Federal and Non-Federal Approved this Budget Period (ix)</b>	\$435,635.00	<b>25. Projected Performance Period Start Date (v):</b> 1/1/2024	<b>End Date:</b> 6/30/2024	<b>26. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	\$435,635.00
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<b>9. Program Official Contact Information</b> Name: Tiffany Romo Title: Senior Public Health Analyst Address: 241 N Figueroa, Room 344 Los Angeles, CA 90012 E-mail: tromo@ph.lacounty.gov	<b>27. Authorized Treatment of Program Income</b>																								
<b>29. Remarks</b> Contract PH #004537-6 Exhibit C-4.	<b>28. County Program Officer Signature</b> Name: Dr. Sharon Balter Title: Director, Acute Communicable Diseases <div style="text-align: right;">  8/24/2023  Signature/Date </div>																								

Contract No. PH-004746

**PUBLIC HEALTH INSTITUTE  
FOR  
COVID-19 EQUITY  
COMMUNITY GRANTS PROJECT**

Amendment No. 4

THIS AMENDMENT is made and entered on \_\_\_\_\_,

by and between

COUNTY OF LOS ANGELES  
(hereafter "County"),

and

PUBLIC HEALTH INSTITUTE  
(hereafter "Contractor").

WHEREAS, on July 13, 2022, the County and Contractor entered into Contract No. PH-004746 (Contract) to provide the COVID-19 Community Equity Grant Project for compensation for the Department of Public Health (Public Health); and

WHEREAS, on October 13, 2020, the Board delegated authority to the Acting Chief Executive Officer (CEO), or her designee(s), which includes departments, in consultation with County Counsel, to enter into, execute, amend, and if necessary, terminate agreements, including sole source, necessary to support of the County's continued efforts to assist and address the health, safety, and welfare of County residents during the COVID-19 pandemic and in compliance with requirements of the federal or state funding source for such agreement; and

WHEREAS, on August 22, 2022, Amendment 1 was executed to update the funding sources and/or expand services to include those to combat Monkeypox; and

WHEREAS, on September 27, 2022, the Board delegated authority to the Director of Public Health, or designee, to execute amendments to the Contract; and

WHEREAS, on February 1, 2023, Amendment 2 was executed to 1) extend the term of the Contract through December 31, 2023; 2) decrease the maximum obligation amount by one million dollars (\$1,000,000), from sixteen million, three hundred ninety-nine thousand, twenty-eight (\$16,399,028) to fifteen million, three hundred ninety-nine thousand, twenty-eight (\$15,399,028), to support urgent needs and create infrastructure for COVID-19 post-pandemic recovery; and 3); make other designated changes; and

WHEREAS, on July 31, 2023, Amendment 3 was executed to redirect funds and amend the budget for the term June 31, 2022, through December 31, 2023, with no change to the total contract maximum obligation; and

WHEREAS, on October 17, 2023, the Board of Supervisors authorized the Director of the Department of Public Health, or designee to execute amendments to COVID-19 sole source service contracts to extend the term through March 31, 2024; and

WHEREAS, the County has been allocated funds from Centers for Disease Control and Prevention (CDC), Epidemiology and Laboratory Capacity (ELC) for Infection Diseases Grant, Assistance Listing Number 93.323, and the Partners Across Regions Tackling Needs for an Equitable Response (PARTNER) Project Grant, Assistance Listing Number 93.391, which a portion of these funds has been designated to this amendment, and the Contractor is a subrecipient of this grant with all the duties and obligations of that designation attached; and

WHEREAS, it is the intent of the parties to amend the Contract to 1) extend the term through March 31, 2024; 2) redirect funds and amend the budget for the term July 13, 2022, through March 31, 2024; 3) decrease the maximum obligation by one million,

five hundred eighteen thousand, nine hundred thirty-seven dollars (\$1,518,937), from fifteen million, three hundred ninety-nine thousand, twenty-eight (\$15,399,028) to thirteen million, eight hundred eighty thousand, ninety-one (\$13,880,091); and 4) make other designated changes; and

WHEREAS, said Contract provides that changes in accordance with Paragraph 7, ALTERATIONS OF TERMS/AMENDMENTS, provides that changes may be made in the form of an Amendment which is formally approved and executed by the parties; and

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

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment is effective upon execution through March 31, 2024.
2. Exhibit C–III, Budget is deleted in its entirety and replaced with Exhibit C-IV, Budget, attached hereto and incorporated herein by reference. All references to “Exhibit C-III, Budget” will be deemed amended to state, “Exhibit C-IV, Budget”.
3. Exhibit M-1.1 and Exhibit M-2.1, Notices of Federal Subaward Information, will be deleted in their entirety and replaced with Exhibit M-1.2 and Exhibit M-2.2, Notices of Federal Subaward Information. All references to “Exhibit M-1.1 and M-2.1, Notices of Federal Subaward Information” will be deemed amended to state “Exhibit M-1.2 and M-2.2, Notices of Federal Subaward Information”.
4. Paragraph 4, TERM OF CONTRACT, is deleted in its entirety and replaced as follows:

“4. TERM OF CONTRACT:

The term of this Contract will be effective July 13, 2022, and will continue in full force and effect through March 31, 2024, unless sooner terminated or extended, in whole or in part, as provided in this Contract.

The Contractor shall notify (Program Office) when this Contract is within six (6) months from the expiration of the term as provided for hereinabove. Upon the occurrence of this event, the Contractor shall send written notification to (Program Office) at the address herein provided in Exhibit J-2.”

5. Paragraph 5. MAXIMUM OBLIGATION OF COUNTY, Subparagraph A is deleted in its entirety and replaced as follows:

“5. MAXIMUM OBLIGATION OF COUNTY:

A. For the period of July 13, 2022, through March 31, 2024, the maximum obligation of the County for all services provided hereunder will not exceed thirteen million, eight hundred eighty thousand, ninety-one dollars (\$13,880,091), as set forth in Exhibit C-IV, Budget, attached hereto and incorporated herein by reference. In no instance shall the County be liable for any costs in excess of this amount, nor for any authorized or ineligible costs or expenses.”

