



# Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

**DATE:** April 10, 2024

**TIME:** 11:30 a.m. – 1:30 p.m.

**MEETING CHAIR:** Angelica Ayala, 3<sup>rd</sup> Supervisorial District

**CEO MEETING FACILITATOR:** Atineh Sepanian

This meeting will be held in hybrid format which allows the public to participate virtually, or in-person, as permitted under the Board of Supervisors' March 19, 2024, order.

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012  
Room 140

To participate in the meeting virtually, please call the teleconference number:

1 (323) 776-6996 and enter the following: 403 234 317# or [Click here to join the meeting](#)

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:** Approval to Execute Amendments to Extend Two Sole Source Contracts for the Provision of Solutions for Healthier Communities Project Services in Los Angeles County Effective June 30, 2024, through September 29, 2028 (#07471)
- III. **Presentation Item(s):**
  - a. **DPH:** Authorization to Accept and Implement Forthcoming Federal and State of California Awards and Future Awards for Public Health Emergencies;

Execute Three Sole Source Contracts, New Contracts and Amendments; and Purchase Food and Beverages (#07479)

- b. **DPH:** Approval to Execute an Amendment to the Master Agreement Work Order with Team Friday, Inc. for Community Based Communication and Engagement Campaigns Media Services (#07435)
- c. **DMH:** Approval to Enter Into Agreements with Up to 12 Legal Entities to Facilitate the Final Financial Reconciliation and Cost Settlement Amount for Certain Fiscal Years
- d. **DPW/DHS:** Harbor-UCLA Medical Center Replacement Program- seeking Board approval to execute five construction change orders for various scope of work with Hensel Phelps Construction Company for a combined total not-to-exceed amount of \$12,080,000
- e. **DPW/DHS:** Olive View-UCLA Medical Center Elevator Modernization Project
- f. **DPW/DHS:** Hubert H. Humphrey and Edward R. Roybal Comprehensive Health Centers Elevator Modernization Projects

- IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- 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>	4/10/2024	
<b>BOARD MEETING DATE</b>	4/23/2024	
<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>	Request approval to execute amendments to two sole source contracts with the University of Southern California School of Pharmacy and Community Clinics Association of Los Angeles County to extend the term effective June 30, 2024 through September 29, 2028.	
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please explain why: To capitalize on efforts initiated under Cardiovascular Disease Prevention and Management Strategy (CDPMS), The University of Southern California School of Pharmacy (USC), and Community Clinics Association of Los Angeles County (CCALAC) were identified as optimal partners to support Solutions for Equitable Diabetes Prevention and Management (SEDPM) and Innovative Solutions for Cardiovascular Health (ISCH) activities. Public Health identified USC as a partner for these Centers for Disease Control and Prevention (CDC) grants because it is the home of the California Right Meds Collaborative which is the only group, statewide and regionally, that engages pharmacists and healthcare teams in learning sessions where professional tools, methods, and resources are shared for delivering quality disease prevention and management programming including comprehensive medication management. CCALAC was also identified as a partner for these CDC grants because of their extensive experience in successfully leading clinical change initiatives related to quality improvement, diabetes prevention programs, hypertension, and health care disparities. In addition, these Collaboratives serve as a key vehicle for achieving SEDPM and ISCH objectives as described in the CDC-approved scopes of work.	
<b>DEADLINES/ TIME CONSTRAINTS</b>	The term for CCALAC and USC contracts will end June 29, 2024.	
<b>COST &amp; FUNDING</b>	Total cost: \$3,541,575	Funding source: Centers for Disease Control and Prevention
	TERMS (if applicable): June 30, 2024 through September 29, 2028	
	Explanation: The extension of 2 sole source contracts (CCALAC and USC) will continue implementation of Solutions for Healthier Communities Services.	
<b>PURPOSE OF REQUEST</b>	This request to execute Amendments will extend the term of 2 sole source contracts (CCALAC and USC) through September 29,2028.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	Public Health received two 5-year cooperative agreements from CDC (SEDPM and ISCH), to strengthen and expand the availability of National Diabetes Prevention Program and Diabetes Self-Management Education and Support programming for priority populations in most need of quality prediabetes and diabetes support and to advance cardiovascular health and health equity through the prevention, detection, control, and management of hypertension and high cholesterol in Los Angeles County.	

	<p>These cooperative agreements build upon CDPMS, which addressed both diabetes and cardiovascular disease through a single program. To capitalize on efforts initiated under CDPMS, both sole source contractors were identified as optimal partners to support SEDPM and ISCH activities.</p>
<p><b>EQUITY INDEX OR LENS WAS UTILIZED</b></p>	<p><input type="checkbox"/> Yes     <input checked="" type="checkbox"/> No  If Yes, please explain how:</p>
<p><b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b></p>	<p><input type="checkbox"/> Yes     <input checked="" type="checkbox"/> No  If Yes, please state which one(s) and explain how:</p>
<p><b>DEPARTMENTAL CONTACTS</b></p>	<p>Name, Title, Phone # &amp; Email:  Joshua Bobrowsky, Public Health Director Government Affairs,  (213) 288-7871 jbobrowsky@ph.lacounty.gov</p> <p>Tony Kuo, Director, CDIP  (213) 351-7341, tkuo@ph.lacounty.gov</p> <p>Emily Issa, Senior Deputy County Counsel,  (213) 974-1827, eissa@counsel.lacounty.gov</p>



**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.**  
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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

April 23, 2024

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 AMENDMENTS TO EXTEND TWO SOLE SOURCE  
CONTRACTS FOR THE PROVISION OF SOLUTIONS FOR HEALTHIER  
COMMUNITIES PROJECT SERVICES IN LOS ANGELES COUNTY EFFECTIVE  
JUNE 30, 2024 THROUGH SEPTEMBER 29, 2028  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Request approval to execute amendments to sole source contracts with the University of Southern California School of Pharmacy and the Community Clinic Association of Los Angeles County to extend the terms effective June 30, 2024 through September 29, 2028.

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Approve and instruct the Director of the Department of Public Health (Public Health), or designee, to execute amendments to two sole source contracts, substantially similar to Exhibit I, to extend the terms and to increase the maximum obligation for the continued provision of the Solutions for Healthier Communities Project, effective June 30, 2024 through September 29, 2028 with the University of Southern California School of Pharmacy (USC), contract number PH-003977, in the amount of \$2,019,500, and the Community Clinic Association of Los Angeles County (CCALAC), contract number PH-004419, in the amount of \$1,522,075 as allocated in Attachment A, fully funded by the Centers for Disease Control and Prevention (CDC), Solutions for Equitable Diabetes Prevention and Management Grant Number NU58DP007384 and Innovative Solutions for Cardiovascular Health Grant Number NU58DP007576, Assistance Listing Number 93.988.

2. Delegate authority to the Director of Public Health, or designee, to execute amendments to the contracts that a) extend the term through March 31, 2031 29, 2030, at amounts to be determined by the Director of Public Health, contingent upon the availability of funds and contractor performance; b) allow the rollover of unspent contract funds, if allowable by the grantor; c) allow reallocation of funds between budgets; d) provide an increase or decrease in funding up to 10 percent above or below the annual base maximum obligation effective upon execution; e) update the statement of work and/or scope of work, as necessary; and/or f) correct errors in the contracts' terms and conditions, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office.
3. Delegate authority to the Director of Public Health, or designee, to execute change notices to the contracts that authorize budget modifications, with corresponding modifications to the statement of work and/or scope of work, that are within the same scope of services, as necessary; and/or changes to hours of operation and/or service locations.
4. Delegate authority to the Director of Public Health, or designee, to immediately suspend or terminate either contract upon issuing a written notice to a contractor who fails to fully comply with contractual requirements; and terminate either contract for convenience by providing a 30-calendar day advance written notice to the contractor.

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

Public Health received two five-year cooperative agreements from the Centers for Disease Control and Prevention (CDC) (Solutions for Equitable Diabetes Prevention and Management [SEDPM] and Innovative Solutions for Cardiovascular Health [ISCH]) to continue the provision of Solutions for Healthier Communities Project Services (SHC) to strengthen and expand the availability of National Diabetes Prevention Program and Diabetes Self-Management Education and Support programming for priority populations in most need of quality prediabetes and diabetes support and to advance cardiovascular health and health equity through the prevention, detection, control, and management of hypertension and high cholesterol in Los Angeles County (LAC). To capitalize on efforts initiated under the Cardiovascular Disease Prevention and Management Strategy (CDPMS), both sole source contractors were identified as optimal partners to support SEDPM and ISCH activities, as further described below.

Public Health identified USC as a contractor for these CDC grants because it is the home of the California Right Meds Collaborative (Collaborative) which is the only group, statewide and regionally, that engages pharmacists and healthcare teams in learning sessions where professional tools, methods, and resources are shared for delivering quality disease prevention and management programming including comprehensive medication management (CMM). The Collaborative promotes the use of evidence-based guidelines for the treatment and management of hypertension, diabetes, and other chronic conditions in a team care setting. In addition, the Collaborative serves as a key vehicle for achieving SEDPM and ISCH objectives as described in the CDC-approved scopes of work. USC is also the only school of pharmacy that is directly

affiliated with a fully accredited allopathic medicine (Medical Doctorate) program, the Keck School of Medicine at USC. This relationship to the school of medicine provides SEDPM and ISHC with opportunities to directly promote CMM among physicians and physicians-in-training.

CCALAC, the only association of community clinics in LAC, was identified as a contractor for these CDC grants because of its extensive experience in successfully leading clinical change initiatives related to quality improvement, diabetes prevention programs, hypertension, and health care disparities.

CCALAC's extensive network of safety-net partner clinics allows for lessons learned from the proposed collaboration to easily be spread and shared with other clinics and further advance population health improvement efforts and activities for low-income communities who suffer from poor health outcomes. CCALAC serves as a key vehicle for achieving key SEDPM and ISCH objectives described in the CDC-approved scopes of work. CCALAC's infrastructure and experience will bring invaluable resources and supports including developed staff expertise, program implementation capacity, and a network of engaged clinic partners ready to meet the grant objectives in a timely and effective manner.

Approval of the Recommendation 1 will allow Public Health to execute amendments to extend the terms of the two sole source contracts with USC and CCALAC to continue the provision of SEDPM and ISCH in LAC. The SEDPM and ISCH contractors have employed evidence-based strategies and innovative approaches to better prevent and manage diabetes and cardiovascular disease.

Approval of Recommendation 2 will allow Public Health to execute amendments to the sole source contracts to extend and/or adjust the terms of the contracts through September 20, 2030 at amounts to be determined by the Director of Public Health; rollover unspent funds; reallocate funds between budgets; increase or decrease funding up to 10 percent above or below the annual base maximum obligation; and/or reflect other necessary modifications to the contracts effective upon amendment execution; update the statement of work and/or scope of work, as necessary; and/or correct errors in the contracts' terms and conditions. Such amendments will only be executed if and when there is an unanticipated extension of the term of the applicable grant funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Approval of Recommendation 3 will allow Public Health to execute change notices to the contracts that authorize budget modifications and corresponding service adjustments, and as necessary, changes to hours of operation and/or service locations.

Approval of Recommendation 4 will allow Public Health to immediately suspend either contract if a contractor fails to perform and/or fully comply with contractual requirements, and to terminate either contract for convenience by providing 30-calendar days' advance written termination notice to the contractor.

### **Implementation of Strategic Goals**

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

### **FISCAL IMPACT/FINANCING**

The total County maximum obligation for the two sole source contract amendments is \$3,541,575 (\$421,575 for period 1; 851,500 for period 2; 851,500 for period 3; \$851,500 for period 4; and \$565,500 for period 5) as detailed in Attachment A, fully offset by CDC funding.

There is no net County cost associated with this action.

Funding is included in Public Health's Recommended Budget for fiscal year (FY) 2024-25 and will be included in future FYs as necessary.

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

In 2014, Public Health implemented the Chronic Disease Prevention Strategy (CDPS) in Los Angeles. CDPS is a multi-pronged approach to prevent diabetes and identify and manage hypertension among underserved populations in AC. CDPS developed critical mechanisms to identify adults at high risk of cardiovascular disease and provided linkage to preventive services.

In 2018, CDPS was replaced by the CDPMS. CDPMS 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 implements the SEDPM and Innovative ISCH 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.

As required by, and in compliance with, Board Policy 5.100, your Board was notified on January 11, 2024 of Public Health's intent to request approval to extend the term of these two Solutions for Healthier Communities contracts as sole source contracts.

County Counsel has reviewed and approved Exhibit I as to form. Attachment A provides information regarding funding allocations for the two Solutions for Healthier Communities sole source contracts. Attachment B includes the two Sole Source Checklists signed by the CEO.



**CONTRACTING PROCESS**

On August 14, 2019, USC contract number PH-003977 was executed as a sole source contract with authority from the Board, and on October 19, 2020, CCALAC contract number PH-004419 was executed as sole source contract with authority from the Board to implement SHC.

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

Approval of the recommended actions will allow Public Health to continue and to expand diabetes and cardiovascular prevention efforts throughout LAC.

Respectfully submitted,

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

BF:cv  
#07471

Enclosures

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



Amendment No. 7

**DEPARTMENT OF PUBLIC HEALTH  
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES CONTRACT**

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

by and between COUNTY OF LOS ANGELES (hereafter  
"County"),

and COMMUNITY CLINIC ASSOCIATION OF  
LOS ANGELES COUNTY (hereafter  
"Contractor").

WHEREAS, reference is made to that certain document entitled "SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES CONTRACT", dated October 19, 2020, further identified as Contract No. PH-004419, and all amendments thereto (all hereafter "Contract"); and

WHEREAS, on April 24, 2024, the County Board of Supervisors delegated authority to the Director of the Department of Public Health, or designee, to execute amendments to the Contract to extend the term, increase the maximum obligation, and update the Contract's terms and conditions; and

WHEREAS, it is the intent of the parties hereto to amend the Contract to extend the term through September 29, 2028, increase the maximum obligation, and make other hereafter designated changes; and

WHEREAS, County has been allocated funds from Centers for Disease Control and Prevention (CDC), Assistance Listing Number (ALN) 93.988, and CDC ALN 93.426, of which a portion 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.
2. Exhibits B-5-A, B-5-B, B-6-A, B-6-B, B-7-A, B-7-B, B-8-A, B-8-B, and B-9, Scopes of Work, attached hereto and incorporated by reference, are added to the Contract.
3. Exhibits C-5-A, C-5-B, C-6-A, C-6-B, C-7-A, C-7-B, C-8-A, C-8-B, and C-9, Budgets, attached hereto and incorporated by reference, are added to the Contract.
4. Exhibits I-1-A and I-1-B, Notice of Federal Subaward Information, attached hereto and incorporated by reference, are added to the Contract.
5. 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 I-1-A and I-1-B, Notices of Federal Subaward Information, attached hereto and incorporated by reference.”
6. Paragraph 4, TERM OF CONTRACT, is deleted in its entirety and replaced as follows:

“4. TERM OF CONTRACT:

The term of this Contract is effective October 19, 2020 through September 29, 2028, unless sooner terminated or extended, in whole or in part, as provided in this Contract.

Contractor must notify the Public Health Division of Chronic Disease and Injury Prevention (CDIP) when this Contract is within six months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, Contractor must send written notification to CDIP at the address herein provided in the NOTICES Paragraph.”

7. Paragraph 5, MAXIMUM OBLIGATION OF COUNTY, Subparagraphs A.5-A.6, are added as follows:

5. MAXIMUM OBLIGATION OF COUNTY

"A.5 For the period of June 30, 2024 through September 29, 2026, the maximum obligation of County for all services provided hereunder will not exceed seven hundred ninety-three thousand, seventy-five dollars (\$793,075). Of this amount, five hundred seven thousand, seventy-five dollars (\$507,075) is allocated for Innovative Solutions for Cardiovascular Health (ISCH), as set forth in Exhibits C-5-A, C-6-A, and C-7-A; and two hundred eighty-six thousand dollars (\$286,000) is allocated for Solutions for Equitable Diabetes Prevention and Management (SEDPM), as set forth in Exhibits C-5-B and C-6-B.

A.6 For the period of June 30, 2026 through September 29, 2028, the maximum obligation of County for all services provided

hereunder will not exceed seven hundred twenty-nine thousand dollars (\$729,000). Of this amount, four hundred forty-three thousand dollars (\$443,000) is allocated for ISCH, as set forth in Exhibits C-8-A, and C-9; and two hundred eighty-six thousand dollars (\$286,000) is allocated for SEDPM, as set forth in Exhibits C-7-B and C-8-B."

8. Paragraph 36, CONSIDERATION OF HIRING GAIN/GROW

PARTICIPANTS, is deleted in its entirety and replaced as follows:

"36. CONSIDERATION OF HIRING GAIN/START 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 Skills and Training to Achieve Readiness for Tomorrow (START) Program who meet Contractor's minimum qualifications for the open position. For this purpose, consideration will mean that Contractor will interview qualified candidates. The County will refer GAIN/START participants by job category to Contractor. Contractor must report all job openings with job requirements to: [gainstart@dpss.lacounty.gov](mailto:gainstart@dpss.lacounty.gov) and [bservices@opportunity.lacounty.gov](mailto:bservices@opportunity.lacounty.gov) and DPSS will refer qualified GAIN/START job candidates.

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

9. Except for the changes set forth hereinabove, all other terms and conditions of the Contract remain the same.

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

COUNTY OF LOS ANGELES

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

COMMUNITY CLINIC ASSOCIATION OF  
LOS ANGELES COUNTY

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 #07471



**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**June 30, 2024 to September 29, 2024**

**GOAL:** By September 29, 2024, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with County of Los Angeles Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2024	September 29, 2024	1.1. Name and contact information of Project Lead; Administrative reports; monthly invoices
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2024	September 29, 2024	1.2 Meeting attendance and/or written communication.
2. Increase FQHC/Community Clinic engagement in planning and discussion around the increased utilization of community health workers (CHW) as part of the health care team and their deployment to provide a continuum of care and services that address social services and support needs leading to optimal cardiovascular health outcomes.	2.1 Expand CCALAC's Health Education Roundtable to include CHWs, Care Coordinators, and other supportive care team members in equivalent roles.	June 30, 2024	September 29, 2024	2.1 List of new members.
	2.2 Hold at least two Health Education Roundtable sessions to discuss topics such as policies, procedures, job descriptions, and workflows needed to expand the role of CHWs as part of the care team.	June 30, 2024	September 29, 2024	2.2 Meeting agendas and notes summarizing discussion.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
 SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES**

**SCOPE OF WORK**

**June 30, 2024 to June 29, 2025**

**GOAL:** By June 29, 2025, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/TRACKING MEASURES</b>
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2024	June 29, 2025	1.1. Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2024	June 29, 2025	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Education and Support /National Diabetes Prevention Program programming in Los Angeles.	June 30, 2024	June 29, 2025	1.3 Meeting attendance, as required.
	1.4 Participate in required evaluation activities, including administration (i.e., dissemination and promotion) of at least one Public Health developed survey a	June 30, 2024	June 29, 2025	1.4 Completion of required evaluation activities, including administration of survey.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
 SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES**

**SCOPE OF WORK**

**June 30, 2024 to June 29, 2025**

**GOAL:** By June 29, 2025, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

	<p>year to the CCALAC member network.</p>			
<p>2. Provide ongoing, tailored technical assistance (TA) to three to five FQHC/Community Clinic partners.</p>	<p>2.1 Work with three to five FQHC/Community Clinic partners to implement the coaching model-based TA program established in Year 1. The program should offer materials and resources such as: staff training on assessing patient social risk and linking to resources; validated screening tools; resources for optimizing available data to stratify at risk patients.</p>	<p>June 30, 2024</p>	<p>June 29, 2025</p>	<p>2.1 TA materials; regular progress updates.</p>
	<p>2.2 Monitor FQHC/Community Clinic partner data on a quarterly basis and provide updates to Public Health.</p>	<p>June 30, 2024</p>	<p>June 29, 2025</p>	<p>2.2 Quarterly data reports; cleaned datasets with accompanying codebooks, if applicable.</p>
	<p>2.3 Work with each selected FQHC/Community Clinic partner to develop an end-of-year report highlighting activities implemented, lessons learned, and progress made.</p>	<p>June 30, 2024</p>	<p>June 29, 2025</p>	<p>2.3 Written report.</p>
<p>3. Design and deliver at least three trainings to</p>	<p>3.1 Develop new and/or updated training curricula and materials</p>	<p>June 30, 2024</p>	<p>June 29, 2025</p>	<p>3.1 Training curricula and materials.</p>

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
 SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES

SCOPE OF WORK

June 30, 2024 to June 29, 2025

**GOAL:** By June 29, 2025, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

improve workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes.	aimed at improving workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes. Topics to be addressed by training curricula to be determined in collaboration with Public Health.			
	3.2 Using materials developed in activity 3.1, deliver at least three trainings to the CCALAC member network.	June 30, 2024	June 29, 2025	3.2 Training summary report (e.g., number of attendees, type of attendees).
	3.3 Administer training pre/post surveys to assess training impact.	June 30, 2024	June 29, 2025	3.3 Data summary report; cleaned datasets with accompanying codebooks, if applicable.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2024 to September 29, 2025**

**GOAL:** By September 29, 2025, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/TRACKING MEASURES
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2024	September 29, 2025	1.1. Name and contact information of Project Lead; Administrative reports; monthly invoices
	1.2 Continue to communicate monthly with Public Health staff to discuss progress.	September 30, 2024	September 29, 2025	1.2 Meeting attendance and/or written communication.
	1.3 Regularly participate in the Innovative Cardiovascular Health Program Learning Collaborative. This multisector collaborative aims to bridge gaps in SDOH barriers and increase access to health and social services to promote better management of blood pressure and cholesterol in populations	September 30, 2024	September 29, 2025	1.3 Meeting attendance, as required

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2024 to September 29, 2025**

**GOAL:** By September 29, 2025, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

2. Provide ongoing, tailored technical assistance (TA) to three to four FQHC/Community Clinic partners.	of high hypertension disease prevalence.	September 30, 2024	September 29, 2025	1.4 Completion of required evaluation activities, when applicable.  2.1 TA materials developed; regular progress updates.
	1.4 Participate in required evaluation activities, as needed			
	2.1 Work with three to four FQHC/Community Clinics to implement a coaching model-based TA program to support management of hypertension and high cholesterol. The program should offer trainings and tools that address three to four of the following topics: 1) using EHR tools for tracking clinical measures and/or social service needs; 2) using community referral resource platforms in conjunction with EHR; 3) geographic information systems (GIS) mapping to identify social services and support needs; 4) assembling multidisciplinary teams to	September 30, 2024	September 29, 2025	

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2024 to September 29, 2025**

**GOAL:** By September 29, 2025, increase Federally Qualified Health Centers (FQHC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

	<p>integrate social support with clinical care delivery; 5) creating community clinical linkages; 6) and utilizing remote patient monitoring devices for self-measured blood pressure (SMBP) tracking.</p>			
<p>2.2 Drawing from the TA topics identified in 2.1, work with FQHC/Community Clinics to develop/update tailored scopes of work, identifying which quality improvement activities they will engage in. At a minimum, two FQHC/Community Clinics should implement SMBP programs. Final scopes should be submitted to Public Health for approval prior to implementation.</p>	<p>2.2 Draft Scopes of work for each FQHC/Community Clinic partner submitted to DPH for approval.</p>	<p>September 30, 2024</p>	<p>November 30, 2024</p>	<p>2.3 Data summary reports, cleaned datasets with accompanying</p>
<p>2.3 Work with each selected FQHC/Community Clinic partner to periodically collect and summarize program</p>	<p>September 30, 2024</p>	<p>September 30, 2024</p>	<p>September 29, 2025</p>	<p>2.3 Data summary reports, cleaned datasets with accompanying</p>

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2024 to September 29, 2025**

**GOAL:** By September 29, 2025, increase Federally Qualified Health Centers (FQHC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

	monitoring data. Final metrics to be mutually agreed upon with Public Health.			codebooks (if applicable).
	2.4 Based on newly developed/updated scopes of work in 2.2, work with each FQHC/Community Clinic to plan and implement quality improvement projects aimed at improving clinical measures and/or increasing access to social supports for patients with hypertension or high cholesterol.	September 30, 2024	September 29, 2025	2.4 Summary of project progress for each FQHC/Community Clinic
	2.5 Work with FQHC/Community Clinics to develop a final end-of-year report highlighting activities implemented, lessons learned, and progress made.	September 30, 2024	September 29, 2025	2.5 Written report.
3. Increase FQHC/Community Clinic engagement in planning and discussion around the increased utilization of community health workers	3.1 Continue to facilitate the CCALAC Health Education Roundtable to include CHW, Care Coordinators, and other supportive care team members in equivalent roles.	September 30, 2024	September 29, 2025	3.1 List of members



**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2024 to September 29, 2025**

**GOAL:** By September 29, 2025, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

<p>(CHW) as part of the health care team and their deployment to provide a continuum of care and services that address social services and support needs leading to optimal cardiovascular health outcomes.</p>	<p>3.2 Hold at least two Health Education Roundtable sessions to discuss topics such as policies, procedures, job descriptions, and workflows needed to expand the role of CHW as part of the care team.</p>	<p>September 30, 2024</p>	<p>September 29, 2025</p>	<p>3.2 Meeting agendas and notes summarizing discussion</p>
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**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
 SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES**

**SCOPE OF WORK**

**June 30, 2025 to June 29, 2026**

**GOAL:** By June 29, 2026, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/TRACKING MEASURES</b>
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health) prepare administrative reports, and ensure timely invoices.	June 30, 2025	June 29, 2026	1.1. Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2025	June 29, 2026	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health -led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Education and Support /National Diabetes Prevention Program programming in Los Angeles.	June 30, 2025	June 29, 2026	1.3 Meeting attendance, as required.
	1.4 Participate in required evaluation activities, including administration	June 30, 2025	June 29, 2026	1.4 Completion of required evaluation activities, including administration of survey.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
 SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES**

**SCOPE OF WORK**

**June 30, 2025 to June 29, 2026**

**GOAL:** By June 29, 2026, address social determinants of health (SDOH) at federally qualified health centers (FQHCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

<p>2. Provide ongoing, tailored technical assistance (TA) to three to five FQHC/Community Clinic partners.</p>	<p>(i.e., dissemination and promotion of at least one Public Health-developed survey a year to the CCALAC member network.</p>	<p>June 30, 2025</p>	<p>June 29, 2026</p>	<p>2.1 TA materials; regular progress updates.</p>
<p></p>	<p>2.1 Work with three to five FQHC/Community Clinic partners to implement the coaching model-based TA program established in Year 1. The program should offer materials and resources such as: staff training on assessing patient social risk and linking to resources; validated screening tools; resources for optimizing available data to stratify at risk patients.</p>	<p>June 30, 2025</p>	<p>June 29, 2026</p>	<p>2.2 Quarterly data reports; cleaned datasets with accompanying codebooks, if applicable.</p>
<p></p>	<p>2.2 Monitor FQHC/Community Clinic partner data on a quarterly basis and provide updates to Public Health.</p>	<p>June 30, 2025</p>	<p>June 29, 2026</p>	<p>2.3 Written report.</p>
<p></p>	<p>2.3 Work with each selected FQHC/Community Clinic partner to develop an end-of-year report highlighting</p>	<p>June 30, 2025</p>	<p>June 29, 2026</p>	<p></p>

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
 SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES

SCOPE OF WORK

June 30, 2025 to June 29, 2026

**GOAL:** By June 29, 2026, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

<p>3. Design and deliver at least three trainings to improve workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes.</p>	<p>activities implemented, lessons learned, and progress made.</p>			
<p>3.1 Develop new and/or updated training curricula and materials aimed at improving workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes. Topics to be addressed by training curricula to be determined in collaboration with Public Health.</p>	<p>3.1 Develop new and/or updated training curricula and materials aimed at improving workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes. Topics to be addressed by training curricula to be determined in collaboration with Public Health.</p>	<p>June 30, 2025</p>	<p>June 29, 2026</p>	<p>3.1 Training curricula and materials.</p>
<p>3.2 Using materials developed in activity 3.1, deliver at least three trainings to the CCALAC member network.</p>	<p>3.2 Using materials developed in activity 3.1, deliver at least three trainings to the CCALAC member network.</p>	<p>June 30, 2025</p>	<p>June 29, 2026</p>	<p>3.2 Training summary report (e.g., number of attendees, type of attendees).</p>
<p>3.3 Administer training pre/post surveys to assess training impact.</p>	<p>3.3 Administer training pre/post surveys to assess training impact.</p>	<p>June 30, 2025</p>	<p>June 29, 2026</p>	<p>3.3 Data summary report; cleaned datasets with accompanying codebooks, if applicable.</p>

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2025 to September 29, 2026**

**GOAL:** By September 29, 2026, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/TRACKING MEASURES</b>
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2025	September 29, 2026	1.1. Name and contact information of Project Lead; Administrative reports; monthly invoices
	1.2 Continue to communicate monthly with Public Health staff to discuss progress.	September 30, 2025	September 29, 2026	1.2 Meeting attendance and/or written communication.
	1.3 Continue to regularly participate in the Innovative Cardiovascular Health Program Learning Collaborative. This multisector collaborative aims to bridge gaps in SDOH barriers and increase access to health and social services to promote better management of blood pressure and cholesterol in populations of high	September 30, 2025	September 29, 2026	1.3 Meeting attendance, as required

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2025 to September 29, 2026**

**GOAL:** By September 29, 2026, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

<p>2. Provide ongoing, tailored technical assistance (TA) to three to four FQHC/Community Clinic partners.</p>	<p>hypertension disease prevalence.                  1.4 Participate in required evaluation activities, as needed</p>	<p>September 30, 2025</p>	<p>September 29, 2026</p>	<p>1.4 Completion of required evaluation activities, when applicable.                  2.1 TA materials developed; regular progress updates.</p>
<p>2.1 Work with three to four FQHC/Community Clinics to implement a coaching model-based TA program to address SDOH in the clinical setting. The program should offer trainings and tools that address three to four of the following topics: 1) using EHR tools for tracking clinical measures and/or social service needs; 2) using community referral resource platforms in conjunction with EHR; 3) geographic information systems (GIS) mapping to identify social services and support needs; 4) assembling multidisciplinary teams to integrate social support</p>	<p>2.1 Work with three to four FQHC/Community Clinics to implement a coaching model-based TA program to address SDOH in the clinical setting. The program should offer trainings and tools that address three to four of the following topics: 1) using EHR tools for tracking clinical measures and/or social service needs; 2) using community referral resource platforms in conjunction with EHR; 3) geographic information systems (GIS) mapping to identify social services and support needs; 4) assembling multidisciplinary teams to integrate social support</p>	<p>September 30, 2025</p>	<p>September 29, 2026</p>	<p>1.4 Completion of required evaluation activities, when applicable.                  2.1 TA materials developed; regular progress updates.</p>

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2025 to September 29, 2026**

**GOAL:** By September 29, 2026, increase Federally Qualified Health Centers (FQHC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

	<p>with clinical care delivery; 5) creating community clinical linkages; and 6) utilizing remote patient monitoring devices for self-measured blood pressure (SMBP) tracking.</p>			
<p>2.2 Drawing from the TA topics identified in 2.1, work with FQHC/Community Clinics to develop/update tailored scopes of work, identifying which quality improvement activities they will engage in. At a minimum, two FQHC/Community Clinics should implement SMBP programs. Final scopes should be submitted to Public Health for approval prior to implementation.</p>		<p>September 30, 2025</p>	<p>September 29, 2026</p>	<p>2.2. Draft Scopes of work for each FQHC/Community Clinic partner submitted to DPH for approval.</p>
<p>2.3 Work with each selected FQHC/Community Clinic partner to periodically collect and summarize program monitoring data. Final metrics</p>		<p>September 30, 2025</p>	<p>September 29, 2026</p>	<p>2.3 Data summary reports, cleaned datasets with accompanying</p>

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2025 to September 29, 2026**

**GOAL:** By September 29, 2026, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

	<p>to be mutually agreed upon with Public Health.</p> <p>2.4 Based on newly developed/updated scopes of work in 2.2, work with each FQHC/Community Clinic to plan and implement quality improvement projects aimed at improving clinical measures and/or increasing access to social supports for patients with hypertension or high cholesterol.</p> <p>2.5 Work with FQHC/Community Clinics to develop a final end-of-year report highlighting activities implemented, lessons learned, and progress made.</p>	<p>September 30, 2025</p>	<p>September 29, 2026</p>	<p>codebooks (if applicable).</p> <p>2.4 Summary of project progress for each FQHC/Community Clinic</p>
<p>3. Increase FQHC/Community Clinic engagement in planning and discussion around the increased utilization of community health workers</p>	<p>3.1 Continue to facilitate the CCALAC Health Education Roundtable to include CHW, Care Coordinators, and other supportive care team members in equivalent roles.</p>	<p>September 30, 2025</p>	<p>September 29, 2026</p>	<p>2.5 Written report.</p> <p>3.1 List of members</p>



**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2025 to September 29, 2026**

**GOAL:** By September 29, 2026, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

<p>(CHW) as part of the health care team and their deployment to provide a continuum of care and services that address social services and support needs leading to optimal cardiovascular health outcomes.</p>	<p>3.2 Hold at least two Health Education Roundtable sessions to discuss topics such as policies, procedures, job descriptions, and workflows needed to expand the role of CHW as part of the care team.</p>	<p>September 30, 2025</p>	<p>September 29, 2026</p>	<p>3.2 Meeting agendas and notes summarizing discussion</p>
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**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
 SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES**

**SCOPE OF WORK**

**June 30, 2026 to June 29, 2027**

**GOAL:** By June 29, 2027, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/TRACKING MEASURES</b>
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2026	June 29, 2027	1.1. Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2026	June 29, 2027	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Education and Support /National Diabetes Prevention Program programming in Los Angeles.	June 30, 2026	June 29, 2027	1.3 Meeting attendance, as required.
	1.4 Participate in required evaluation activities, including administration (i.e., dissemination and promotion) of at least one Public Health developed survey a	June 30, 2026	June 29, 2027	1.4 Completion of required evaluation activities, including administration of survey.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
 SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES**