6. Paragraph 68, SOLICITATION OF BIDS OR PROPOSALS, is deleted in its entirety and replaced as follows:

“68. PROHIBITION FROM PARTICIPATION IN FUTURE SOLICITATIONS:

A Proposer, or a Contractor or its subsidiary or Subcontractor ("Proposer/Contractor"), is prohibited from submitting a bid or proposal in a County solicitation if the Proposer/Contractor has provided advice or consultation for the solicitation. A Proposer/Contractor is also prohibited from submitting a bid

or proposal in a County solicitation if the Proposer/Contractor has developed or prepared any of the solicitation materials on behalf of the County. A violation of this provision will result in the disqualification of the Contractor/Proposer from participation in the County solicitation or the termination or cancellation of any resultant County contract. This provision will survive the expiration, or other termination of this Agreement.”

7. Except for the changes set forth hereinabove, all terms and conditions of the Contract will not be changed in any respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be executed by its Director of Public Health, or designee, and Contractor has caused this Amendment to be executed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director

PUBLIC HEALTH INSTITUTE  
Contractor

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Title \_\_\_\_\_

APPROVED AS TO FORM  
BY THE OFFICE OF THE COUNTY COUNSEL  
DAWYN R. HARRISON  
County Counsel

APPROVED AS TO CONTRACT  
ADMINISTRATION:

Department of Public Health

By \_\_\_\_\_  
Contracts and Grants Division Management

#07160:an

# COVID-19 EQUITY LEADERSHIP PROJECT

## BUDGET

AGENCY NAME: PUBLIC HEALTH INSTITUTE (PHI)

CONTRACT NUMBER: PH-004746

BUDGET TERM: 07/13/2022 – 03/31/2024

FUNDING SOURCE: Epidemiology and Laboratory Capacity for Infection Diseases (ELC 577) Grant and Partners Across Regions Tackling Needs for an Equitable Response (PARTNER) Grant

Description	Amount
Salaries	\$910,191
Fringe Benefits (35%)	\$303,193
Services/Consultant <ul style="list-style-type: none"> <li>Change Lab</li> <li>Transitions 2 Transformations</li> </ul>	\$186,336
Travel	\$1500
Other <ul style="list-style-type: none"> <li>Rent Facilities</li> <li>Communications</li> </ul>	\$2,157 \$4,400
Grants	\$11,718,238
Indirect Cost <ul style="list-style-type: none"> <li>For Personnel and Services (NICRA at 16.2%)</li> <li>For CBOs (NICRA at 4.5%)</li> </ul>	\$226,755 \$527,321
<b>TOTAL BUDGET</b>	<b>\$13,880,091</b>

\* County will reimburse at County's reimbursement rate, currently \$0.58 cents per mile.

During the term of this Contract, any variation to the above budget must be executed through a written Change Notice, executed by the Public Health Project Director and the Contractor. Invoices and cost reports must be submitted in accordance with approved line-item detailed budgets.





**County of Los Angeles**  
Department of Public Health

**Notice of Federal Subaward Information**

Recipient Information (i)	Federal Award Information (www.usaspending.gov)
<p><b>1. Recipient Name</b> Public Health Institute</p> <p><b>2. Vendor Customer Code (VCC)</b> 112209</p> <p><b>3. Employer Identification Number (EIN)</b> 94-1646278</p> <p><b>4. Recipient's Unique Entity Identifier (ii)</b> Data Universal Numbering System (DUNS) (www.SAM.gov) 128663390</p> <p><b>5. Award Project Title</b> Covid-19 Equity Community Grants Project</p> <p><b>6. Project Director or Principal Investigator</b> Name: Esther Rivera Title: Deputy Director Address: 555 12th Street, Suite 290 Oakland, CA 94607 E-mail: erivera@phi.org</p> <p><b>7. Authorized Official</b> Name: Rebecca Silva Title: Sr. Director of Grants &amp; Contracts Address: 555 12th Street, Suite 290 Oakland, CA 94607 E-mail: rebecca.silva@phi.org</p>	<p><b>10. Federal Award Number (1)</b> 6 NU50CK00498-02-04</p> <p><b>11. Federal Award Date (iv)</b> 1/13/2021</p> <p><b>12. Unique Federal Award Identification Number (FAIN) (iii)</b> NU50CK00498</p> <p><b>13. Name of Federal Awarding Agency (xi)</b> Centers for Disease Control and Prevention</p> <p><b>14. Federal Award Project Title (x)</b> Los Angeles Epidemiology and Laboratory Capacity Cooperative Agreement</p> <p><b>15. Assistance Listing Number (xii)</b> 93.323</p> <p><b>16. Assistance Listing Program Title (xii)</b> Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)</p> <p><b>17. Is this Award R&amp;D? (xiii)</b> No</p>
<b>Summary Federal Subaward Financial Information</b>	
<p><b>18. Budget Period Start Date (vi): 07/13/2022</b> <span style="float: right;"><b>End Date: 03/31/2024</b></span></p>	
<p><b>19. Total Amount of Federal Funds Obligated by this Action (vii)</b> <span style="float: right;"><b>\$9,902,013.00</b></span></p> <p style="margin-left: 20px;">20a. Direct Cost Amount <span style="float: right;"><b>\$9,340,105.00</b></span></p> <p style="margin-left: 20px;">20b. Indirect Cost Amount (xiv) <span style="float: right;"><b>\$561,908.00</b></span></p>	
<p><b>20. Authorized Carryover</b> <span style="float: right;"><b>\$0.00</b></span></p>	
<p><b>21. Offset</b> <span style="float: right;"><b>\$0.00</b></span></p>	
<p><b>22. Total Amount of Federal Funds Obligated this Budget Period (viii)</b> <span style="float: right;"><b>\$9,902,013.00</b></span></p>	
<p><b>23. Total Approved Cost Sharing or Matching, where applicable</b> <span style="float: right;"><b>\$0.00</b></span></p>	
<p><b>24. Total Federal and Non-Federal Approved this Budget Period (ix)</b> <span style="float: right;"><b>\$9,902,013.00</b></span></p>	
<p><b>25. Projected Performance Period Start Date (v): 07/13/2022</b> <span style="float: right;"><b>End Date: 03/31/2024</b></span></p>	
<p><b>26. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b> <span style="float: right;"><b>\$9,902,013.00</b></span></p>	
<p><b>27. Authorized Treatment of Program Income</b></p> <p><b>28. County Program Officer Signature</b></p> <p style="margin-left: 20px;">Name: Dr. Sharon Balter Title: Director, Acute Communicable Disease</p>	