**SCOPE OF WORK**

**June 30, 2026 to June 29, 2027**

**GOAL:** By June 29, 2027, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

	year to the CCALAC member network.			
2. Provide ongoing, tailored technical assistance (TA) to three to five FQHC/Community Clinic partners.	2.1 Work with three to five FQHC/Community Clinic partners to implement the coaching model-based TA program established in Year 1. The program should offer materials and resources such as: staff training on assessing patient social risk and linking to resources; validated screening tools; resources for optimizing available data to stratify at risk patients.	June 30, 2026	June 29, 2027	2.1 TA materials; regular progress updates.
	2.2 Monitor FQHC/Community Clinic partner data on a quarterly basis and provide updates to Public Health.	June 30, 2026	June 29, 2027	2.2 Quarterly data reports; cleaned datasets with accompanying codebooks, if applicable.
	2.3 Work with each selected FQHC/Community Clinic partner to develop an end-of-year report highlighting activities implemented, lessons learned, and progress made.	June 30, 2026	June 29, 2027	2.3 Written report.
3. Design and deliver at least three trainings to	3.1 Develop new and/or updated training curricula and materials	June 30, 2026	June 29, 2027	3.1 Training curricula and materials.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
 SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES**

**SCOPE OF WORK**

June 30, 2026 to June 29, 2027

**GOAL:** By June 29, 2027, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

improve workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes.	aimed at improving workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes. Topics to be addressed by training curricula to be determined in collaboration with Public Health.			
	3.2 Using materials developed in activity 3.1, deliver at least three trainings to the CCALAC member network.	June 30, 2026	June 29, 2027	3.2 Training summary report (e.g., number of attendees, type of attendees).
	3.3 Administer training pre/post surveys to assess training impact.	June 30, 2026	June 29, 2027	3.3 Data summary report; cleaned datasets with accompanying codebooks, if applicable.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2026 to September 29, 2027**

**GOAL:** By September 29, 2027, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/TRACKING MEASURES</b>
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2026	September 29, 2027	1.1. Name and contact information of Project Lead; Administrative reports; monthly invoices
	1.2 Continue to communicate monthly with Public Health staff to discuss progress.	September 30, 2026	September 29, 2027	1.2 Meeting attendance and/or written communication.
	1.3 Continue to regularly participate in the Innovative Cardiovascular Health Program Learning Collaborative. This multisector collaborative aims to bridge gaps in SDOH barriers and increase access to health and social services to promote better management of blood pressure and cholesterol in populations of high	September 30, 2026	September 29, 2027	1.3 Meeting attendance, as required

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2026 to September 29, 2027**

**GOAL:** By September 29, 2027, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

<p>2. Provide ongoing, tailored technical assistance (TA) to three to four FQHC/Community Clinic partners.</p>	<p>hypertension disease prevalence. 1.4 Participate in required evaluation activities, as needed</p>	<p>September 30, 2026</p>	<p>September 29, 2027</p>	<p>1.4 Completion of required evaluation activities, when applicable. 2.1 TA materials developed; regular progress updates.</p>
<p>2.1 Work with three to four FQHC/Community Clinics to implement a coaching model-based TA program to address SDOH in the clinical setting. The program should offer trainings and tools that address three to four of the following topics: 1) using EHR tools for tracking clinical measures and/or social service needs; 2) using community referral resource platforms in conjunction with EHR; 3) geographic information systems (GIS) mapping to identify social services and support needs; 4) assembling multidisciplinary teams to integrate social support</p>	<p>2.1 Work with three to four FQHC/Community Clinics to implement a coaching model-based TA program to address SDOH in the clinical setting. The program should offer trainings and tools that address three to four of the following topics: 1) using EHR tools for tracking clinical measures and/or social service needs; 2) using community referral resource platforms in conjunction with EHR; 3) geographic information systems (GIS) mapping to identify social services and support needs; 4) assembling multidisciplinary teams to integrate social support</p>	<p>September 30, 2026</p>	<p>September 29, 2027</p>	<p>2.1 TA materials developed; regular progress updates.</p>

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2026 to September 29, 2027**

**GOAL:** By September 29, 2027, increase Federally Qualified Health Centers (FQHC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

	<p>with clinical care delivery; 5) creating community clinical linkages; and 6) utilizing remote patient monitoring devices for self-measured blood pressure (SMBP) tracking.</p>			
<p>2.2 Drawing from the TA topics identified in 2.1, work with FQHC/Community Clinics to develop/update tailored scopes of work, identifying which quality improvement activities they will engage in. At a minimum, two FQHC/Community Clinics should implement SMBP programs. Final scopes should be submitted to Public Health for approval prior to implementation.</p>	<p>2.2 Draft Scopes of work for each FQHC/Community Clinic partner submitted to DPH for approval.</p>	<p>September 30, 2026</p>	<p>September 29, 2027</p>	
<p>2.3 Work with each selected FQHC/Community Clinic partner to periodically collect and summarize program monitoring data. Final metrics</p>		<p>September 30, 2026</p>	<p>September 29, 2027</p>	<p>2.3 Data summary reports, cleaned datasets with accompanying</p>

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2026 to September 29, 2027**

**GOAL:** By September 29, 2027, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

	<p>to be mutually agreed upon with Public Health.</p> <p>2.4 Based on newly developed/updated scopes of work in 2.2, work with each FQHC/Community Clinic to plan and implement quality improvement projects aimed at improving clinical measures and/or increasing access to social supports for patients with hypertension or high cholesterol.</p> <p>2.5 Work with FQHC/Community Clinics to develop a final end-of-year report highlighting activities implemented, lessons learned, and progress made.</p>	<p>September 30, 2026</p>	<p>September 29, 2027</p>	<p>codebooks (if applicable).</p> <p>2.4 Summary of project progress for each FQHC/Community Clinic</p>
<p>3. Increase FQHC/Community Clinic engagement in planning and discussion around the increased utilization of community health workers</p>	<p>3.1 Continue to facilitate the CCALAC Health Education Roundtable to include CHW, Care Coordinators, and other supportive care team members in equivalent roles.</p>	<p>September 30, 2026</p>	<p>September 29, 2027</p>	<p>2.5 Written report.</p> <p>3.1 List of members</p>



**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2026 to September 29, 2027**

**GOAL:** By September 29, 2027, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

<p>(CHW) as part of the health care team and their deployment to provide a continuum of care and services that address social services and support needs leading to optimal cardiovascular health outcomes.</p>	<p>3.2 Hold at least two Health Education Roundtable sessions to discuss topics such as policies, procedures, job descriptions, and workflows needed to expand the role of CHW as part of the care team.</p>	<p>September 30, 2026</p>	<p>September 29, 2027</p>	<p>3.2 Meeting agendas and notes summarizing discussion</p>
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**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
 SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES**

**SCOPE OF WORK**

**June 30, 2027 to June 29, 2028**

**GOAL:** By June 29, 2028, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/TRACKING MEASURES</b>
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2027	June 29, 2028	1.1. Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2027	June 29, 2028	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Education and Support /National Diabetes Prevention Program programming in Los Angeles.	June 30, 2027	June 29, 2028	1.3 Meeting attendance, as required.
	1.4 Participate in required evaluation activities, including administration (i.e., dissemination and promotion) of at least one Public Health developed survey a year to the CCALAC member network	June 30, 2027	June 29, 2028	1.4 Completion of required evaluation activities, including administration of survey.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
 SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES**

**SCOPE OF WORK**

**June 30, 2027 to June 29, 2028**

**GOAL:** By June 29, 2028, address social determinants of health (SDOH) at federally qualified health centers (FQHCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

<p>2. Provide ongoing, tailored technical assistance (TA) to three to five FQHC/Community Clinic partners.</p>	<p>2.1 Work with three to five FQHC/Community Clinic partners to implement the coaching model-based TA program established in Year 1. The program should offer materials and resources such as: staff training on assessing patient social risk and linking to resources; validated screening tools; resources for optimizing available data to stratify at risk patients.</p>	<p>June 30, 2027</p>	<p>June 29, 2028</p>	<p>2.1 TA materials; regular progress updates.</p>
	<p>2.2 Monitor FQHC/Community Clinic partner data on a quarterly basis and provide updates to Public Health.</p>	<p>June 30, 2027</p>	<p>June 29, 2028</p>	<p>2.2 Quarterly data reports; cleaned datasets with accompanying codebooks, if applicable.</p>
<p>3. Design and deliver at least three trainings to improve workforce capacity to assess and</p>	<p>2.3 Work with each selected FQHC/Community Clinic partner to develop an end-of-year report highlighting activities implemented, lessons learned, and progress made.</p>	<p>June 30, 2027</p>	<p>June 29, 2028</p>	<p>2.3 Written report.</p>
	<p>3.1 Develop new and/or updated training curricula and materials aimed at improving workforce capacity to assess and address</p>	<p>June 30, 2027</p>	<p>June 29, 2028</p>	<p>3.1 Training curricula and materials.</p>

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY  
SOLUTIONS FOR HEALTHIER COMMUNITIES SERVICES**

**SCOPE OF WORK**

**June 30, 2027 to June 29, 2028**

**GOAL:** By June 29, 2028, address social determinants of health (SDOH) at federally qualified health centers (FHQCs)/Community Clinics to prevent and manage diabetes among low-income adults in Los Angeles County.

address SDOH factors that impact people with or at risk for diabetes.	SDOH factors that impact people with or at risk for diabetes. Topics to be addressed by training curricula to be determined in collaboration with Public Health. 3.2 Using materials developed in activity 3.1, deliver at least three trainings to the CCALAC member network. 3.3 Administer training pre/post surveys to assess training impact.	June 30, 2027	June 29, 2028	3.2 Training summary report (e.g., number of attendees, type of attendees). 3.3 Data summary report; cleaned datasets with accompanying codebooks, if applicable. 4.1 PowerPoint presentation.
4. Develop and deliver a presentation for the Los Angeles County Diabetes Coalition Diabetes Symposium, a Public Health event focused on highlighting best practices in diabetes prevention and management programming.	4.1 Develop presentation based on coaching model-based program, Presentation will highlight lessons learned and best practices for improving workforce capacity to assess and address SDOH factors that impact people with or at risk for diabetes. 4.2 Deliver presentation at the Los Angeles County Diabetes Coalition Diabetes Symposium.	April 1, 2028	June 29, 2028	4.1 Attendance at Diabetes Symposium.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2027 to September 29, 2028**

**GOAL:** By September 29, 2028, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/TRACKING MEASURES</b>
1. Fulfill ongoing administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2027	September 29, 2028	1.1. Name and contact information of Project Lead; Administrative reports; monthly invoices
	1.2 Continue to communicate monthly with Public Health staff to discuss progress.	September 30, 2027	September 29, 2028	1.2 Meeting attendance and/or written communication.
	1.3 Continue to regularly participate in the Innovative Cardiovascular Health Program Learning Collaborative. This multisector collaborative aims to bridge gaps in SDOH barriers and increase access to health and social services to promote better management of blood pressure and cholesterol in populations of high	September 30, 2027	September 29, 2028	1.3 Meeting attendance, as required

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2027 to September 29, 2028**

**GOAL:** By September 29, 2028, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

<p>2. Provide ongoing, tailored technical assistance (TA) to three to four FQHC/Community Clinic partners.</p>	<p>hypertension disease prevalence. 1.4 Participate in required evaluation activities, as needed</p>	<p>September 30, 2027</p>	<p>September 29, 2028</p>	<p>1.4 Completion of required evaluation activities, when applicable. 2.1 TA materials developed; regular progress updates.</p>
<p>2.1 Work with three to four FQHC/Community Clinics to implement a coaching model-based TA program to address SDOH in the clinical setting. The program should offer trainings and tools that address three to four of the following topics: 1) using EHR tools for tracking clinical measures and/or social service needs; 2) using community referral resource platforms in conjunction with EHR; 3) geographic information systems (GIS) mapping to identify social services and support needs; 4) assembling multidisciplinary teams to integrate social support</p>	<p>2.1 Work with three to four FQHC/Community Clinics to implement a coaching model-based TA program to address SDOH in the clinical setting. The program should offer trainings and tools that address three to four of the following topics: 1) using EHR tools for tracking clinical measures and/or social service needs; 2) using community referral resource platforms in conjunction with EHR; 3) geographic information systems (GIS) mapping to identify social services and support needs; 4) assembling multidisciplinary teams to integrate social support</p>	<p>September 30, 2027</p>	<p>September 29, 2028</p>	<p>1.4 Completion of required evaluation activities, when applicable. 2.1 TA materials developed; regular progress updates.</p>

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2027 to September 29, 2028**

**GOAL:** By September 29, 2028, increase Federally Qualified Health Centers (FQHC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

	<p>with clinical care delivery; 5) creating community clinical linkages; and 6) utilizing remote patient monitoring devices for self-measured blood pressure (SMBP) tracking.</p>			
<p>2.2 Drawing from the TA topics identified in 2.1, work with FQHC/Community Clinics to develop/update tailored scopes of work, identifying which quality improvement activities they will engage in. At a minimum, two FQHC/Community Clinics should implement SMBP programs. Final scopes should be submitted to Public Health for approval prior to implementation.</p>		<p>September 30, 2027</p>	<p>September 29, 2028</p>	<p>2.2. Draft Scopes of work for each FQHC/Community Clinic partner submitted to DPH for approval.</p>
<p>2.3 Work with each selected FQHC/Community Clinic partner to periodically collect and summarize program monitoring data. Final metrics</p>		<p>September 30, 2027</p>	<p>September 29, 2028</p>	<p>2.3 Data summary reports, cleaned datasets with accompanying</p>

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2027 to September 29, 2028**

**GOAL:** By September 29, 2028, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

	<p>to be mutually agreed upon with Public Health.</p> <p>2.4 Based on newly developed/updated scopes of work in 2.2, work with each FQHC/Community Clinic to plan and implement quality improvement projects aimed at improving clinical measures and/or increasing access to social supports for patients with hypertension or high cholesterol.</p> <p>2.5 Work with FQHC/Community Clinics to develop a final end-of-year report highlighting activities implemented, lessons learned, and progress made.</p>	<p>September 30, 2027</p>	<p>September 29, 2028</p>	<p>codebooks (if applicable).</p> <p>2.4 Summary of project progress for each FQHC/Community Clinic</p>
<p>3. Increase FQHC/Community Clinic engagement in planning and discussion around the increased utilization of community health workers</p>	<p>3.1 Continue to facilitate the CCALAC Health Education Roundtable to include CHW, Care Coordinators, and other supportive care team members in equivalent roles.</p>	<p>September 30, 2027</p>	<p>September 29, 2028</p>	<p>2.5 Written report.</p> <p>3.1 List of members</p>



**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES**

**SCOPE OF WORK**

**September 30, 2027 to September 29, 2028**

**GOAL:** By September 29, 2028, increase Federally Qualified Health Centers (FHQC)/Community Clinic engagement in quality improvement and efforts to address social determinants of health (SDOH) to support management of hypertension and high cholesterol among adults residing in areas of high hypertension prevalence in Los Angeles County.

<p>(CHW) as part of the health care team and their deployment to provide a continuum of care and services that address social services and support needs leading to optimal cardiovascular health outcomes.</p>	<p>3.2 Hold at least two Health Education Roundtable sessions to discuss topics such as policies, procedures, job descriptions, and workflows needed to expand the role of CHW as part of the care team.</p>	<p>September 30, 2027</p>	<p>September 29, 2028</p>	<p>3.2 Meeting agendas and notes summarizing discussion</p>
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COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 June 30, 2024 through September 29, 2024

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 19,124
<b>EMPLOYEE BENEFITS</b>	\$ 4,580
<b>OPERATING EXPENSES</b>	\$ 750
<b>TRAVEL AND MILEAGE</b>	\$ 100
<b>OTHER COSTS</b>	\$ 35,100
<b>INDIRECT COSTS</b>	\$ 4,421
<b>TOTAL PROGRAM BUDGET</b>	<b>\$ 64,075</b>

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 June 30, 2024 through June 29, 2025

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 78,759
<b>EMPLOYEE BENEFITS</b>	\$ 18,863
<b>OPERATING EXPENSES</b>	\$ 750
<b>TRAVEL AND MILEAGE</b>	\$ -
<b>OTHER COSTS</b>	\$ 30,000
<b>INDIRECT COSTS</b>	\$ 14,628
<b>TOTAL PROGRAM BUDGET</b>	\$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES  
September 30, 2024 through September 29, 2025

<b>BUDGET SUMMARY</b> (Schedule of Projected Costs)	
<b>COST CATEGORY</b>	<b>AMOUNT</b>
<b>SALARIES</b>	\$ 90,288
<b>EMPLOYEE BENEFITS</b>	\$ 21,624
<b>OPERATING EXPENSES</b>	\$ 750
<b>TRAVEL AND MILEAGE</b>	\$ 900
<b>OTHER COSTS</b>	\$ 89,500
<b>INDIRECT COSTS</b>	\$ 18,438
<b>TOTAL PROGRAM BUDGET</b>	\$ 221,500

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 June 30, 2025 through June 29, 2026

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 78,680
<b>EMPLOYEE BENEFITS</b>	\$ 18,844
<b>OPERATING EXPENSES</b>	\$ 750
<b>TRAVEL AND MILEAGE</b>	\$ -
<b>OTHER COSTS</b>	\$ 30,000
<b>INDIRECT COSTS</b>	\$ 14,726
<b>TOTAL PROGRAM BUDGET</b>	\$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
SOLUTIONS FOR HEALTHIER COMMUNITIES  
September 30, 2025 through September 29, 2026

<b>BUDGET SUMMARY</b> (Schedule of Projected Costs)	
<b>COST CATEGORY</b>	<b>AMOUNT</b>
<b>SALARIES</b>	\$ 96,061
<b>EMPLOYEE BENEFITS</b>	\$ 23,007
<b>OPERATING EXPENSES</b>	\$ 750
<b>TRAVEL AND MILEAGE</b>	\$ 900
<b>OTHER COSTS</b>	\$ 89,500
<b>INDIRECT COSTS</b>	\$ 11,282
<b>TOTAL PROGRAM BUDGET</b>	\$ 221,500

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 June 30, 2026 through June 29, 2027

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 78,681
<b>EMPLOYEE BENEFITS</b>	\$ 18,845
<b>OPERATING EXPENSES</b>	\$ 750
<b>TRAVEL AND MILEAGE</b>	\$ -
<b>OTHER COSTS</b>	\$ 30,000
<b>INDIRECT COSTS</b>	\$ 14,724
<b>TOTAL PROGRAM BUDGET</b>	\$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 September 30, 2026 through September 29, 2027

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 97,371
<b>EMPLOYEE BENEFITS</b>	\$ 23,320
<b>OPERATING EXPENSES</b>	\$ 750
<b>TRAVEL AND MILEAGE</b>	\$ 900
<b>OTHER COSTS</b>	\$ 79,500
<b>INDIRECT COSTS</b>	\$ 19,659
<b>TOTAL PROGRAM BUDGET</b>	\$ 221,500



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 June 30, 2027 through June 29, 2028

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 78,757
<b>EMPLOYEE BENEFITS</b>	\$ 18,863
<b>OPERATING EXPENSES</b>	\$ 750
<b>TRAVEL AND MILEAGE</b>	\$ -
<b>OTHER COSTS</b>	\$ 30,000
<b>INDIRECT COSTS</b>	\$ 14,630
<b>TOTAL PROGRAM BUDGET</b>	\$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY (CCALAC)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 September 30, 2027 through September 29, 2028

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 100,873
<b>EMPLOYEE BENEFITS</b>	\$ 24,159
<b>OPERATING EXPENSES</b>	\$ 750
<b>TRAVEL AND MILEAGE</b>	\$ 900
<b>OTHER COSTS</b>	\$ 74,500
<b>INDIRECT COSTS</b>	\$ 20,318
<b>TOTAL PROGRAM BUDGET</b>	\$ 221,500

Amendment No. 11

**DEPARTMENT OF PUBLIC HEALTH  
THE INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES CONTRACT**

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

by and between COUNTY OF LOS ANGELES  
(hereafter "County"),

and UNIVERSITY OF SOUTHERN  
CALIFORNIA SCHOOL OF  
PHARMACY (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "CONTRACT FOR THE INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES", dated August 14, 2019, and further identified as Contract No. PH-003977, and all amendments thereto (all hereafter referred to as "Contract"); and

WHEREAS, on April 23, 2024, the County's Board of Supervisors delegated authority to the Director of Public Health to execute amendments to the Contract to extend the term, increase the maximum obligation, and update the Contract's terms and conditions; and

WHEREAS, it is the intent of the parties hereto to amend the Contract to extend the term through September 29, 2028, increase the maximum obligation, and make other hereafter designated changes; and

WHEREAS, County has been allocated funds from Centers for Disease Control and Prevention (CDC), Assistance Listing Number (ALN) 93.988, and CDC ALN Number 93.426, of which a portion 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.
2. Exhibits B-7-A, B-7-B, B-8-A, B-8-B, B-9-A, B-9-B, B-10-A, B-10-B, and B-11, Scopes of Work, attached hereto and incorporated herein by reference, are added to the Contract.
3. Exhibits C-7-A, C-7-B, C-8-A, C-8-B, C-9-A, C-9-B, C-10-A, C-10-B, and C-11, Budgets, attached hereto and incorporated herein by reference are added to the Contract.
4. Exhibits H-1-A and H-1-B, Notices of Federal Subaward Information, attached hereto and incorporated herein by reference, are added to the Contract.
5. 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 H-1-A, and H-1-B, Notices of Federal Subaward Information, attached hereto and incorporated herein by reference.”
6. Paragraph 4, TERM OF CONTRACT, is deleted in its entirety and replaced as follows:

“4. TERM OF CONTRACT

The term of this Contract is effective August 14, 2019 through September 29, 2028, unless sooner terminated or extended, in whole or in part, as provided in this Contract.

Contractor must notify the Public Health Division of Chronic Disease and Injury Prevention (CDIP) when this Contract is within six months from the expiration of the term as provided for hereinabove. Upon occurrence of this event, Contractor must send written notification to CDIP at the address herein provided in the NOTICES Paragraph”

7. Paragraph 5, MAXIMUM OBLIGATION OF COUNTY, Subparagraphs A.7 – A.8, are added as follows:

5. MAXIMUM OBLIGATION OF COUNTY

"A.7 For the period of June 30, 2024 through September 29, 2026, the maximum obligation of County for all services provided hereunder will not exceed one million, forty-five thousand five hundred dollars (\$1,045,500). Of this amount, seven hundred fifty-nine thousand, five hundred dollars (\$759,500) is allocated for Innovative Solutions for Cardiovascular Health (ISCH), as set forth in Exhibits C-7-A, C-8-A, and C-9-A; and two hundred eighty-six thousand dollars (\$286,000) is allocated for Solutions for Equitable Diabetes Prevention and Management (SEDPM), as set forth in Exhibits C-7-B and C-8-B.

A.8 For the period of June 30, 2026 through September 29, 2028, the maximum obligation of County for all services provided hereunder will not exceed nine hundred seventy-four thousand dollars (\$974,000). Of this amount, six hundred eighty-eight thousand dollars

(\$688,000) is allocated for ISCH, as set forth in Exhibits C-10-A, and C-11; and two hundred eighty-six thousand dollars (\$286,000) is allocated for SEDPM, as set forth in Exhibits C-9-B and C-10-B.”

8. Paragraph 36, CONSIDERATION OF HIRING GAIN/GROW

PARTICIPANTS, is deleted in its entirety and replaced as follows:

“36. CONSIDERATION OF HIRING GAIN/START 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 Skills and Training to Achieve Readiness for Tomorrow (START) Program who meet Contractor’s minimum qualifications for the open position. For this purpose, consideration will mean that Contractor will interview qualified candidates. The County will refer GAIN/START participants by job category to Contractor. Contractor must report all job openings with job requirements to: [gainstart@dpss.lacounty.gov](mailto:gainstart@dpss.lacounty.gov) and [bservices@opportunity.lacounty.gov](mailto:bservices@opportunity.lacounty.gov) and DPSS will refer qualified GAIN/START job candidates.

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

9. Except for the changes set forth hereinabove, all terms and conditions of the Contract shall remain the same.

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

COUNTY OF LOS ANGELES

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

UNIVERSITY OF SOUTHERN CALIFORNIA  
SCHOOL OF PHARMACY  
\_\_\_\_\_  
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 #07471

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2024 to September 29, 2024**

**GOAL:** By September 29, 2024, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2024	September 29, 2024	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2024	September 29, 2024	1.2 Meeting attendance and/or written communication.
	1.3 Participate in required evaluation activities; to include administration of surveys developed by Public Health and provision of clinical data from pre/post program implementation and continual monitoring of progress for project activities, as needed.	June 30, 2024	September 29, 2024	1.3 Completion of required evaluation projects, when applicable.
2. Strengthen and scale team-based care approaches that include physician extenders (e.g., pharmacy technicians) to improve care of patients	2.1 Identify five to 20 pharmacy technicians and ensure they participate in community health worker (CHW) trainings that would allow for reimbursements under Medi-Cal and provide CHW-type services to priority populations.	June 30, 2024	September 29, 2024	2.1 Training completion certificates.



**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

June 30, 2024 to September 29, 2024

**GOAL:** By September 29, 2024, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
with hypertension or high cholesterol				

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2024 to June 29, 2025**

**GOAL: By June 29, 2025, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2024	June 29, 2025	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2024	June 29, 2025	1.2 Meeting attendance and/or written communication.
	1.3 Participate in e quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Educations and Support (DSMES)/ National Diabetes Prevention Program (National DPP) programming in Los Angeles.	June 30, 2024	June 29, 2025	1.3 Meeting attendance, as required
	1.4 Participate in required evaluation activities; to include provision of clinical data from	June 30, 2024	June 29, 2025	1.4 Completion of required evaluation projects, when

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2024 to June 29, 2025**

**GOAL: By June 29, 2025, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
2. Complete a follow-up survey of pharmacy organization leadership and pharmacists to assess interest/need of diabetes prevention and management programming.	pre/post program implementation and continual monitoring of progress for project activities, as needed.	June 30, 2024	June 29, 2025	applicable.
2.1 In collaboration with Public Health, implement a follow-up survey of pharmacy organization leadership and pharmacists to assess topics such as current structures/workflows and organization capacity to initiate/establish new diabetes prevention and management programs. Effort will include, reviewing Public Health-drafted survey tools, disseminating survey to network, and encouraging participation. Public Health will lead data management and synthesis of results.	2.1 In collaboration with Public Health, implement a follow-up survey of pharmacy organization leadership and pharmacists to assess topics such as current structures/workflows and organization capacity to initiate/establish new diabetes prevention and management programs. Effort will include, reviewing Public Health-drafted survey tools, disseminating survey to network, and encouraging participation. Public Health will lead data management and synthesis of results.	June 30, 2024	June 29, 2025	2.1 Completed survey dissemination/pro motion.
3. Update the implementation toolkits for diabetes prevention	3.1 Update the DSMES Implementation Toolkit for pharmacies. Toolkit should be informed by survey results from	June 30, 2024	June 29, 2025	3.1 Updated Toolkit.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2024 to June 29, 2025**

**GOAL: By June 29, 2025, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
and management programming.	Deliverable 2 and include topics such as structures and workflows for recruitment of target population, retention, reimbursement, and data collection.	June 30, 2024	June 29, 2025	3.2 Updated Toolkit.
4. Provide technical assistance to three new pharmacies interested in establishing a new or expand/sustain a DSMES or National DPP program.	3.2 Update the National DPP Implementation Toolkit for pharmacies developed by Contractor. Toolkit should be informed by survey results from Deliverable 2 and include topics such as structures and workflows for recruitment of target populations, retention, reimbursement, and data collection.	June 30, 2024	June 29, 2025	3.2 Updated Toolkit.
	4.1 Recruit three new pharmacies to provide technical assistance to establish and/or expand National DPP and/or DSMES programs.	June 30, 2024	June 29, 2025	4.1 List of the three pharmacies and summary of the technical assistance provided.
5. Design and deliver three trainings for pharmacists on National DPP and/or	4.2 Work with three pharmacies to establish and/or expand National DPP and/or DSMES programs.	June 30, 2024	June 29, 2025	4.2 Narrative summary of project progress.
	5.1 Update/develop training curricula and materials for pharmacist on diabetes prevention and management.	June 30, 2024	June 29, 2025	5.1 Training curricula and materials.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2024 to June 29, 2025**

**GOAL:** By June 29, 2025, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
DSMES programming to engage adults from the priority population (e.g., low-income, Hispanic/Latino, African American) in diabetes prevention and management in Los Angeles County.	5.2 Using materials developed in Activity 5.1, host three training sessions for pharmacists on diabetes prevention and management programming.	June 30, 2024	June 29, 2025	5.2 Training summary report (e.g., number of attendees, type of attendees).
	5.3 Administer pre/post surveys to assess training impact.	June 30, 2024	June 29, 2025	5.3 Data summary report; cleaned datasets with accompanying codebooks.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2024 to September 29, 2025**

**GOAL: By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2024	September 29, 2025	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	September 30, 2024	September 29, 2025	1.2 Meeting attendance and/or written communication.
	1.3 Participate in required evaluation activities; to include administration of surveys developed by Public Health and provision of clinical data from pre/post program implementation and continual monitoring of progress for project activities, as needed.	September 30, 2024	September 29, 2025	1.3 Completion of required evaluation projects, when applicable.
2. Strengthen and scale the use of advanced practice pharmacy services to improve care of patients	2.1 Enroll three to five new pharmacies in the California Right Meds Collaborative (CRMC). Pharmacies should be selected in coordination with Public Health and target	September 30, 2024	June 30, 2025	2.1 List of enrolled pharmacies.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2024 to September 29, 2025**

**GOAL:** By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
with cardiovascular disease risk factors (e.g., hypertension, high cholesterol).	those serving selected geographic regions in Los Angeles County (e.g., Skid Row).			
	2.2 Train newly enrolled pharmacists on Comprehensive Medication Therapy Management (CMM) to improve care for patients with hypertension or high cholesterol. Training efforts should include support for using CRMC Electronic Health Record (EHR)/Health Information Technology (HIT) tools for tracking clinical measures and/or social services and support needs.	September 30, 2024	September 29, 2025	2.2 Training materials.
	2.3 Monitor data collected through the CRMC EHR/HIT tools to support program implementation and continuous quality improvement/evaluation of program efforts.	September 30, 2024	September 29, 2025	2.3 Data summary reports, cleaned datasets with accompanying codebooks (if applicable).
	2.4 Provide four to six trainings for pharmacists on the following topics: a)	September 30, 2024	September 29, 2025	2.4 Training materials, participant lists.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2024 to September 29, 2025**

**GOAL:** By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	patient recruitment/retention strategies; b) partnering with physicians and establishing collaborative practice agreements; c) screening and referral for social support services (administration of social needs screening tools, utilization of community resource referral platforms, and documentation of identified needs and subsequent referrals using EHR/HIT systems); d) increasing self-blood pressure monitoring (e.g., developing workflows for requesting home blood pressure monitors for patients, providing self-blood pressure monitoring patient education).			
	2.5 Develop an implementation plan for offering social service referrals within CRMC pharmacies. The implementation plan should include protocols for screening, referring, and following up with patients, as well as tracking the number of	September 30, 2024	December 31, 2024	2.5 Written implementation plan.



**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2024 to September 29, 2025**

**GOAL: By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
	patients screened for and referred to services.			
	2.6 Initiate implementation plan for provision of social service referrals to patients within CRMC pharmacies.	January 1, 2025	September 29, 2025	2.6 Written progress report, initial evaluation report.
3. Strengthen and scale team-based care approaches that include physician extenders (e.g., pharmacy technicians) to improve care of patients with hypertension or high cholesterol	3.1 Identify 10-20 new pharmacy technicians and ensure they participate in community health worker (CHW) trainings that would allow for reimbursements under Medi-Cal and provide CHW-type services to priority populations.	September 30, 2024	September 29, 2025	3.1 Training completion certificates.
4. In collaboration with Public Health, facilitate a multisector Learning Collaborative (LC) on hypertension cardiovascular health to address barriers to social services and support	4.1 Provide a Lead from the USC Gehr Family Center for Health System Science and Innovation to coordinate with Public Health and oversee the LC. 4.2 Develop/update an action plan that will guide LC activities. The action plan should outline targeted Plan-Study-Do-Act cycles that LC members will implement and	September 30, 2024	September 29, 2025	4.1 Name and contact information of LC Lead. 4.2 Action plan.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2024 to September 29, 2025**

**GOAL:** By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
needs in populations of high hypertension prevalence.	monitor to improve hypertension management and support.			
	4.3 Schedule and coordinate three to six LC meetings to facilitate implementation of the action plan and incorporate discussions and perspectives from members and key stakeholders in the community.	September 30, 2024	September 29, 2025	4.3 Meeting agendas; Meeting notes and/or presentation materials (if applicable).
	4.4 Track and monitor progress made by LC toward implementing the action plan needed.	September 30, 2024	September 29, 2025	4.4 Written progress report.
	4.5 In addition to representatives from the CRMC, identify and invite additional members to participate in the LC, as needed. Recruitment efforts should target health and social service providers in areas of high hypertension prevalence, cardiovascular health advocacy organizations and stakeholders from sectors not already represented in the LC.	September 30, 2024	September 29, 2025	4.5 List of newly recruited members.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2024 to September 29, 2025**

**GOAL:** By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
	4.6 Share resources, trainings and best practices addressing at minimum two to three of the following topics: 1) EHR/HIT tools for tracking clinical measures and/or social services and support needs; 2) using EHR/HIT tools to support team-based care; 3) CHW trainings and the continuum CHW services that are reimbursable by Medi-Cal; and 4) promotion of self-measured blood pressure monitoring, combined with clinical support, for improved cardiovascular health.	September 30, 2024	September 29, 2025	4.6 Written summary of progress.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT**

**SCOPE OF WORK**

September 30, 2024 to September 29, 2025

**GOAL:** By September 29, 2025, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2025 to June 29, 2026**

**GOAL: By June 29, 2026, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Public Health, prepare administrative reports, and ensure timely invoices.	June 30, 2025	June 29, 2026	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2025	June 29, 2026	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Educations and Support (DSMES)/ National Diabetes Prevention Program (National DPP) programming in Los Angeles.	June 30, 2025	June 29, 2026	1.3 Meeting attendance, as required
	1.4 Participate in required evaluation activities; to include provision of clinical data from pre/post program implementation and	June 30, 2025	June 29, 2026	1.4 Completion of required evaluation projects, when applicable.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2025 to June 29, 2026**

**GOAL:** By June 29, 2026, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
2. Complete a follow-up survey of pharmacy organization leadership and pharmacists to assess interest/need of diabetes prevention and management programming.	<p>continual monitoring of progress for project activities, as needed.</p> <p>2.1 In collaboration with Public Health, implement a follow-up survey of pharmacy organization leadership and pharmacists to assess topics such as current structures/workflows and organization capacity to initiate/establish new diabetes prevention and management programs. Effort will include, reviewing Public Health-drafted survey tools, disseminating survey to network, and encouraging participation. Public Health will lead data management and synthesis of results.</p>	June 30, 2025	June 29, 2026	2.1 Completed survey dissemination/pro motion.
3. Update the implementation toolkits for diabetes prevention	3.1 Update the DSMES Implementation Toolkit for pharmacies. Toolkit should be informed by survey results from	June 30, 2025	June 29, 2026	3.1 Updated Toolkit.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2025 to June 29, 2026**

**GOAL: By June 29, 2026, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
and management programming.	Deliverable 2 and include topics such as structures and workflows for recruitment of target population, retention, reimbursement, and data collection.	June 30, 2025	June 29, 2026	3.2 Updated Toolkit.
4. Provide technical assistance to three new pharmacies interested in establishing a new or expand/sustain a DSMES or National DPP program.	3.2 Update the National DPP Implementation Toolkit for pharmacies developed by Contractor. Toolkit should be informed by survey results from Deliverable 2 and include topics such as structures and workflows for recruitment of target populations, retention, reimbursement, and data collection.	June 30, 2025	June 29, 2026	4.1 List of the three pharmacies and summary of the technical assistance provided.
	4.1 Recruit three new pharmacies to provide technical assistance to establish and/or expand National DPP and/or DSMES programs.	June 30, 2025	June 29, 2026	4.2 Narrative summary of project progress.
5. Design and deliver three trainings for pharmacists on National DPP and/or	4.2 Work with three pharmacies to establish and/or expand National DPP and/or DSMES programs.	June 30, 2025	June 29, 2026	5.1 Training curricula and materials.
	5.1 Update/develop training curricula and materials for pharmacist on diabetes prevention and management.	June 30, 2025	June 29, 2026	

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2025 to June 29, 2026**

**GOAL:** By June 29, 2026, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
DSMES programming to engage adults from the priority population (e.g., low-income, Hispanic/Latino, African American in diabetes prevention and management in Los Angeles County).	5.2 Using materials developed in Activity 5.1, host three training sessions for pharmacists on diabetes prevention and management programming.	June 30, 2025	June 29, 2026	5.2 Training summary report (e.g., number of attendees, type of attendees).
	5.3 Administer pre/post surveys to assess training impact.	June 30, 2025	June 29, 2026	5.3 Data summary report; cleaned datasets with accompanying codebooks.