Digitally signed by Sharon Balter  
Date: 2023.08.11 15:09:08 -07'00'

**Sharon Balter**

Signature/Date

**29. Remarks**

PH-004647-4



**County of Los Angeles**  
Department of Public Health

**Notice of Federal Subaward Information**

Recipient Information (i)	Federal Award Information (www.usaspending.gov)
<p><b>1. Recipient Name</b> Public Health Institute</p> <p><b>2. Vendor Customer Code (VCC)</b> 112209</p> <p><b>3. Employer Identification Number (EIN)</b> 94-1646278</p> <p><b>4. Recipient's Unique Entity Identifier (ii)</b> Data Universal Numbering System (DUNS) (www.SAM.gov) 128663390</p> <p><b>5. Award Project Title</b> Partners Across Regions Tackling Needs for an Equitable Response (PARTNER) Project</p> <p><b>6. Project Director or Principal Investigator</b> Name: Esther Rivera Title: Deputy Director Address: 555 12th Street, Suite 290 Oakland, CA 94607 E-mail: erivera@phi.org</p> <p><b>7. Authorized Official</b> Name: Rebecca Silva Title: Sr. Director of Grants &amp; Contracts Address: 555 12th Street, Suite 290 Oakland, CA 94607 E-mail: rebecca.silva@phi.org</p>	<p><b>10. Federal Award Number (1)</b> 1 NH75OT000002-01-00</p> <p><b>11. Federal Award Date (iv)</b> 05/27/2021</p> <p><b>12. Unique Federal Award Identification Number (FAIN) (iii)</b> NH75OT000002</p> <p><b>13. Name of Federal Awarding Agency (xi)</b> Department of Health and Human Services - Center for Disease Control and Prevention</p> <p><b>14. Federal Award Project Title (x)</b> Partners Across Regions Tackling Needs for an Equitable Response (PARTNER) Project</p> <p><b>15. Assistance Listing Number (xii)</b> 93.391</p> <p><b>16. Assistance Listing Program Title (xii)</b> Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises</p> <p><b>17. Is this Award R&amp;D? (xiii)</b> No</p>
<b>Summary Federal Subaward Financial Information</b>	
<p><b>18. Budget Period Start Date (vi):</b> 04/01/2023 <b>End Date:</b> 03/31/2024</p>	
<p><b>19. Total Amount of Federal Funds Obligated by this Action (vii)</b> <span style="float: right;">\$3,978,078</span></p> <p style="margin-left: 20px;">20a. Direct Cost Amount <span style="float: right;">\$3,785,911</span></p> <p style="margin-left: 20px;">20b. Indirect Cost Amount (xiv) <span style="float: right;">\$192,167</span></p>	
<p><b>20. Authorized Carryover</b> <span style="float: right;">\$</span></p> <p><b>21. Offset</b> <span style="float: right;">\$</span></p>	
<p><b>22. Total Amount of Federal Funds Obligated this Budget Period (viii)</b> <span style="float: right;">\$3,978,078</span></p> <p><b>23. Total Approved Cost Sharing or Matching, where applicable</b> <span style="float: right;">\$</span></p> <p><b>24. Total Federal and Non-Federal Approved this Budget Period (ix)</b> <span style="float: right;">\$3,978,078</span></p>	
<p><b>25. Projected Performance Period Start Date (v):</b> 04/01/2023 <b>End Date:</b> 03/31/2024</p>	
<p><b>26. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b> <span style="float: right;">\$Not available</span></p>	
<p><b>27. Authorized Treatment of Program Income</b> Additional Costs</p>	
<p><b>28. County Program Officer Signature</b></p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> <p>Name: Sonya Vasquez Title: Director, Center for Health Equity</p> </div> <div style="text-align: right;">   <div style="border-top: 1px solid black; display: inline-block; width: 150px;"></div> </div> </div> <p style="text-align: right; margin-top: -20px;">08/11/2023</p>	

**29. Remarks**

# BOARD LETTER/MEMO CLUSTER FACT SHEET

# DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	10/4/2023	
<b>BOARD MEETING DATE</b>	10/17/2023	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Public Health	
<b>SUBJECT</b>	AUTHORIZATION TO ACCEPT AND IMPLEMENT GRANT AWARD NUMBER 1 NU58DP007384-01-00 AND FUTURE AGREEMENTS AND/OR AMENDMENTS FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR SOLUTIONS FOR EQUITABLE DIABETES PREVENTION AND MANAGEMENT	
<b>PROGRAM</b>	CHRONIC DISEASE AND INJURY PREVENTION SERVICES (CDIP)	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If yes, please explain why: N/A	
<b>DEADLINES/ TIME CONSTRAINTS</b>	Year 1 of the award is effective June 30, 2023.	
<b>COST &amp; FUNDING</b>	Total cost: \$1,046,192	Funding source: Centers for Disease Control and Prevention (CDC) with maximum reimbursable amount of \$1,000,000 from CDC and includes an additional optional cost sharing in the amount of \$46,192 as in-kind contribution from Public Health
	TERMS (if applicable): JUNE 30, 2023, through JUNE 29, 2024	
	Explanation: This funding is for Year 1 of the five-year period of performance of June 30, 2023, through June 29, 2028 .	
<b>PURPOSE OF REQUEST</b>	Authorize the Director of the Department of Public Health, or designee, to accept and sign Notice of Award (NA) Number 1 NU58DP007384-01-00, from CDC for Solutions for Equitable Diabetes Prevention and Management (SEDPM) for the period of June 30, 2023, through June 29, 2024,	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	<p>Since 2018, Public Health has implemented CDPMS which is a multi-pronged approach to prevent diabetes and identify and manage hypertension among underserved populations in LAC. CDPMS has helped strengthen and expand transformative clinical systems and care practices, community-clinical linkage programming, and community-based lifestyle and disease management support for priority groups experiencing a disproportionate burden of diabetes, hypertension, and other related chronic conditions in the region.</p> <p>On March 6, 2023, Public Health's Division of Chronic Disease and Injury Prevention submitted a grant proposal in response to the CDC's Notice of Funding Opportunity, (CDC-RFA-DP-23-0020) for A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes. Public Health proposed to utilize SEDPM to implement diabetes prevention, management, and support strategies to better prevent and manage diabetes in LAC by building upon the CDPMS project.</p>	

<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state which one(s) and explain how: The recommended action supports Strategy II.2 – Support the Wellness of our Communities and Board Priority #9: Poverty Alleviation Initiative by drafting a set of policy recommendations for closing the racial and gender wealth gaps.
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email: Joshua Bobrowsky, Public Health Director Government Affairs, (213) 288-7871 <a href="mailto:jbobrowsky@ph.lacounty.gov">jbobrowsky@ph.lacounty.gov</a> Luis A. Urgiles, Division of Chronic Disease & Injury Prevention, (213) 351-7848 <a href="mailto:lurgiles@ph.lacounty.gov">lurgiles@ph.lacounty.gov</a> Emily Issa, Senior Deputy County Counsel, (213) 974-1827 <a href="mailto:Elssa@counsel.lacounty.gov">Elssa@counsel.lacounty.gov</a>



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

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

**ANISH P. MAHAJAN, M.D., M.S., M.P.H.**  
Chief Deputy Director

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

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



**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District

**Holly J. Mitchell**  
Second District

**Lindsey P. Horvath**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

**DRAFT**

October 17, 2023

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

Dear Supervisors:

**AUTHORIZATION TO ACCEPT AND IMPLEMENT GRANT AWARD NUMBER  
1 NU58DP007384-01-00 AND FUTURE GRANT AWARDS AND/OR AMENDMENTS  
FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR  
SOLUTIONS FOR EQUITABLE DIABETES PREVENTION AND MANAGEMENT  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Provide authorization to accept and implement Grant Award and future grants and/or amendments from the Centers for Disease Control and Prevention for the Solutions for Equitable Diabetes Prevention and Management for the period of June 30, 2023, through June 29, 2028.

**IT IS RECOMMENDED THAT YOUR BOARD**

1. Authorize and instruct the Director of the Department of Public Health (Public Health), or designee, to accept and implement Grant Award Number 1 NU58DP007384-01-00 (Exhibit I), from the Centers for Disease Control and Prevention (CDC), Assistance Listing Number 93.988, for Solutions for Equitable Diabetes Prevention and Management (SEDPM), for the Year 1 budget period of June 30, 2023, through June 29, 2024, in the amount of \$1,000,000 with an optional cost sharing of \$46,192 from Public Health, subject to review and approval by County Counsel.
2. Delegate authority to the Director of Public Health, or designee, to accept future awards and/or amendments that are consistent with the requirements of the CDC Grant referenced above that extend the term at amounts to be determined by the CDC, and/or provide an increase or decrease in funding, subject to review and approval by County Counsel, and notification to your Board and the CEO.

3. Delegate authority to the Director of Public Health, or designee, to accept future amendments that are consistent with the requirements of the CDC Grant referenced above that reflect non-material and/or ministerial revisions to the award's terms and conditions and allow for the rollover of unspent funds and/or redirection of funds, subject to review and approval by County Counsel.

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

Approval of Recommendation 1 will allow Public Health to accept Grant Number 1 NU58DP007384-01-00 from the CDC to support and implement SEDPM with a maximum reimbursable amount of \$1,000,000 from CDC with an optional cost sharing of \$46,192 as in-kind contribution from Public Health. Through SEDPM, Public Health will partner with community-based organizations and other key stakeholders to implement diabetes prevention, management, and support strategies designed to reduce disparities in diabetes and prediabetes among adults in Los Angeles County (LAC). Public Health will utilize SEDPM to implement diabetes prevention, management, and support strategies to better prevent and manage diabetes in LAC by building upon Public Health's Chronic Disease Prevention and Management Strategy (CDPMS) project.

Since 2018, Public Health has implemented CDPMS, which is a multi-pronged approach to prevent diabetes and identify and manage hypertension among underserved populations in LAC. CDPMS has helped strengthen and expand transformative clinical systems and care practices, community-clinical linkage programming, and community-based lifestyle and disease management support for priority groups experiencing a disproportionate burden of diabetes, hypertension, and other related chronic conditions in the region.

Using CDPMS as a base, Public Health will implement SEDPM to maximize reach and impact among populations experiencing disproportionately high burden of chronic disease. These populations include African Americans/Blacks, Hispanics/Latinos, Asians (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.), Native Hawaiian and other Pacific Islanders, and groups with low socioeconomic status. SEDPM will implement cross-cutting programs and interventions to: a) improve access to, and utilization of, the National Diabetes Prevention Program (NDPP) and the Diabetes Self-Management Education and Support (DSMES) among populations with the highest prevalence of prediabetes and diabetes in LAC; b) expand the involvement of non-physician providers such as pharmacists in providing NDPP, DSMES, and complementary diabetes support programs and services; and c) prepare the diabetes workforce to assess and address the social determinants of health.

Approval of Recommendation 2 will allow Public Health to accept future SEDPM awards and/or amendments that are consistent with the requirements of the CDC Grant to extend

the term and/or provide an increase or decrease in funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Approval of Recommendation 3 will allow Public Health to accept future amendments that are consistent with the requirements of the CDC Grant to reflect non-material and/or ministerial revisions to the Award's terms and conditions, and rollover unspent funds and/or redirect funds.

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

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

### **FISCAL IMPACT/FINANCING**

Public Health will accept Grant Award Number 1 NU58DP007384-01-00 from the CDC for the budget period of June 30, 2023, through June 29, 2024, in the amount of \$1,000,000 with an optional cost sharing in the amount of \$46,192 as in-kind contribution from existing Departmental net County cost, for the implementation of SEDPM. Funds will be used to support Public Health personnel costs (salaries and employee benefits), operating costs, contractual costs, and indirect costs.

Funding for Grant is included in Public Health's fiscal year (FY) 2023-24 Final Adopted Budget and will be requested in future FYs, as necessary.