**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2025 to September 29, 2026**

**GOAL: By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2025	September 29, 2026	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	September 30, 2025	September 29, 2026	1.2 Meeting attendance and/or written communication.
	1.3 Participate in required evaluation activities; to include administration of surveys developed by Public Health and provision of clinical data from pre/post program implementation and continual monitoring of progress for project activities, as needed.	September 30, 2025	September 29, 2026	1.3 Completion of required evaluation projects, when applicable.
2. Strengthen and scale the use of advanced practice pharmacy services to improve care of patients	2.1 Enroll three to five new pharmacies in the California Right Meds Collaborative (CRMC). Pharmacies should be selected in coordination with Public Health and target	September 30, 2025	June 30, 2026	2.1 List of enrolled pharmacies.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2025 to September 29, 2026**

**GOAL:** By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
with cardiovascular disease risk factors (e.g., hypertension, high cholesterol).	those serving selected geographic regions in Los Angeles County (e.g., Skid Row).			
	2.2 Train newly enrolled pharmacists on Comprehensive Medication Therapy Management (CMM) to improve care for patients with hypertension or high cholesterol. Training efforts should include support for using CRMC Electronic Health Record (EHR)/Health Information Technology (HIT) tools for tracking clinical measures and/or social services and support needs.	September 30, 2025	September 29, 2026	2.2 Training materials.
	2.3 Monitor data collected through the CRMC EHR/HIT tools to support program implementation and continuous quality improvement/evaluation of program efforts.	September 30, 2025	September 29, 2026	2.3 Data summary reports, cleaned datasets with accompanying codebooks (if applicable).
	2.4 Provide four to six trainings for pharmacists on the following topics: a)	September 30, 2025	September 29, 2026	2.4 Training materials, participant lists.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2025 to September 29, 2026**

**GOAL:** By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	<p>patient recruitment/retention strategies; b) partnering with physicians and establishing collaborative practice agreements; c) screening and referral for social support services (administration of social needs screening tools, utilization of community resource referral platforms, and documentation of identified needs and subsequent referrals using EHR/HIT systems); d) increasing self-blood pressure monitoring (e.g., developing workflows for requesting home blood pressure monitors for patients, providing self-blood pressure monitoring patient education).</p>			
	<p>2.5 Update the implementation plan for offering social service referrals within CRMC pharmacies, as needed. The implementation plan should include protocols for screening, referring, and following up with patients, as well as</p>	<p>September 30, 2025</p>	<p>December 31, 2025</p>	<p>2.5 Updated written implementation plan, if applicable.</p>

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2025 to September 29, 2026**

**GOAL:** By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
	tracking the number of patients screened for and referred to services.			
	2.6 Continue efforts to execute the implementation plan for provision of social service referrals to patients within CRMC pharmacies.	September 30, 2025	September 29, 2026	2.6 Written progress/ evaluation report.
3. Strengthen and scale team-based care approaches that include physician extenders (e.g., pharmacy technicians) to improve care of patients with hypertension or high cholesterol.	3.1 Identify 10-20 new pharmacy technicians and ensure they participate in community health worker (CHW) trainings that would allow for reimbursements under Medi-Cal and provide CHW-type services to priority populations.	September 30, 2025	September 29, 2026	3.1 Training completion certificates.
4. In collaboration with Public Health, facilitate a multisector Learning Collaborative (LC) on hypertension	4.1 Provide a LC Lead from the USC Gehr Family Center for Health System Science and Innovation to coordinate with Public Health and oversee the LC. Update the action plan that will guide LC	September 30, 2025	September 29, 2026	4.1. Name and contact information of LC Lead.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2025 to September 29, 2026**

**GOAL: By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
cardiovascular health to address barriers to social services and support needs in populations of high hypertension prevalence.	4.2 Update the action plan that will guide LC activities, as needed. The action plan should outline targeted Plan-Study-Do-Act cycles that LC members will implement and monitor to improve hypertension management and support.	September 30, 2025	December 31, 2025	4.2 Updated action plan, if applicable.
	4.3 Schedule and coordinate three to six LC Meetings should facilitate implementation of the action plan and incorporate discussions and perspectives from members and key stakeholders in the community.	September 30, 2025	September 29, 2026	4.3 Meeting agendas; Meeting notes and/or presentation materials (if applicable).
	4.4 Track and monitor progress made by LC toward implementing the action plan.	September 30, 2025	September 29, 2026	4.4 Written progress report.
	4.5 In addition to representatives from the CRMC, identify and invite additional members to participate in the LC, as needed. Recruitment efforts should target health and social service providers in areas of high hypertension prevalence, cardiovascular health advocacy organizations and stakeholders from sectors not already represented in the LC	September 30, 2025	September 29, 2026	4.5 List of newly recruited members.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

September 30, 2025 to September 29, 2026

**GOAL:** By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2025 to September 29, 2026**

**GOAL:** By September 29, 2026, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	4.6 Share resources, trainings and best practices addressing at minimum two to three of the following topics: 1) EHR/HIT tools for tracking clinical measures and/or social services and support needs; 2) using EHR/HIT tools to support team-based care; 3) CHW trainings and the continuum CHW services that are reimbursable by Medi-Cal; and 4) promotion of self-measured blood pressure monitoring, combined with clinical support, for improved cardiovascular health.	September 30, 2025	September 29, 2026	4.6 Written summary of progress.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2026 to June 29, 2027**

**GOAL: By June 29, 2027, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2026	June 29, 2027	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2026	June 29, 2027	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Educations and Support (DSMES)/ National Diabetes Prevention Program (National DPP) programming in Los Angeles.	June 30, 2026	June 29, 2027	1.3 Meeting attendance, as required
	1.4 Participate in required evaluation activities; to include provision of clinical data from pre/post program implementation and	June 30, 2026	June 29, 2027	1.4 Completion of required evaluation projects, when applicable.



**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2026 to June 29, 2027**

**GOAL: By June 29, 2027, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
2. Complete a follow-up survey of pharmacy organization leadership and pharmacists to assess interest/need of diabetes prevention and management programming.	<p>continual monitoring of progress for project activities, as needed.</p> <p>2.1 In collaboration with Public Health, implement a follow-up survey of pharmacy organization leadership and pharmacists to assess topics such as current structures/workflows and organization capacity to initiate/establish new diabetes prevention and management programs. Effort will include, reviewing Public Health-drafted survey tools, disseminating survey to network, and encouraging participation. Public Health will lead data management and synthesis of results.</p>	June 30, 2026	June 29, 2027	2.1 Completed survey dissemination/promotion. .
3. Update the implementation toolkits for diabetes prevention	3.1 Update the DSMES Implementation Toolkit for pharmacies. Toolkit should be informed by survey results from	June 30, 2026	June 29, 2027	3.1 Updated Toolkit.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2026 to June 29, 2027**

**GOAL: By June 29, 2027, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
and management programming.	Deliverable 2 and include topics such as structures and workflows for recruitment of target population, retention, reimbursement, and data collection.	June 30, 2026	June 29, 2027	3.2 Updated Toolkit.
4. Provide technical assistance to three new pharmacies interested in establishing a new or expand/sustain a DSMES or National DPP program.	3.2 Update the National DPP Implementation Toolkit for pharmacies developed by Contractor. Toolkit should be informed by survey results from Deliverable 2 and include topics such as structures and workflows for recruitment of target populations, retention, reimbursement, and data collection.	June 30, 2026	June 29, 2027	4.1 List of the three pharmacies and summary of the technical assistance provided.
	4.1 Recruit three new pharmacies to provide technical assistance to establish and/or expand National DPP and/or DSMES programs.	June 30, 2026	June 29, 2027	4.2 Narrative summary of project progress.
5. Design and deliver three trainings for pharmacists on National DPP and/or	4.2 Work with three pharmacies to establish and/or expand National DPP and/or DSMES programs.	June 30, 2026	June 29, 2027	5.1 Training curricula and materials.
	5.1 Update/develop training curricula and materials for pharmacist on diabetes prevention and management.	June 30, 2026	June 29, 2027	

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2026 to June 29, 2027**

**GOAL: By June 29, 2027, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
DSMES programming to engage adults from the priority population (e.g., low-income, Hispanic/Latino, African American) in diabetes prevention and management in Los Angeles County.	5.2 Using materials developed in Activity 5.1, host three training sessions for pharmacists on diabetes prevention and management programming.	June 30, 2026	June 29, 2027	5.2 Training summary report (e.g., number of attendees, type of attendees).
	5.3 Administer pre/post surveys to assess training impact.	June 30, 2026	June 29, 2027	5.3 Data summary report; cleaned datasets with accompanying codebooks.
	6.1 In collaboration with Public Health, identify and engage five to 10 stakeholders to participate in key informant interviews. Interviews will be conducted by Public Health and will be used to understand barriers and facilitators to establishing and/or expanding National DPP and/or DSMES programs.	June 30, 2026	January 31, 2027	6.1 List of stakeholders.
6. Facilitate key informant interviews with pharmacy stakeholders.				

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2026 to September 29, 2027**

**GOAL:** By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2026	September 29, 2027	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	September 30, 2026	September 29, 2027	1.2 Meeting attendance and/or written communication.
	1.3 Participate in required evaluation activities; to include administration of surveys developed by Public Health and provision of clinical data from pre/post program implementation and continual monitoring of progress for project activities, as needed.	September 30, 2026	September 29, 2027	1.3 Completion of required evaluation projects, when applicable.
2. Strengthen and scale the use of advanced practice pharmacy services to improve care of patients	2.1 Enroll three to five new pharmacies in the California Right Meds Collaborative (CRMC). Pharmacies should be selected in coordination with Public Health and target	September 30, 2026	June 30, 2027	2.1 List of enrolled pharmacies.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2026 to September 29, 2027**

**GOAL:** By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
with cardiovascular disease risk factors (e.g., hypertension, high cholesterol).	those serving selected geographic regions in Los Angeles County (e.g., Skid Row).			
	2.2 Train newly enrolled pharmacists on Comprehensive Medication Therapy Management (CMM) to improve care for patients with hypertension or high cholesterol. Training efforts should include support for using CRMC Electronic Health Record (EHR)/Health Information Technology (HIT) tools for tracking clinical measures and/or social services and support needs.	September 30, 2026	September 29, 2027	2.2 Training materials.
	2.3 Monitor data collected through the CRMC EHR/HIT tools to support program implementation and continuous quality improvement/evaluation of program efforts.	September 30, 2026	September 29, 2027	2.3 Data summary reports, cleaned datasets with accompanying codebooks (if applicable).
	2.4 Provide four to six trainings for pharmacists on the following topics: a)	September 30, 2026	September 29, 2027	2.4 Training materials, participant lists.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2026 to September 29, 2027**

**GOAL:** By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	patient recruitment/retention strategies; b) partnering with physicians and establishing collaborative practice agreements; c) screening and referral for social support services (administration of social needs screening tools, utilization of community resource referral platforms, and documentation of identified needs and subsequent referrals using EHR/HIT systems); d) increasing self-blood pressure monitoring (e.g., developing workflows for requesting home blood pressure monitors for patients, providing self-blood pressure monitoring patient education).			
	2.5 Update the implementation plan for offering social service referrals within CRMC pharmacies, as needed. The implementation plan should include protocols for screening, referring, and following up with patients, as well as	September 30, 2026	December 31, 2026	2.5 Updated written implementation plan, if applicable.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2026 to September 29, 2027**

**GOAL:** By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
	tracking the number of patients screened for and referred to services.			
	2.6 Continue efforts to execute the implementation plan for provision of social service referrals to patients within CRMC pharmacies.	September 30, 2026	September 29, 2027	2.6 Written progress/ evaluation report.
3. Strengthen and scale team-based care approaches that include physician extenders (e.g., pharmacy technicians) to improve care of patients with hypertension or high cholesterol.	3.1 Identify 10-20 new pharmacy technicians and ensure they participate in community health worker (CHW) trainings that would allow for reimbursements under Medi-Cal and provide CHW-type services to priority populations.	September 30, 2026	September 29, 2027	3.1 Training completion certificates.
4. In collaboration with Public Health, facilitate a multisector Learning Collaborative (LC) on hypertension cardiovascular health to address barriers to social services and support	4.1 Provide a Lead from the USC Gehr Family Center for Health System Science and Innovation to coordinate with Public Health and oversee the LC.  4.2 Update the action plan that will guide LC activities, as needed. The action plan should outline targeted Plan-Study-Do-Act cycles that LC members will implement	September 30, 2026	September 29, 2027	4.1 Name and contact information of LC Lead.  4.2 Updated action plan, if applicable.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2026 to September 29, 2027**

**GOAL: By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
needs in populations of high hypertension prevalence.	and monitor to improve hypertension management and support.			
	4.3 Schedule and coordinate three to six LC Meetings should facilitate implementation of the action plan and incorporate discussions and perspectives from members and key stakeholders in the community.	September 30, 2026	September 29, 2027	4.3 Meeting agendas; Meeting notes and/or presentation materials (if applicable).
	4.4 Track and monitor progress made by LC toward implementing the action plan.	September 30, 2026	September 29, 2027	4.4 Written progress report.
	4.5 In addition to representatives from the CRMC, identify and invite additional members to participate in the LC, as needed. Recruitment efforts should target health and social service providers in areas of high hypertension prevalence, cardiovascular health advocacy organizations and stakeholders from sectors not already represented in the LC.	September 30, 2026	September 29, 2027	4.5 List of newly recruited members.



**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2026 to September 29, 2027**

**GOAL:** By September 29, 2027, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
	4.6 Share resources, trainings and best practices addressing at minimum two to three of the following topics: 1) EHR/HIT tools for tracking clinical measures and/or social services and support needs; 2) using EHR/HIT tools to support team-based care; 3) CHW trainings and the continuum CHW services that are reimbursable by Medi-Cal; and 4) promotion of self-measured blood pressure monitoring, combined with clinical support, for improved cardiovascular health.	September 30, 2026	September 29, 2027	4.6 Written summary of progress.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2027 to June 29, 2028**

**GOAL: By June 29, 2028, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION /TRACKING MEASURES</b>
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	June 30, 2027	June 29, 2028	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	June 30, 2027	June 29, 2028	1.2 Meeting attendance and/or written communication.
	1.3 Participate in quarterly meetings of the Los Angeles County Diabetes Coalition. The Public Health-led Coalition aims to increase accessibility, utilization, and sustainability of Diabetes Self-Management Educations and Support (DSMES)/ National Diabetes Prevention Program (National DPP) programming in Los Angeles.	June 30, 2027	June 29, 2028	1.3 Meeting attendance, as required
	1.4 Participate in required evaluation activities; to include provision of clinical data from pre/post program implementation and	June 30, 2027	June 29, 2028	1.4 Completion of required evaluation projects, when

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2027 to June 29, 2028**

**GOAL: By June 29, 2028, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION /TRACKING MEASURES</b>
	continual monitoring of progress for project activities, as needed.			applicable.
2. Complete a follow-up survey of pharmacy organization leadership and pharmacists to assess interest/need of diabetes prevention and management programming.	2.1 In collaboration with Public Health, implement a follow-up survey of pharmacy organization leadership and pharmacists to assess topics such as current structures/workflows and organization capacity to initiate/establish new diabetes prevention and management programs. Effort will include, reviewing Public Health-drafted survey tools, disseminating survey to network, and encouraging participation. Public Health will lead data management and synthesis of results.	June 30, 2027	June 29, 2028	2.1 Completed survey dissemination/pro motion.
3. Update the implementation toolkits for diabetes prevention and management programming.	3.1 Update the DSMES Implementation Toolkit for pharmacies. Toolkit should be informed by survey results from Deliverable 2 and include topics such as structures and workflows for recruitment of	June 30, 2027	June 29, 2028	3.1 Updated Toolkit.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK  
 June 30, 2027 to June 29, 2028**

**GOAL:** By June 29, 2028, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION /TRACKING MEASURES
4. Provide technical assistance to three new pharmacies interested in establishing a new or expand/sustain a DSMES or National DPP program.	target population, retention, reimbursement, and data collection.  3.2 Update the National DPP Implementation Toolkit for pharmacies developed by Contractor. Toolkit should be informed by survey results from Deliverable 2 and include topics such as structures and workflows for recruitment of target populations, retention, reimbursement, and data collection.	June 30, 2027	June 29, 2028	3.2 Updated Toolkit.
5. Design and deliver three trainings for pharmacists on National DPP and/or	4.1 Recruit three new pharmacies to provide technical assistance to establish and/or expand National DPP and/or DSMES programs.  4.2 Work with three pharmacies to establish and/or expand National DPP and/or DSMES programs.	June 30, 2027	June 29, 2028	4.1 List of the three pharmacies and summary of the technical assistance provided.  4.2 Narrative summary of project progress.
	5.1 Update/develop training curricula and materials for pharmacist on diabetes prevention and management.	June 30, 2027	June 29, 2028	5.1 Training curricula and materials.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**June 30, 2027 to June 29, 2028**

**GOAL: By June 29, 2028, increase the number of diabetes prevention and management programs within pharmacy networks in Los Angeles County to improve reach to priority populations.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION /TRACKING MEASURES</b>
DSMES programming to engage adults from the priority population (e.g., low-income, Hispanic/Latino, African American) in diabetes prevention and management in Los Angeles County.	5.2 Using materials developed in Activity 5.1, host three training sessions for pharmacists on diabetes prevention and management programming.	June 30, 2027	June 29, 2028	5.2 Training summary report (e.g., number of attendees, type of attendees).
	5.3 Administer pre/post surveys to assess training impact.	June 30, 2027	June 29, 2028	5.3 Data summary report; cleaned datasets with accompanying codebooks.
	6.1 Develop presentation based on pharmacy technical assistance efforts that highlights lessons learned and best practices. Presentation to be shared at the Los Angeles County Diabetes Coalition Diabetes Symposium.	April 1, 2028	June 29, 2028	6.1 PowerPoint presentation.
6. Develop and deliver a presentation for the Los Angeles County Diabetes Coalition Diabetes Symposium, a Public Health event focused on highlighting best practices in diabetes prevention and management programming.	6.2 Deliver presentation at the Los Angeles County Diabetes Coalition Diabetes Symposium.	April 1, 2028	June 29, 2028	6.2 Attendance at Diabetes Symposium.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2027 to September 29, 2028**

**GOAL: By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
1. Fulfill administrative requirements of the contract.	1.1 Provide a Project Lead to provide project oversight, coordinate with the Department of Public Health (Public Health), prepare administrative reports, and ensure timely invoices.	September 30, 2027	September 29, 2028	1.1 Name and contact information of Project Lead; Administrative reports; Monthly invoices.
	1.2 Communicate monthly with Public Health staff to discuss progress.	September 30, 2027	September 29, 2028	1.2 Meeting attendance and/or written communication.
	1.3 Participate in required evaluation activities; to include administration of surveys developed by Public Health and provision of clinical data from pre/post program implementation and continual monitoring of progress for project activities, as needed.	September 30, 2027	September 29, 2028	1.3 Completion of required evaluation projects, when applicable.
2. Strengthen and scale the use of advanced practice pharmacy services to improve care of patients	2.1 Enroll three to five new pharmacies in the California Right Meds Collaborative (CRMC). Pharmacies should be selected in coordination with Public Health and target	September 30, 2027	June 30, 2028	2.1 List of enrolled pharmacies.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2027 to September 29, 2028**

**GOAL:** By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
with cardiovascular disease risk factors (e.g., hypertension, high cholesterol).	those serving selected geographic regions in Los Angeles County (e.g., Skid Row).			
	2.2 Train newly enrolled pharmacists on Comprehensive Medication Therapy Management (CMM) to improve care for patients with hypertension or high cholesterol. Training efforts should include support for using CRMC Electronic Health Record (EHR)/Health Information Technology (HIT) tools for tracking clinical measures and/or social services and support needs.	September 30, 2027	September 29, 2028	2.2 Training materials.
	2.3 Monitor data collected through the CRMC EHR/HIT tools to support program implementation and continuous quality improvement/evaluation of program efforts.	September 30, 2027	September 29, 2028	2.3 Data summary reports, cleaned datasets with accompanying codebooks (if applicable).
	2.4 Provide four to six trainings for pharmacists on the following topics: a)	September 30, 2027	September 29, 2028	2.4 Training materials, participant lists.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2027 to September 29, 2028**

**GOAL:** By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
	patient recruitment/retention strategies; b) partnering with physicians and establishing collaborative practice agreements; c) screening and referral for social support services (administration of social needs screening tools, utilization of community resource referral platforms, and documentation of identified needs and subsequent referrals using EHR/HIT systems); d) increasing self-blood pressure monitoring (e.g., developing workflows for requesting home blood pressure monitors for patients, providing self-blood pressure monitoring patient education).	September 30, 2027	December 31, 2027	
	2.5 Update the implementation plan for offering social service referrals within CRMC pharmacies, as needed. The implementation plan should include protocols for screening, referring, and following up with patients, as well as	September 30, 2027	December 31, 2027	2.5 Updated written implementation plan, if applicable.



**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2027 to September 29, 2028**

**GOAL:** By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

DELIVERABLES	ACTIVITIES	(TIMELINE) START DATE	(TIMELINE) END DATE	DOCUMENTATION/ TRACKING MEASURES
	tracking the number of patients screened for and referred to services.			
3. Strengthen and scale team-based care approaches that include physician extenders (e.g., pharmacy technicians) to improve care of patients with hypertension or high cholesterol.	2.6 Continue efforts to execute the implementation plan for provision of social service referrals to patients within CRMC pharmacies.  3.1 Identify 10-20 new pharmacy technicians and ensure they participate in community health worker (CHW) trainings that would allow for reimbursements under Medi-Cal and provide CHW-type services to priority populations.	September 30, 2027	September 29, 2028	2.6 Written progress/ evaluation report.  3.1 Training completion certificates.
4. In collaboration with Public Health, facilitate a multisector Learning Collaborative (LC) on hypertension cardiovascular health to address barriers to social services and support	4.1 Provide a Lead from the USC Gehr Family Center for Health System Science and Innovation to coordinate with Public Health and oversee the LC.  4.2 Update the action plan that will guide LC activities, as needed. The action plan should outline targeted Plan-Study-Do-Act cycles that LC members will implement	September 30, 2027	September 29, 2028	4.1 Name and contact information of LC Lead.  4.2 Updated action plan, if applicable.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2027 to September 29, 2028**

**GOAL: By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.**

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
needs in populations of high hypertension prevalence.	and monitor to improve hypertension management and support.			
	4.3 Schedule and coordinate three to six LC Meetings should facilitate implementation of the action plan and incorporate discussions and perspectives from members and key stakeholders in the community.	September 30, 2027	September 29, 2028	4.3 Meeting agendas; Meeting notes and/or presentation materials (if applicable).
	4.4 Track and monitor progress made by LC toward implementing the action plan.	September 30, 2027	September 29, 2028	4.4 Written progress report.
	4.5 In addition to representatives from the CRMC, identify and invite additional members to participate in the LC, as needed. Recruitment efforts should target health and social service providers in areas of high hypertension prevalence, cardiovascular health advocacy organizations and stakeholders from sectors not already represented in the LC.	September 30, 2027	September 29, 2028	4.5 List of newly recruited members.

**MEMORANDUM OF UNDERSTANDING BETWEEN  
 COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH AND  
 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY  
 INNOVATIVE SOLUTIONS FOR HEALTHIER COMMUNITIES PROJECT  
 SCOPE OF WORK**

**September 30, 2027 to September 29, 2028**

**GOAL:** By September 29, 2028, promote access to health and social services among populations of high hypertension prevalence in in Los Angeles County to facilitate blood pressure management.

<b>DELIVERABLES</b>	<b>ACTIVITIES</b>	<b>(TIMELINE) START DATE</b>	<b>(TIMELINE) END DATE</b>	<b>DOCUMENTATION/ TRACKING MEASURES</b>
	4.6 Share resources, trainings and best practices addressing at minimum two to three of the following topics: 1) EHR/HIT tools for tracking clinical measures and/or social services and support needs; 2) using EHR/HIT tools to support team-based care; 3) CHW trainings and the continuum CHW services that are reimbursable by Medi-Cal; 4) promotion of self-measured blood pressure monitoring, combined with clinical support, for improved cardiovascular health.	September 30, 2027	September 29, 2028	4.6 Written summary of progress.
	4.7 Develop an end of project summary report highlighting progress made throughout the grant and lessons learned.	June 30, 2028	September 29, 2028	4.7 Final report

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 UNIVERSITY OF SOUTHERN CALIFORNIA - SCHOOL OF PHARMACY (USC-SP)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 June 30, 2024 through September 29, 2024

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 38,796
<b>EMPLOYEE BENEFITS</b>	\$ 13,308
<b>OPERATING EXPENSES</b>	\$ 4,644
<b>TRAVEL AND MILEAGE</b>	\$ -
<b>OTHER COSTS</b>	\$ -
<b>INDIRECT COSTS</b>	\$ 14,752
<b>TOTAL PROGRAM BUDGET</b>	\$ 71,500

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 UNIVERSITY OF SOUTHERN CALIFORNIA- SCHOOL OF PHARMACY (USC-SP)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 June 30, 2024 through June 29, 2025

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 84,323
<b>EMPLOYEE BENEFITS</b>	\$ 28,923
<b>OPERATING EXPENSES</b>	\$ 248
<b>TRAVEL AND MILEAGE</b>	\$ -
<b>OTHER COSTS</b>	\$ -
<b>INDIRECT COSTS</b>	\$ 29,506
<b>TOTAL PROGRAM BUDGET</b>	\$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 UNIVERSITY OF SOUTHERN CALIFORNIA- SCHOOL OF PHARMACY (USC-SP)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 September 30, 2024 through September 29, 2025

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 194,689
<b>EMPLOYEE BENEFITS</b>	\$ 66,779
<b>OPERATING EXPENSES</b>	\$ 11,450
<b>TRAVEL AND MILEAGE</b>	\$ 100
<b>OTHER COSTS</b>	\$ -
<b>INDIRECT COSTS</b>	\$ 70,982
<b>TOTAL PROGRAM BUDGET</b>	\$ 344,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 UNIVERSITY OF SOUTHERN CALIFORNIA- SCHOOL OF PHARMACY (USC-SP)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 June 30, 2025 through June 29, 2026

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 84,323
<b>EMPLOYEE BENEFITS</b>	\$ 28,923
<b>OPERATING EXPENSES</b>	\$ 248
<b>TRAVEL AND MILEAGE</b>	\$ -
<b>OTHER COSTS</b>	\$ -
<b>INDIRECT COSTS</b>	\$ 29,506
<b>TOTAL PROGRAM BUDGET</b>	\$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 UNIVERSITY OF SOUTHERN CALIFORNIA- SCHOOL OF PHARMACY (USC-SP)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 September 30, 2025 through September 29, 2026

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 194,689
<b>EMPLOYEE BENEFITS</b>	\$ 66,779
<b>OPERATING EXPENSES</b>	\$ 11,450
<b>TRAVEL AND MILEAGE</b>	\$ 100
<b>OTHER COSTS</b>	\$ -
<b>INDIRECT COSTS</b>	\$ 70,982
<b>TOTAL PROGRAM BUDGET</b>	\$ 344,000



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 UNIVERSITY OF SOUTHERN CALIFORNIA- SCHOOL OF PHARMACY (USC-SP)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 June 30, 2026 through June 29, 2027

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 84,323
<b>EMPLOYEE BENEFITS</b>	\$ 28,923
<b>OPERATING EXPENSES</b>	\$ 248
<b>TRAVEL AND MILEAGE</b>	\$ -
<b>OTHER COSTS</b>	\$ -
<b>INDIRECT COSTS</b>	\$ 29,506
<b>TOTAL PROGRAM BUDGET</b>	\$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 UNIVERSITY OF SOUTHERN CALIFORNIA - SCHOOL OF PHARMACY (USC-SP)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 September 30, 2026 through September 29, 2027

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 194,689
<b>EMPLOYEE BENEFITS</b>	\$ 66,779
<b>OPERATING EXPENSES</b>	\$ 11,450
<b>TRAVEL AND MILEAGE</b>	\$ 100
<b>OTHER COSTS</b>	\$ -
<b>INDIRECT COSTS</b>	\$ 70,982
<b>TOTAL PROGRAM BUDGET</b>	\$ 344,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 UNIVERSITY OF SOUTHERN CALIFORNIA - SCHOOL OF PHARMACY (USC-SP)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 June 30, 2027 through June 29, 2028

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 84,323
<b>EMPLOYEE BENEFITS</b>	\$ 28,923
<b>OPERATING EXPENSES</b>	\$ 248
<b>TRAVEL AND MILEAGE</b>	\$ -
<b>OTHER COSTS</b>	\$ -
<b>INDIRECT COSTS</b>	\$ 29,506
<b>TOTAL PROGRAM BUDGET</b>	\$ 143,000

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
 UNIVERSITY OF SOUTHERN CALIFORNIA - SCHOOL OF PHARMACY (USC-SP)  
 SOLUTIONS FOR HEALTHIER COMMUNITIES  
 September 30, 2027 through September 29, 2028

BUDGET SUMMARY (Schedule of Projected Costs)	
COST CATEGORY	AMOUNT
<b>SALARIES</b>	\$ 194,689
<b>EMPLOYEE BENEFITS</b>	\$ 66,779
<b>OPERATING EXPENSES</b>	\$ 11,450
<b>TRAVEL AND MILEAGE</b>	\$ 100
<b>OTHER COSTS</b>	\$ -
<b>INDIRECT COSTS</b>	\$ 70,982
<b>TOTAL PROGRAM BUDGET</b>	\$ 344,000

**BOARD LETTER/MEMO  
CLUSTER FACT SHEET**

**DRAFT**

Board Letter

Board Memo

Other

<b>CLUSTER AGENDA REVIEW DATE</b>	4/10/2024	
<b>BOARD MEETING DATE</b>	4/23/2024	
<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>	AUTHORIZATION TO ACCEPT AND IMPLEMENT FORTHCOMING FEDERAL AND STATE OF CALIFORNIA AWARDS AND FUTURE AWARDS FOR PUBLIC HEALTH EMERGENCIES; EXECUTE THREE SOLE SOURCE CONTRACTS, NEW CONTRACTS AND AMENDMENTS; AND PURCHASE FOOD AND BEVERAGES	
<b>PROGRAM</b>	Emergency Preparedness and Response Division (EPRD)	
<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:  Sole source contracts with the City of Long Beach, City of Pasadena and City of Los Angeles, as a public-sector entity, do not come under the Los Angeles County Code's bidding requirements for contracts with private businesses.	
<b>DEADLINES/ TIME CONSTRAINTS</b>	June 30, 2024 EPRD needs to accept a forthcoming award from the Centers for Disease Control and Prevention (CDC) before 07/01/2024	
<b>COST &amp; FUNDING</b>	Total cost: \$25,000,000	Funding source: CDC
	TERMS (if applicable): For FY 2024-2025 through FY 2028-2029.	
	Explanation:  Public Health will accept a forthcoming award from CDC at an estimated annual amount of \$25,000,000, beginning July 1, 2024 through June 30, 2029. Final funding will be determined by CDC.	
<b>PURPOSE OF REQUEST</b>	To continue to strengthen and enhance the capabilities of public health and health care systems to respond effectively to evolving health and medical threats and other emergencies within Los Angeles County.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	Request approval to accept and implement a forthcoming award from the CDC, Assistance Listing Number 93.069, to support Public Health Emergency Preparedness (PHEP) for Year 1 of an anticipated five-year award beginning July 1, 2024 through June 30, 2029, at an estimated annual amount of \$25,000,000, as determined by the CDC.  Request approval to accept additional funding that may be issued from various funders as new awards in the event of a pandemic, emerging infectious disease outbreak, or an all-hazards or other public health emergency, at amounts to be determined by the funding entity.	

Request approval to execute sole source contracts with the City of Long Beach (Long Beach), the City of Pasadena (Pasadena) and the City of Los Angeles (City of LA) for the term of July 1, 2024 through June 30, 2025, with an option to extend for four additional one-year terms through June 30, 2029, at annual maximum obligations to be determined by the Director of Public Health, or designee, and dependent on availability of funding, for Public Health Emergency Preparedness and Response services.