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

On March 6, 2023, Public Health's Division of Chronic Disease and Injury Prevention submitted a grant proposal in response to the CDC's Notice of Funding Opportunity, (CDC-RFA-DP-23-0020) for A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes. Public Health proposed to utilize SEDPM to implement diabetes prevention, management, and support strategies to better prevent and manage diabetes in LAC by building upon the CDPMS project. Exhibit I is the CDC's Grant Award Number 1 NU58DP007384-01-00.

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

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

Approval of the recommended actions will allow Public Health to accept funds from the CDC to implement diabetes prevention, management, and support strategies designed to reduce disparities in diabetes and prediabetes among adults in LAC.

The Honorable Board of Supervisors  
October 17, 2023  
Page 4

Respectfully submitted,

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

BF:mz  
#07171

Enclosures (1)

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



# BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	10/4/2023							
<b>BOARD MEETING DATE</b>	10/17/2023							
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>							
<b>DEPARTMENT(S)</b>	Department of Health Services							
<b>SUBJECT</b>	Request delegated authority to enter into a sole source agreement with The Regents of the University of California on behalf of The Los Angeles Campus (UCLA) to continue operating the Mobile Stroke Unit (MSU) for the benefit of the County of Los Angeles.							
<b>PROGRAM</b>	Emergency Medical Services							
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>SOLE SOURCE CONTRACT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain why: The EMS Agency has determined that it is in the best interest of the County to fund the recommended sole source agreement with a portion of Measure B revenue allocated to DHS with UCLA until such a time that the final Board required report on MSU expansion is complete, pending publication of the relevant national cost-effectiveness study.							
<b>DEADLINES/ TIME CONSTRAINTS</b>								
<b>COST &amp; FUNDING</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Total cost: The total funding request is \$2.20 million.</td><td style="width: 50%;">Funding source: Department's FY 2023-24 Final Budget in the amount of \$2.20 million for payment to support activities provided to ensure the ongoing MSU services and completion of the required cost-effectiveness study.</td></tr> <tr> <td colspan="2">TERMS (if applicable): The term for the provision of support for the MSU for a period of six (6) months, October 1, 2023 through March 31, 2024, in the amount not to exceed \$1.10 million, with an option to extend the Agreement term up to an additional six (6) months, in any increments deemed, at the discretion of the Director or designee, to be in the best interest of the County.</td></tr> <tr> <td colspan="2">Explanation: There are sufficient appropriations in the Department's FY 2023-24 Final Budget to pay for the expenditures incurred from the Agreement. There is no net County cost impact associated with the recommendations.</td></tr> </table>		Total cost: The total funding request is \$2.20 million.	Funding source: Department's FY 2023-24 Final Budget in the amount of \$2.20 million for payment to support activities provided to ensure the ongoing MSU services and completion of the required cost-effectiveness study.	TERMS (if applicable): The term for the provision of support for the MSU for a period of six (6) months, October 1, 2023 through March 31, 2024, in the amount not to exceed \$1.10 million, with an option to extend the Agreement term up to an additional six (6) months, in any increments deemed, at the discretion of the Director or designee, to be in the best interest of the County.		Explanation: There are sufficient appropriations in the Department's FY 2023-24 Final Budget to pay for the expenditures incurred from the Agreement. There is no net County cost impact associated with the recommendations.	
Total cost: The total funding request is \$2.20 million.	Funding source: Department's FY 2023-24 Final Budget in the amount of \$2.20 million for payment to support activities provided to ensure the ongoing MSU services and completion of the required cost-effectiveness study.							
TERMS (if applicable): The term for the provision of support for the MSU for a period of six (6) months, October 1, 2023 through March 31, 2024, in the amount not to exceed \$1.10 million, with an option to extend the Agreement term up to an additional six (6) months, in any increments deemed, at the discretion of the Director or designee, to be in the best interest of the County.								
Explanation: There are sufficient appropriations in the Department's FY 2023-24 Final Budget to pay for the expenditures incurred from the Agreement. There is no net County cost impact associated with the recommendations.								
<b>PURPOSE OF REQUEST</b>	<p>Approval of the first and second recommendations will allow the Director or designee to enter into an Agreement with UCLA to support the foregoing efforts and to: (a) extend the term; (b) approve necessary changes to the scope of work; (c) add funding to the agreement sum; (d) add, delete and/or change non-substantive terms and conditions in the Agreement; and (e) add, delete, and/or change non-substantive terms and conditions or make other changes as required by the Board, or to comply with federal and State law or regulation, to any executed agreement, subject to review and approval as to form by County Counsel.</p> <p>Approval of the third recommendation will allow DHS to terminate the UCLA Agreement in accordance with the termination provisions within the Agreement.</p>							

<b>BACKGROUND</b> <b>(include internal/external issues that may exist including any related motions)</b>	<p>On June 26, 2017, a Board motion delegated authority to execute an agreement with the Regents of the University of California on behalf of its UCLA Medical Center for a 30-month pilot program and follow-up evaluation. Subsequently, on January 8, 2018, DHS entered into an agreement with UCLA Health to support the MSU, effective through January 7, 2023.</p> <p>As directed by Board Motion on June 22, 2021, DHS' EMS Agency was instructed to report back on the potential MSU expansion in LA County. DHS' report to the Board was submitted on September 18, 2023. However, one additional directive in the June 2021 motion, stated here, "...to report back in 90 days following receipt of the national study's cost analysis on options to integrate the MSU and other pre-hospital stroke treatment options into LA County's emergency care system", has not been completed, since the referenced national MSU cost-effectiveness study has not yet been published.</p> <p>On September 13, 2022, the Board approved a rate increase in ongoing Measure B revenue to support the maintenance of the County's trauma and emergency medical system and specified that a portion of the Measure B revenue allocated to DHS would "be used to support interim operating expenses for the County's Mobile Stroke Unit (MSU), pending submission by DHS of the report requested by the Board on June 22, 2021."</p> <p>The EMS Agency has determined that it is in the best interest of the County to fund the recommended sole source agreement with a portion of Measure B revenue allocated to DHS with UCLA until such a time that the final Board required report on MSU expansion is complete, pending publication of the relevant national cost-effectiveness study.</p> <p>UCLA Health has applied for funding for unallocated Measure B funds through the process established by the Board. The Measure B Advisory Board (MBAB) project proposal review process is currently underway and will consider UCLA Health's MSU proposal. Within a few months, it is anticipated that the MBAB will provide the Board with a list of projects that are recommended for one-time funding. Given that the award of this funding is not certain and given that UCLA has already exhausted their available MSU funds, DHS believes it is appropriate to use the funding allocated in the recent tax increase to cover interim operating expenses until such a time that the final report to the Board on MSU expansion is complete pending publication of the relevant national cost-effectiveness study. Any subsequent funding award by the MBAB would be available in Fiscal Year 2024-2025.</p>
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email: Jacqueline Rifenburg, EMS, Emergency Medical Services Assistant Director (562) 378-1640 <a href="mailto:jrifenburg@dhs.lacounty.gov">jrifenburg@dhs.lacounty.gov</a> Richard Tadeo, EMS, Emergency Medical Services Director, (562) 378-1610 <a href="mailto:rtadeo@dhs.lacounty.gov">rtadeo@dhs.lacounty.gov</a>

October 17, 2023

DRAFT

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

Dear Supervisors:

**AUTHORIZATION TO ENTER INTO A SOLE SOURCE AGREEMENT WITH THE  
REGENTS OF THE UNIVERSITY OF CALIFORNIA TO CONTINUE OPERATION OF  
THE MOBILE STROKE UNIT  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Request delegated authority to enter into a sole source agreement with The Regents of the University of California, on behalf of the University of California, Los Angeles (UCLA) Medical Center, to continue operating the Mobile Stroke Unit (MSU) for the benefit of Los Angeles County (LA County).

**IT IS RECOMMENDED THAT THE BOARD:**

1. Delegate authority to the Director of Health Services (Director), or designee, to enter into a sole source agreement with UCLA effective upon execution, for the provision of support for the MSU for a period of six (6) months, October 1, 2023 through March 31, 2024, in the amount not to exceed \$1.10 million, with an option to extend the Agreement term up to an additional six (6) months, in any increments deemed, at the discretion of the Director or designee, to be in the best interest of LA County, subject to prior review and approval as to form by County Counsel.
2. Delegate authority to the Director, or designee, to execute future amendments to the Agreement to: (a) exercise the option to extend the Agreement terms and increase LA County's maximum obligation by no more than \$1.10 million; (b) approve necessary changes to the scope of work; (c) add, delete, and/or change non-substantive terms and conditions in the Agreements; or (d) make other changes as required by the Board of Supervisors (Board), or to comply with federal and State law or regulation, to any executed agreements, subject to prior review and approval as to form by County Counsel.

3. Delegate authority to the Director, or designee, to terminate the UCLA Agreement in accordance with the termination provisions within the Agreement subject to prior review and approval as to form by County Counsel.

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

### **Background**

On June 26, 2017, a Board motion delegated authority to execute an agreement with the Regents of the University of California, on behalf of its UCLA Medical Center, for a 30-month pilot program and follow-up evaluation. Subsequently, on January 8, 2018, the Department of Health Services (DHS) entered into an Agreement with UCLA Health to support the MSU, effective through January 7, 2023.

As directed by Board motion on June 22, 2021, DHS' EMS Agency was instructed to report back on the potential MSU expansion in LA County. DHS' report to the Board was submitted on September 18, 2023. However, one additional directive in the June 2021 motion, stated here, "...to report back in 90 days following receipt of the national study's cost analysis on options to integrate the MSU and other pre-hospital stroke treatment options into LA County's emergency care system", has not been completed, since the referenced national MSU cost-effectiveness study has not yet been published.

On September 13, 2022, the Board approved a rate increase in ongoing Measure B revenue to support the maintenance of LA County's trauma and emergency medical system and specified that a portion of the Measure B revenue allocated to DHS would "be used to support interim operating expenses for LA County's Mobile Stroke Unit (MSU), pending submission by DHS of the report requested by the Board on June 22, 2021."

The EMS Agency has determined that it is in the best interest of LA County to fund the recommended sole source agreement with a portion of Measure B revenue allocated to DHS with UCLA until such a time that the final Board required report on MSU expansion is complete, pending publication of the relevant national cost-effectiveness study.

UCLA Health has applied for funding for unallocated Measure B funds through the process established by the Board. The Measure B Advisory Board (MBAB) project proposal review process is currently underway and will consider UCLA Health's MSU proposal. Within a few months, it is anticipated that the MBAB will provide the Board with a list of projects that are recommended for one-time funding. Given that the award of this funding is not certain and given that UCLA has already exhausted their available MSU funds, DHS believes it is appropriate to use the funding allocated in the recent tax increase to cover interim operating expenses until such a time that the final report to the Board on MSU expansion is complete pending publication of the relevant national cost-

effectiveness study. Any subsequent funding award by the MBAB would be available in Fiscal Year 2024-2025.

## **Recommendations**

Approval of the first and second recommendations will allow the Director or designee to enter into an Agreement with UCLA to support the foregoing efforts and to: (a) extend the term; (b) approve necessary changes to the scope of work; (c) add funding to the agreement sum; (d) add, delete, and/or change non-substantive terms and conditions in the Agreement; and (e) add, delete, and/or change non-substantive terms and conditions or make other changes as required by the Board, or to comply with federal and State law or regulation, to any executed agreement, subject to review and approval as to form by County Counsel.

Approval of the third recommendation will allow DHS to terminate the UCLA Agreement in accordance with the termination provisions within the Agreement.

## **Implementation of Strategic Plan Goals**

The recommendation actions support Strategy I.1, "Increase our Focus on Prevention Initiatives" and Strategy III.3, "Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability" of LA County's Strategic Plan.

## **FISCAL IMPACT/FINANCING**

There are sufficient appropriations in the DHS' Fiscal Year 2023-24 Final Budget to pay for the expenditures incurred from the Agreement. There is no net County cost impact associated with the recommendations.

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

A MSU is designed to provide advanced prehospital, field-based stroke care by utilizing a specialized mobile stroke ambulance with specialized staff present on the unit itself and/or available through telehealth. Attachment 1 of the Board letter demonstrates the MSU catchment/service areas and participating hospitals by region.

The Agreement will include all Board required terms and conditions. Although, based on the historical and unique relationship between UCLA and LA County, DHS has agreed to continue to mutually indemnify UCLA.