Request approval to execute one or more competitively solicited contract(s), sole source contract(s), or amendments to existing service contracts related to public health emergency preparedness, response, and recovery, with contract maximum obligations not to exceed \$600,000 annually per service contract, funded by sources to include, but not limited to, the CDC, California Department of Public Health (CDPH), Department of Homeland Security, and/or Measure B.

Request approval to purchase food and beverages for 10 public health emergency volunteer preparedness trainings, drills, and exercises scheduled annually in amounts not to exceed \$3,525 per training with an estimated 100 attendees, 100 percent offset by CDC or CDPH funding.

Request approval to purchase food and beverages for up to eight community stakeholder workshops annually in amounts not to exceed \$3,525 per workshop with an estimated 100 attendees, 100 percent offset by CDC or CDPH funding.

On October 9, 2001, your Board approved a motion directing the Public Health to take steps to ensure its ability to respond quickly and appropriately to any acts of bioterrorism. In subsequent years, your Board has approved the acceptance of awards from the CDC and Office of the Assistant Secretary for Preparedness and Response comprised of PHEP and Hospital Preparedness Program funding to advance all-hazards preparedness and national health security, promote responsible stewardship of federal funds, and reduce the administrative burden placed on awardees. With these funds, Public Health has been able to execute contracts with different private and public agencies to strengthen and enhance the capability of Public Health to respond effectively and timely to acts of bioterrorism, evolving threats, and other emergencies such as Coronavirus, H1N1 Pandemic Influenza, Ebola Virus Disease, Zika Virus Disease, and natural disasters.

The CDC provides funding to Public Health to assure jurisdictional readiness for public health threats and emergencies. Public Health provides a per capita share to Long Beach and Pasadena to ensure that each public health authority within our jurisdiction can meet cooperative agreement requirements, since those cities operate their own public health departments.

**EQUITY INDEX OR LENS WAS UTILIZED**

Yes     No  
If Yes, please explain how:

Public Health Emergency Preparedness and Response activities implemented by Public Health align with the Countywide Guiding Equity Principles articulated in the Los Angeles County Racial Equity Strategic Plan. Specifically, EPRD develops and implements strategies that identify, prioritize, and effectively support the most disadvantaged geographies and populations. Public Health's first step in preparing to respond to any hazard is to understand the impacts to vulnerable populations. Some people will be impacted earlier or more severely depending on the hazard. For example, people experiencing homelessness will have more vulnerability in a climate-related emergency such as a severe heat wave, due to less access to shelter, shade, or air conditioning. Therefore, addressing the needs of those populations must be prioritized in emergency plans. Additionally, by contracting with the cities of Long Beach and Pasadena, we ensure that all public health departments across Los Angeles County have resources to prepare for public health emergencies that may occur. By establishing scopes of work that align with County plans and programming,

	EPRD can ensure that public health emergency preparedness and response work is coordinated and aligned for all populations across the County.
<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 ability to accept and implement federal and state funding for public health emergencies supports Board Priorities numbers 2 and 5. <b>Priority 2:</b> Though the Alliance has transitioned to a different model, the integration and coordination between public health, health services, and mental health remains a critical priority in planning for, responding to, and recovering from public health emergencies. Through the Medical Health Operational Area Coordination (MHOAC) system for Los Angeles County, the lead agencies plan together for readiness to respond to incidents across the County. <b>Priority 5:</b> Public Health is responsible for managing environmental health emergencies that may happen within Los Angeles County due to infrastructure malfunctions, accidents, and intentional acts of terrorism. To do this, EPRD must plan with government agencies and community sectors so that public health is quickly notified of any incidents and can respond accordingly. Federal and state funding is critical to continue supporting programs that ensure this state of readiness.
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email:  <ul style="list-style-type: none"> <li>• Stella Fogleman, RN, MSN/MPH, CNS            Director, Emergency Preparedness &amp; Response Division            (213) 637-3600  <a href="mailto:SFogleman@ph.lacounty.gov">SFogleman@ph.lacounty.gov</a></li> <li>• Joshua Bobrowsky            Director of Government Affairs, Public Health  <a href="mailto:JBobrowsky@ph.lacounty.gov">JBobrowsky@ph.lacounty.gov</a></li> <li>• Emily Issa            Senior Deputy County Counsel  <a href="mailto:Elssa@counsel.lacounty.gov">Elssa@counsel.lacounty.gov</a></li> </ul>



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Director

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

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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

April 23, 2024

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 FORTHCOMING FEDERAL AND STATE OF CALIFORNIA AWARDS AND FUTURE AWARDS FOR PUBLIC HEALTH EMERGENCIES; EXECUTE THREE SOLE SOURCE CONTRACTS, NEW CONTRACTS AND AMENDMENTS; AND PURCHASE FOOD AND BEVERAGES (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Provide authorization to accept and implement forthcoming federal and State awards and future awards, accept supplemental emergency funding, execute new contracts, amend existing contracts, and purchase food and beverages for public health emergency volunteer trainings and community stakeholder meetings, to continue to strengthen and enhance the capabilities of public health and health care systems to respond effectively to evolving health and medical threats and other emergencies within Los Angeles County.

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Delegate authority to the Director of the Department of Public Health (Public Health), or designee, to accept and implement a forthcoming award from the Centers for Disease Control and Prevention (CDC), Assistance Listing Number 93.069, to support Public Health Emergency Preparedness (PHEP) for Year 1 of an anticipated five-year award beginning July 1, 2024 through June 30, 2029, at an estimated annual amount of \$25,000,000, as determined by the CDC, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).
2. Delegate authority to the Director of Public Health, or designee, to accept additional funding



that may be issued from various funders as new awards in the event of a pandemic, emerging infectious disease outbreak, or an all-hazards or other public health emergency, at amounts to be determined by the funding entity, 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 awards that are consistent with the requirements of the award referenced in Recommendation 1 and amendments to the awards listed in Recommendations 1 and 2 that extend the term at amounts to be determined by the funding entity 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.
4. Delegate authority to the Director of Public Health, or designee, to accept future amendments that are consistent with the requirements of the awards referenced above in Recommendations 1 and 2 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.
5. Delegate authority to the Director of Public Health, or designee, to execute sole source contracts with the City of Long Beach (Long Beach), the City of Pasadena (Pasadena) and the City of Los Angeles (City of LA) for the term of July 1, 2024 through June 30, 2025, with an option to extend for four additional one-year terms through June 30, 2029, at annual maximum obligations to be determined by the Director of Public Health, or designee, and dependent on availability of funding, for Public Health Emergency Preparedness and Response services, subject to review and approval by County Counsel, and notification to your Board and the CEO.
6. Delegate authority to the Director of Public Health, or designee, to execute one or more competitively solicited contract(s), sole source contract(s), or amendments to existing service contracts related to public health emergency preparedness, response, and recovery, with contract maximum obligations not to exceed \$600,000 annually per service contract, funded by sources to include, but not limited to, the CDC, California Department of Public Health (CDPH), Department of Homeland Security, and/or Measure B, subject to review and approval by County Counsel, and notification to your Board and the CEO.
7. Delegate authority to the Director of Public Health, or designee, to execute amendments to the contracts referenced above in Recommendations 5 and 6 that extend the term; allow the rollover of unspent contract funds, if allowable by the funding source; allow reallocation of funds between budgets; provide an increase or decrease in funding up to 10 percent above or below the annual base maximum obligation effective upon execution; update the statement of work and/or scope of work, as necessary; and/or correct errors in the terms and conditions, subject to review and approval by County Counsel, and notification to your Board and the CEO.
8. Delegate authority to the Director of Public Health, or designee, to execute change notices to the contracts referenced above in Recommendations 5 and 6 that authorize modifications to the budget with corresponding modifications to the statement of work and/or scope of work, that are within the same scope of services, as necessary; and/or changes to hours of operation and/or service locations.

9. Delegate authority to the Director of Public Health, or designee, to immediately suspend or terminate the contracts referenced above in Recommendations 5 and 6, upon issuing a written notice to contractors who fail to fully comply with contractual requirements and terminate contracts for convenience by providing a 30-calendar day advance written notice to contractors.
10. Delegate authority to the Director of Public Health, or designee, to purchase food and beverages for 10 public health emergency volunteer preparedness trainings, drills, and exercises scheduled annually in amounts not to exceed \$3,525 per training, with an estimated 100 attendees, 100 percent offset by CDC or CDPH funding, subject to review and approval by County Counsel.
11. Delegate authority to the Director of Public Health, or designee, to purchase food and beverages for up to eight community stakeholder workshops annually in amounts not to exceed \$3,525 per workshop with an estimated 100 attendees, 100 percent offset by CDC or CDPH funding, subject to review and approval by County Counsel.

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

Approval of Recommendation 1 will allow Public Health to accept a forthcoming award from the CDC to strengthen and enhance public health capabilities to prepare for and respond to all types of hazards including disease outbreaks, natural disasters, biological, chemical, and radiological incidents, as well as other public health threats and emergencies.

Approval of Recommendation 2 will allow Public Health to accept additional funding that may be issued from various funders as new awards in the event of a pandemic, emerging infectious disease outbreak, or an all-hazards or other public health emergency.

Approval of Recommendation 3 will allow Public Health to accept future awards that are consistent with the requirements of the awards referenced above to extend the term awards at amounts determined by the funder; and/or provide an increase or decrease in funding in each award. 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 4 will allow Public Health to accept future amendments that are consistent with the requirements of the awards referenced above that reflect non-material or ministerial revisions to the awards' terms and conditions and roll over unspent funds, and/or redirection of funds.

Approval of Recommendation 5 will allow Public Health to execute sole source contracts with Long Beach, Pasadena, and the City of LA. The contracts with Long Beach and Pasadena will continue to support the upgrade of local public health infrastructure and jurisdictional preparedness efforts to prevent, protect against, respond to, mitigate, and rapidly recover from hazards such as disease outbreaks, natural disasters, biological, chemical, and radiological incidents, and other public health threats and emergencies. The contract with the City of LA will allow for the continued partnership with Public Health in building and sustaining public health emergency preparedness and response for its more than 3.8 million residents.

Approval of Recommendation 6 will allow Public Health to execute one or more competitively solicited contract(s), sole source contract(s), or amendments to existing service contracts to quickly respond to public health threats and/or emergencies and fulfill grantor requirements.

Approval of Recommendation 7 will allow Public Health to execute amendments to the contracts to extend and/or adjust the term; rollover unspent funds; reallocate funds between budgets; and increase or decrease funding up to 10 percent above or below the annual base maximum obligation, update the statement of work and/or scope of work; and/or correct errors in the contract's terms and conditions, as necessary.

Approval of Recommendation 8 will allow Public Health to execute change notices to the contracts that authorize modifications to the budget with corresponding modifications to the statement of work and/or scope of work; that are within the same scope of services, as necessary and changes to hours of operation and/or service locations.

Approval of Recommendation 9 will allow Public Health to immediately suspend or terminate contracts with contractors who fail to perform and/or fully comply with contractual requirements, and to terminate contracts for convenience by providing 30-calendar days' advance written notice to contractors.

Approval of Recommendation 10 will allow Public Health to purchase food and beverages to be served during 10 public health emergency volunteer preparedness trainings, drills, and exercises scheduled annually for community volunteers registered with the Medical Reserve Corps and Public Health Emergency Volunteer Network. A total of 2,616 medical providers, mental health providers, and other skilled volunteers are currently registered with the Medical Reserve Corps to assist during a public health emergency and engage the community in preparing for emergencies. In addition, 50 partnering community volunteer groups with more than 6,200 volunteers are registered with the Public Health Emergency Volunteer Network.

The trainings, drills, and exercises enhance volunteers' knowledge, skills, and capabilities to augment Public Health staffing during emergency response efforts, and meet training requirements set forth by the Office of the Assistant Secretary for Preparedness and Response Division of Civilian Volunteers Medical Reserve Corps. To utilize limited time most effectively with the volunteers, all trainings are held from 8:00 AM to 4:00 PM and include a light breakfast and lunch.

Approval of Recommendation 11 will allow Public Health to purchase food and beverages to be served during eight public health emergency readiness, response, and recovery workshops annually for community stakeholders as required by the CDC. The workshops will provide trainings to stakeholders across a variety of sectors including government, education, business, faith-based, community-based agencies, non-governmental based, healthcare, and emergency management agencies to assure coordinated countywide response, communications, information sharing, and resource management during public health emergencies. To utilize limited time most effectively with the community stakeholders, all workshops are held from 8:00 AM to 4:00 PM and include a light breakfast and lunch.

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

The recommended actions support all three of the strategic plan goals contained in the County of Los Angeles Strategic Plan – North Star 1, Make Investments that Transform Lives; North Star 2, Foster Vibrant and Resilient Communities; and North Star 3, Realize Tomorrow's Government Today.

### **FISCAL IMPACT/FINANCING**

Public Health will accept a forthcoming award from CDC at an estimated annual amount of \$25,000,000, beginning July 1, 2024 through June 30, 2029. Final funding will be determined by CDC. Funds received from the CDC cooperative agreement are based on cost reimbursement claims submitted by the County. Funds will be deposited with the Treasurer & Tax Collector and will be disbursed to the appropriate revenue accounts as directed by Public Health. Public Health will be responsible for ensuring its compliance with accounting and Single Audit reporting requirements of these federal funds.

Funding is included in Public Health's FY 2024-25 Final Adopted Budget and will be included in future FYs, as necessary.

There are no net County costs associated with this action.

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

On December 7, 1999, your Board approved the acceptance of funds for the first year of the Public Health Preparedness and Response for Bioterrorism program.

On October 9, 2001, your Board approved a motion directing Public Health to take steps to ensure its ability to respond quickly and appropriately to any acts of bioterrorism.

In subsequent years, your Board has approved the acceptance of awards from the CDC and Office of the Assistant Secretary for Preparedness and Response comprised of PHEP and Hospital Preparedness Program funding to advance all-hazards preparedness and national health security, promote responsible stewardship of federal funds, and reduce the administrative burden placed on awardees. With these funds, Public Health has been able to execute contracts with different private and public agencies to strengthen and enhance the capability of Public Health to respond effectively and timely to acts of bioterrorism, evolving threats, and other emergencies such as Coronavirus, H1N1 Pandemic Influenza, Ebola Virus Disease, Zika Virus Disease, and natural disasters.

As required under Board Policy 5.100, on February 21, 2024, your Board received advance notice of Public Health's intent to execute sole source contracts with Long Beach, Pasadena, and City of LA for the term July 1, 2024, through June 30, 2025, with an option to extend for four additional one-year terms through June 30, 2029.

The CDC provides funding to Public Health to assure jurisdictional readiness for public health threats and emergencies. Public Health provides a per capita share to Long Beach and Pasadena to ensure that each public health authority within our jurisdiction can meet cooperative agreement requirements, since those cities operate their own public health departments.

Attachments A, B, and C are the Sole Source Checklists signed by the CEO.

### **CONTRACTING PROCESS**

Since 2002, your Board has authorized the execution of contracts with Long Beach and Pasadena, funded by the CDC PHEP Cooperative Agreement, to support the upgrade of local

public health jurisdictional preparedness efforts to respond to acts of bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies.

Execution of new sole source contracts with Long Beach and Pasadena will continue to support ongoing emergency preparedness activities. These activities include developing and updating emergency plans, training, and exercising city staff, conducting epidemiologic surveillance and investigation, maintaining laboratory capabilities, and maintaining communication notification and alerting systems. In addition, these funds support the ability to receive, stage, store, distribute, and dispense medical supplies and materials during a public health emergency. Strengthening and enhancing the public health system readiness of the city departments will ensure a seamless response within Los Angeles County.

The sole source contract with the City of LA will continue to support a full-time liaison to be employed by the City of LA to ensure high-level coordination capacity between Public Health's Emergency Preparedness and Response Division and the City of LA's Emergency Management Department (EMD). The liaison's duties include, but are not limited to, developing coordinated emergency response plans, building community resilience, preparing at-risk communities, strengthening response capability and information sharing, and creating effective medical countermeasure and non-pharmaceutical plans and capacities for the City of LA stakeholders and partners. The City of LA EMD is responsible for nearly half the population in Los Angeles County, therefore it is important to have this relationship in place to ensure interagency coordination in communicating and planning for public health preparedness and response.

Long Beach and Pasadena are required by CDC to demonstrate progress on public health emergency preparedness capabilities within their jurisdictions in collaboration with Public Health.

Contracts with Long Beach, and Pasadena, and City of LA as public sector entities, do not come under the Los Angeles County Code's bidding requirements for contracts with private businesses.

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

Approval of the recommended actions will provide for the effective and timely implementation of activities related to all-hazards preparedness and response.