## **CONTRACTING PROCESS**

The Honorable Board of Supervisors  
October 17, 2023  
Page 4

Not applicable. Pursuant to a motion passed by the Board on June 26, 2017, DHS executed an agreement with UCLA for a 30-month pilot program and follow-up evaluation, with a term commencing January 8, 2018, through January 7, 2023. The new sole source agreement is required in order to support UCLA's operation of the MSU until DHS completes the remaining directive of the Board's June 22, 2021 motion.

Due to the timing constraints, DHS was unable to comply with Board Policy 5.100, Sole Source Contracts and Amendments which, in part, requires departments to provide advance written notice and justification to the Board of its intent to negotiate a new sole source contract.

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

Approval of the recommended actions will enable UCLA to provide MSU operations until the publication of the national cost-effectiveness study is completed and DHS' subsequent report back to the Board.

Respectfully submitted,

Christina R. Ghaly, M.D.  
Director

CRG: am

Enclosure

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

## Mobile Stroke Unit catchment areas and participating hospitals by region



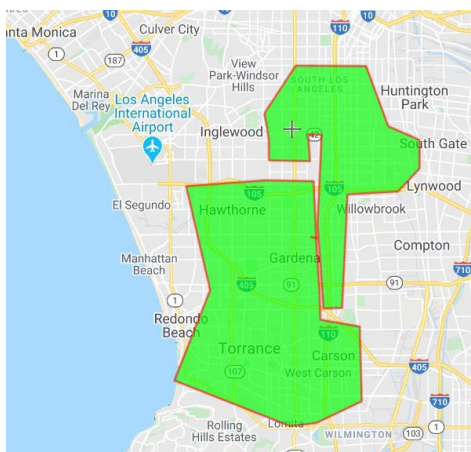
### Western Region (alternate week service response between blue and green areas):

- Cedars Sinai Medical Center
- Ronald Reagan-UCLA Medical Center
- Providence - St. John's Health Center
- Santa Monica-UCLA Medical Center



### Southern Region (alternative service response between blue and green areas):

- Coast Plaza Hospital
- Kaiser Downey Hospital
- Lakewood Regional Hospital
- Memorial Care - Long Beach Memorial Medical Center
- Los Alamitos Medical Center
- PIH Health - Whittier Hospital
- Saint Jude's Medical Center
- Dignity Health - Saint Mary's Hospital



### South Bay Region:


- Centinela Hospital
- Gardena Memorial Hospital
- PIH Health - Good Samaritan Hospital
- Kaiser South Bay Hospital
- Providence- Little Company of Mary Medical Center
- Memorial Care - Long Beach Memorial Medical Center
- Torrance Memorial Medical Center

## SOLE SOURCE CHECKLIST

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

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

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

  
\_\_\_\_\_  
Chief Executive Office

\_\_\_\_\_  
Date





# CDC Solutions for Equitable Diabetes Prevention & Management

**Health and Mental Health Cluster Meeting**

**Wednesday, October 4, 2023**

**Noel Barragan, MPH, MBA**

Project Director, Solutions for Equitable Diabetes Prevention & Management  
Division of Chronic Disease and Injury Prevention

**Tony Kuo, MD, MSHS**

Director, Division of Chronic Disease and Injury Prevention





## **A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes**

- Centers for Disease Control and Prevention
- 5-year cooperative agreement
- Aim: Prevent or delay onset of type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among people with diabetes
  - Diabetes Self-Management Education and Support (DSMES), which improves health outcomes and quality of life and is cost effective
  - National Diabetes Prevention Program (National DPP), which supports a lifestyle intervention founded on the science of the DPP research study that confirmed type 2 diabetes can be prevented in adults at high risk



## Solutions for Equitable Diabetes Prevention & Management

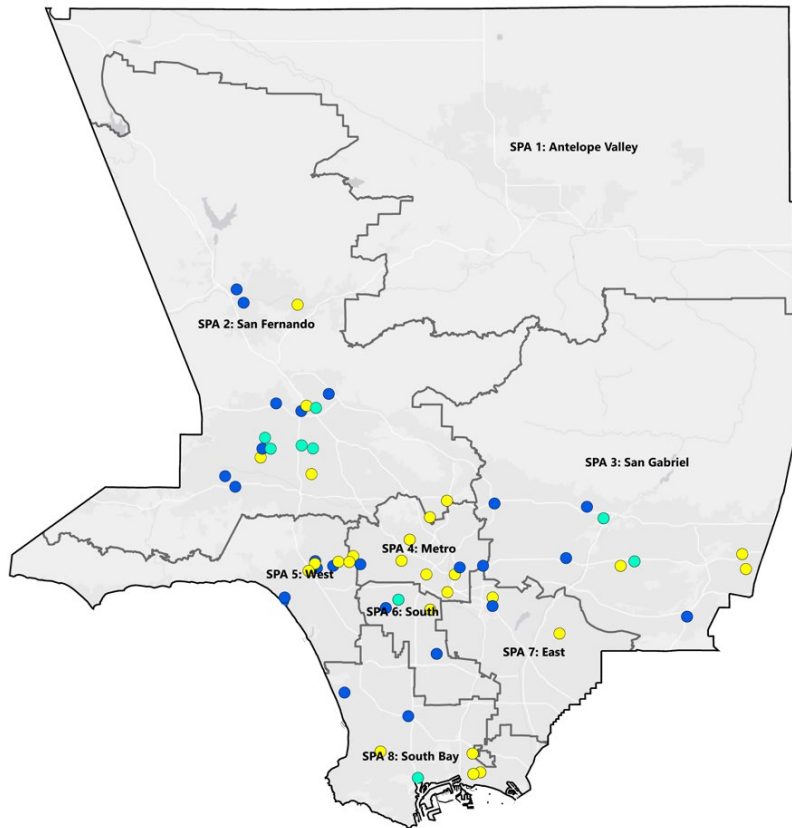
- SEDPM will implement cross-cutting programs and interventions to:
  - **Improve access to and utilization** of the National DPP & DSMES
  - **Expand the involvement of non-physician providers** in providing culturally competent National DPP, DSMES, and complementary diabetes support programs and services; and
  - **Prepare the diabetes workforce** to assess and address the social determinants of health.



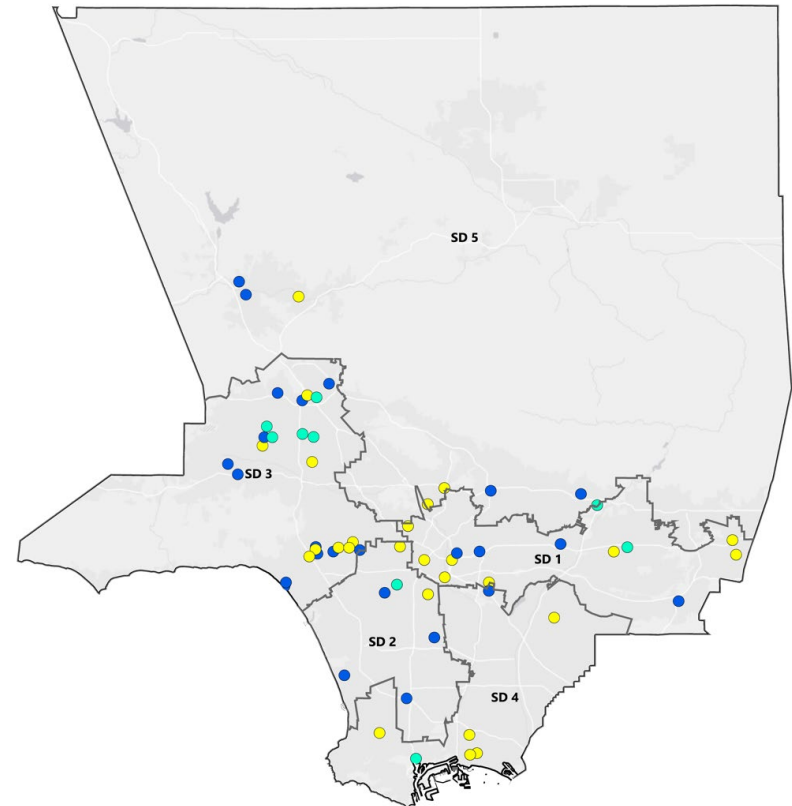


# Diabetes Prevention & Management Programing in LAC

**By Service Planning Area**



**By Supervisorial District**



National DPP



DSMES

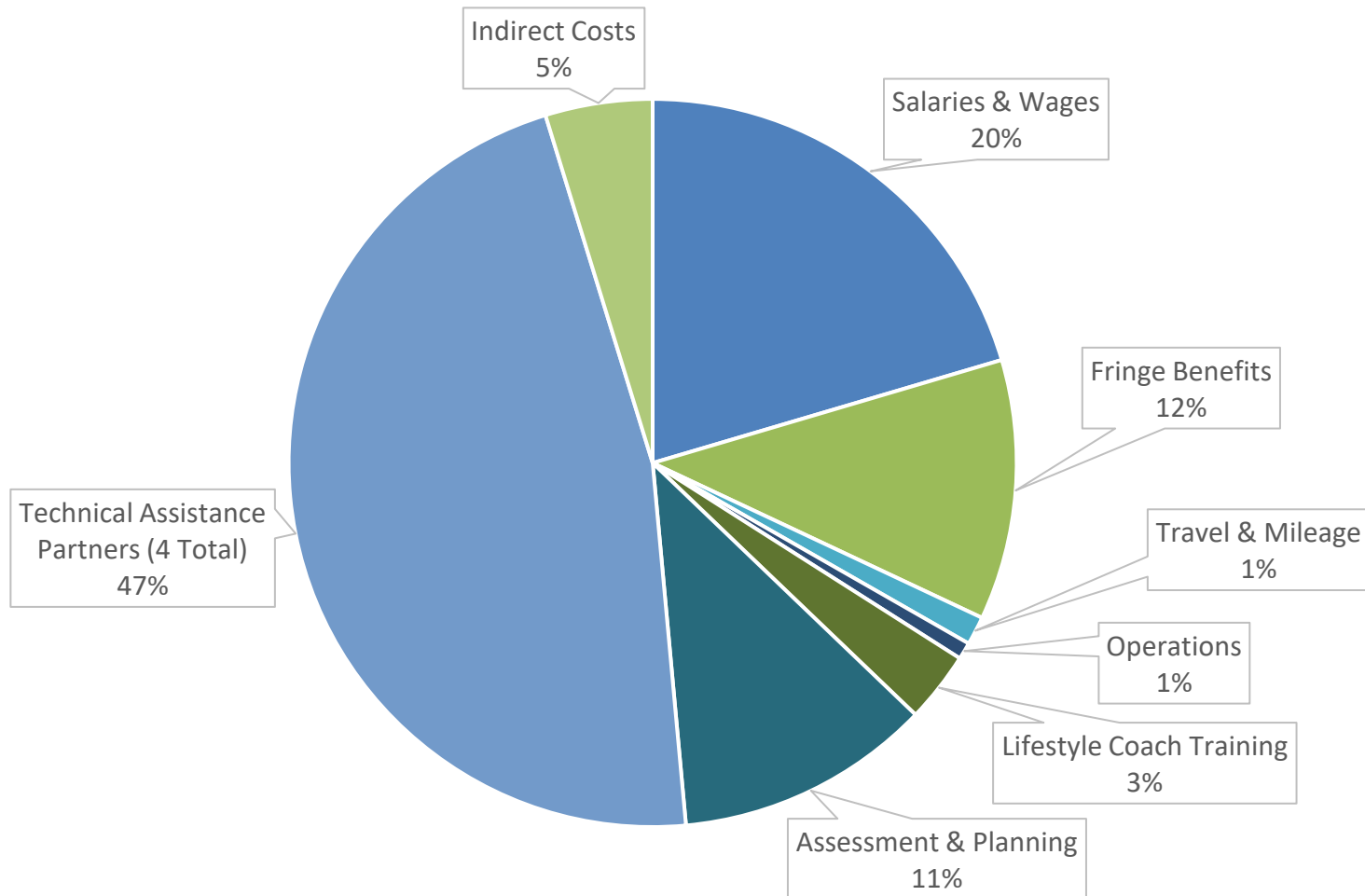


National DPP/ DSMES



# A Minimum of 30% of Total Funding is Committed to Partner Sub-Awards

Planned FFY 2023-2024 Budget Breakdown





# Questions