Respectfully submitted,

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

BF:ig  
#07479  
Enclosures

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

**SOLE SOURCE CHECKLIST**

Department Name: Department of Public Health

New Sole Source Contract CITY OF LONG BEACH

Existing Sole Source Contract Date Sole Source Contract Approved: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

**SOLE SOURCE CHECKLIST**

Department Name: Department of Public Health

New Sole Source Contract CITY OF PASADENA

Existing Sole Source Contract Date Sole Source Contract Approved: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

**SOLE SOURCE CHECKLIST**

Department Name: Department of Public Health

New Sole Source Contract CITY OF LOS ANGELES

Existing Sole Source Contract Date Sole Source Contract Approved: \_\_\_\_\_

Check (v)	<b>JUSTIFICATION FOR SOLE SOURCE CONTRACTS</b>
Identify applicable justification and provide documentation for each checked item.	
	➤ Only one bona fide source (monopoly) for the service exists; performance and prices competition are not available. <i>A monopoly is an “Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist.”</i>
	➤ Compliance with applicable statutory and/or regulatory provisions.
	➤ Compliance with State and/or federal programmatic requirements.
✓	<p>➤ Services provided by other public or County-related entities.</p> <p><i>City of Los Angeles’ Emergency Management Department is responsible for more than 3.8 million of the City’s residents. A full-time public health liaison will be assigned to the City of Los Angeles to assure high level coordination between EPRD and the City. Responsibilities include, but are not limited to, developing coordinated emergency response plans, build community resilience, prepare at-risk communities, strengthen response capability and information sharing, and creating effective medical countermeasure and non-pharmaceutical plans and capacities for the City of Los Angeles stakeholders and partners. Contracts with the City of Los Angeles, as a public-sector entity, do not come under the Los Angeles County Code’s bidding requirements for contracts with private businesses.</i></p>
	➤ Services are needed to address an emergent or related time-sensitive need.
	➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
	➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	➤ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract with has no available option periods.
	➤ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available options periods.
	➤ Maintenance and service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
	➤ It is in the best economic interest of the County (e.g., significant costs to replace an existing system or infrastructure, administrative cost savings and excessive learning curve for a new service provider, etc.) In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

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

\_\_\_\_\_  
Date



**BOARD LETTER/MEMO  
CLUSTER FACT SHEET**

**DRAFT**

Board Letter

Board Memo

Other

<b>CLUSTER AGENDA REVIEW DATE</b>	4/23/2024	
<b>BOARD MEETING DATE</b>	4/10/2024	
<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>	<p align="center"><b>APPROVAL TO EXECUTE AN AMENDMENT TO THE MASTER AGREEMENT WORK ORDER WITH TEAM FRIDAY, INC. FOR COMMUNITY BASED COMMUNICATION AND ENGAGEMENT CAMPAIGNS MEDIA SERVICES (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)</b></p>	
<b>PROGRAM</b>	Executive Office, Office of Communications and Public Affairs	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why:	
<b>DEADLINES/ TIME CONSTRAINTS</b>	Future of Public Health Funding must be spent by June 30, 2024.	
<b>COST &amp; FUNDING</b>	Total cost: \$3,550,000	Funding source: Centers for Disease Control and Prevention (CDC), Assistance Listing Number 93.354, California Department of Public Health (CDPH) Future of Public Health and Care First Community Investment (CFCI) Funding
	TERMS (if applicable): July 1, 2023 through June 30, 2025	
	Explanation:	
<b>PURPOSE OF REQUEST</b>	Public Health is requesting the Director of Department of Public Health (Public Health), or designee, be delegated authority to execute an amendment to Master Agreement Work Order (MAWO) Number PH-005104-W1 with Team Friday, Inc for the provision of community-based communication and engagement campaigns media services, to increase the maximum annual obligation by \$1,100,000 from \$1,100,000 to \$2,200,000 for the period of July 1, 2023, through June 30, 2024 and to extend the term through June 30, 2025 at a maximum obligation of \$1,350,000 for the period of July 1, 2024, through June 30, 2025, 100 percent funded by CDC, CDPH Future of Public Health and CFCI funding.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	Public Health is addressing critical public health challenges such as gun violence, maternal and infant health disparities, public health information accessibility, and early childhood education. Initiatives like the Gun Violence Prevention Platform and the African American Infant and Maternal Mortality (AAIMM) Initiative are tackling systemic issues and health inequities. Additionally, the Public Health InfoLine and Early Childhood Education Programs are key strategies to improve health outcomes and education access for all county residents. The amendment to increase funding and extend the MAWO with Team Friday supports these efforts, enhancing Public Health's	

	capacity to develop and disseminate impactful public health communications through media campaigns and engage diverse community partners.
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: This funding will support expanded and targeted communication and engagement media campaigns to promote gun violence prevention, early childhood education programs, maternal health programs and access to public health information that helps manage a variety of communicable diseases, all areas which impact certain individuals and communities disproportionately due to their health status, limited access to care, and/or social determinants of health. These campaigns will enable Public Health to help reduce these health inequities.
<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 #3: Care First Jails Last/Justice Reform. This amendment is partially funded by CFCI funds. Public Health is dedicated to addressing a range of pressing public health challenges through a variety of media campaigns. This amendment will support key initiatives with a focused on: violence prevention, including gun violence, maternal and infant health, public health information accessibility, and early childhood education.
<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> Brett Morrow, Chief Communications Officer, (323) 715-7977 <a href="mailto:bmorrow@ph.lacounty.gov">bmorrow@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>



**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.**  
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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

April 23, 2024

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 THE MASTER AGREEMENT WORK  
ORDER WITH TEAM FRIDAY, INC. FOR COMMUNITY BASED COMMUNICATION  
AND ENGAGEMENT CAMPAIGNS MEDIA SERVICES  
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Request approval to execute an amendment to the Master Agreement Work Order with Team Friday, Inc. increase the maximum obligation for the period July 1, 2023, through June 30, 2024, and extend the term through June 30, 2025.

**IT IS RECOMMENDED THAT YOUR 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 Master Agreement Work Order (MAWO) Number PH-005104-W1 with Team Friday, Inc. (Team Friday) for the provision of Community Based Communication and Engagement Campaigns Media Services, to increase the maximum obligation by \$1,100,000 from \$1,100,000 to \$2,200,000 for the period of July 1, 2023, through June 30, 2024, and extend the term through June 30, 2025 at a maximum obligation of \$1,350,000 for the period of July 1, 2024, through June 30, 2025, 100 percent funded by Centers for Disease Control and Prevention (CDC), Assistance Listing Number 93.354, California

Department of Public Health (CDPH) Future of Public Health, and Care First Community Investment (CFCI) funding.

2. Delegate authority to the Director of Public Health, or designee, to execute future MAWO amendments with Team Friday that: a) extend the term for an additional one-year period through June 30, 2026 at amounts to be determined by the Director of Public Health, contingent upon availability of funds and contractor performance; b) allow the rollover of unspent MAWO funds; and c) provide an increase or decrease in funding up to 25 percent above or below each period's annual base maximum amount, effective upon amendment execution or at the beginning of the applicable MAWO period, which may include corresponding revisions to the Scope of Work, as necessary, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO). Future increases or amendments shall not exceed \$2,000,000 annually without additional delegated authority from your Board.

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

Public Health is dedicated to addressing a range of pressing public health challenges through a variety of media campaigns. To this end, additional funding has been identified to support key initiatives with a focus on violence prevention, including gun violence; maternal and infant health, public health information accessibility, and early childhood education. These efforts are crucial for enhancing the health and well-being of all Los Angeles County (LAC) residents, leveraging strategic communication and community engagement to make a tangible difference in these critical areas.

Public Health's InfoLine serves as an essential bridge between residents and a variety of health-related information and resources. The InfoLine allows residents to directly engage with trained Public Health staff seven days a week. To maximize its reach and effectiveness, Team Friday will promote InfoLine through targeted campaigns and media services. These promotions will utilize diverse channels and culturally responsive messaging to inform the community about available services, including assistance in locating vital vaccinations for viruses like Influenza, COVID-19, and Respiratory Syncytial Virus, and access to free COVID-19 medication. The InfoLine, offering information on a range of health topics and available in multiple languages, ensures equitable healthcare access for all, regardless of insurance or immigration status. The strategic promotion of this service aims to enhance public awareness and accessibility, ensuring that every resident of LAC can benefit from these critical health resources.

Early Childhood Education is a cornerstone of long-term societal health and well-being. In LAC, access to quality early childhood education is uneven, often correlating with socioeconomic status. Implementing a comprehensive Early Childhood Education Program can bridge this gap, offering all children a strong start in life. Such education has lasting benefits, including improved school readiness, better health outcomes, and enhanced lifelong learning and earning potential.

The amendment with Team Friday aligns seamlessly with Team Friday and Public Health's overarching goals, enhancing the ability to coordinate, develop, and disseminate timely messages through multiple communication strategies. By increasing funding, Team Friday can more effectively produce and place culturally responsive content within community-preferred communication channels, ensuring that Public Health's outreach resonates with the diverse population of LAC. Furthermore, this amendment will bolster efforts to identify and engage trusted community partners and audiences, enabling them to advise, promote, and support Public Health communication campaigns. This collaborative approach is crucial for amplifying our reach and impact, fostering a well-informed community where public health initiatives are more effectively received and acted upon.

Approval of Recommendation 1 will allow Public Health to amend MAWO Number PH-005104-W1 with Team Friday to increase the maximum obligation and extend the term through June 30, 2025, to provide additional community-based communication and engagement campaigns media services.

Approval of Recommendation 2 will allow Public Health to execute future amendments to the MAWO that: a) extend the term for an additional one-year period; b) allow the rollover of unspent MAWO funds; and c) provide an increase or decrease in funding up to 25 percent above or below each period's annual base maximum total not to exceed \$2,000,000 annually.

### **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 MAWO amendment increase for the period of July 1, 2023, through June 30, 2024, is \$2,200,000 and total cost of the MAWO amendment for the period of July 1, 2024, through June 30, 2025, is \$1,350,000, both periods funded by CDC, CDPH Future of Public Health, and CFCI funding.

There is no net County cost associated with this action. Funding for this action has been included in Public Health's fiscal year (FY) 2023-24 Adopted Budget and will be included in future FYs as necessary.

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

As required under Board Policy 5.120, your Board was notified on March 7, 2024, of Public Health's request to increase or decrease funding up to 25 percent above or below the annual base maximum obligation. A ten percent delegated authority will not allow sufficient flexibility to adjust for higher costs tied to contracts that support media services, including messaging regarding COVID-19 and other communicable diseases. Given the numerous funding shifts across COVID-19 service contracts that have occurred previously, Public

The Honorable Board of Supervisors

April 23, 2024

Page 4

Health is forecasting the continuous need to have the flexibility to shift such costs, which may result in the increase or decrease of funds, greater than the standard 10 percent.

### **CONTRACTING PROCESS**

On March 7, 2022, Public Health released a Community Based Communication and Engagement Campaigns Work Order Solicitation (MEDIA-WOS-24). Team Friday was awarded the MAWO for the initial year term, and the MAWO was executed on June 29, 2023.

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

Approval of the recommended action will allow Public Health to expand current media service campaigns in support of community-based communication and engagement in LAC.

Respectfully submitted,

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

Enclosures

BF:mo  
#07435

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

**Master Agreement Number: PH-005104**

Work Order Number: PH-005104-W1

**COUNTY OF LOS ANGELES / DEPARTMENT OF PUBLIC HEALTH**  
**MASTER AGREEMENT WORK ORDER**  
**FOR**  
**COMMUNITY BASED COMMUNICATION AND ENGAGEMENT CAMPAIGNS**  
**MEDIA SERVICES**  
**TEAM FRIDAY, INC.**  
**Amendment Number 2**

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

by and between COUNTY OF LOS ANGELES  
(hereafter "County"),

and TEAM FRIDAY, INC.  
(hereafter "Contractor").

WHEREAS, on February 17, 2023, the County and Contractor entered into Master Agreement Number PH-005104 to provide media services for Public Health; and

WHEREAS, reference is made to Master Agreement Number PH-005104 (referred to as "Master Agreement"), between County and Contractor, and

WHEREAS on June 29, 2023, County and Contractor entered into Master Agreement Work Order (MAWO) Number PH-005104-W1 to provide Community Based Engagement and Communication Campaigns to support Media Services in Los Angeles County, and

WHEREAS on March xx, 2024, County and Contractor executed Amendment Number 1 to the MAWO to increase the budget; and

WHEREAS, on April 23, 2023, the Board of Supervisors authorized and delegated authority to the Director of the Department of Public Health (Public Health), or designee, to execute an amendment to the MAWO to increase the maximum obligation by \$1,100,000 from \$1,100,000 to \$2,200,000,000 for the period of July 1, 2023, through June 30, 2024, and extend the term through June 30, 2025 at a maximum obligation of \$1,350,000 for the period of July 1, 2024, through June 30, 2025; and

WHEREAS, the County has been allocated funds from the Centers for Disease Control and Prevention (CDC), Assistance Listing Number (ALN) 93.354, California Department of Public Health (CDPH) Future of Public Health and Care First Community Investment (CFCI) Funding, of which a portion of these has been designated to this MAWO; and

WHEREAS, it is the intent of the parties hereto to amend the MAWO to increase the Maximum Total Amount and make other hereafter designated changes to the MAWO; and

WHEREAS Master Agreement, Paragraph 8.1 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 MAWO.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall be effective upon date of execution for the period of July 1, 2023, through June 30, 2025.
2. Effective on the date of this Amendment, Attachment A, Statement of Work, shall be deleted in its entirety and replaced with, Attachment A-1, Statement of Work,



attached hereto, and incorporated herein by reference. All references in the MAWO to “Attachment A, Statement of Work” shall be deemed amended to state “Attachment A-1, Statement of Work”.

3. Effective on the date of this Amendment, Attachment C-1, Budget, shall be deleted in its entirety and replaced with Attachment C-2, Budget, attached hereto and incorporated herein by reference. All reference in the MAWO to “Attachment C, Budget” shall be deemed amended to state “Attachment C-2 and C-3, Budgets”.

4. Effective on the date of this Amendment, Attachment C-3, Budget, shall be added, attached hereto and incorporated herein by reference.

5. Paragraph 1.0, APPLICABLE DOCUMENTS, shall be deleted in its entirety and replaced as follows:

“1.0 APPLICABLE DOCUMENTS

Attachments A-1, C-2, C-3, D, E, F, G, H, I, and J are attached to and form a part of this MAWO. In the event of any conflict or inconsistency in the definition or interpretation of any work, responsibility, schedule, or the contents or description of any task, deliverable, goods, service, or other work, or otherwise between the base MAWO and the Attachments, or between Attachments, such conflict or inconsistency shall be resolved by giving precedence first to the Master Agreement, MAWO, and then to the Attachments according to the following priority.

**Standard Attachments:**

1.1 Attachment A-1 – Statement of Work

1.2 Attachment B - Scope of Work (Intentionally Omitted)

1.3 Attachment C-2 and C-3 – Budget(s)

- 1.4 Attachment D – Certification of No Conflict of Interest
- 1.5 Attachment E – Certification of Employee Status
- 1.6 Attachment F – County’s Administration
- 1.7 Attachment G – Contractor’s Administration
- 1.8 Attachment H – Forms Required Before Each Work Order Begins

**Unique Attachments**

- 1.9 Attachment I – Forms Required at Completion of each Work Order Involving Intellectual Property That is Developed/Designed by Contractor
- 1.10 Attachment J – Contractor’s Obligation as Other Than Business Associate (Inadvertent Access) Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- 6. Paragraph 2.0, WORK, shall be deleted in its entirety and replaced as follows:

“2.0 WORK

Pursuant to the provisions of this MAWO, the Contractor shall fully perform, complete, and deliver on time, all tasks, deliverables, services and other work as set forth in Attachment A-1, Statement of Work. This MAWO shall constitute the complete and exclusive statement of understanding between the parties relating to the subject matter of this MAWO.”

- 7. Paragraph 3.0, TERM OF MASTER AGREEMENT WORK ORDER, shall be deleted in its entirety and replaced to as follows:

“3.0 TERM OF MASTER AGREEMENT WORK ORDER

The term of this MAWO shall be effective on the July 1, 2023, and continue in full force and effect through June 30, 2025, unless sooner terminated or extended, in whole or in part, as provided in this MAWO.

8. Paragraph 4.0, CONTRACT BUDGET, shall be deleted in its entirety and replaced as follows:

“4.0 CONTRACT BUDGET

Contractor shall provide media services at the specified rates in Attachment C-2 and C-3, Budget(s). Contractor shall not add or replace services or personnel without the prior written permission of the County Project Director or designee.”

9. Paragraph 7.0 MAXIMUM TOTAL AMOUNT AND PAYMENT, subparagraph 7.1, 7.2, and 7.3 shall be deleted in its entirety and replaced as follows:

“7.1 Effective July 1, 2023 through June 30, 2025, the Maximum Total Amount that County will pay Contractor for all services provided under this MAWO shall not exceed the amount of one million eight hundred thousand dollars (\$2,200,000) for the period July 1, 2023 through June 30, 2024, as set forth in Attachment C-2, Budget, attached hereto and incorporated herein, and nine hundred thousand dollars (\$1,350,000) for the period July 1, 2024 through June 30, 2025 as set forth in Attachment C-3, Budget, attached hereto and incorporated herein, for a total Maximum Total Amount of two million seven hundred thousand dollars (\$3,550,000).

7.2 County agrees to compensate Contractor in accordance with the payment structure set forth in Attachment C-2 and C-3 Budget(s), attached hereto and incorporated herein by reference.

7.3 Contractor shall satisfactorily perform and complete all required services in accordance with Attachment A-1, Statement of Work, notwithstanding the fact that total payment from County shall not exceed the Maximum Total Amount. Performance of services as used in this Paragraph includes time spent performing any of the service activities designated in the Attachment(s) including, but not limited to, any time spent on the preparation for such activities.”

9. Paragraph 10.0, MANDATORY COMPLETION DATE, shall be deleted in its entirety and replaced as follows:

“10.0 MANDATORY COMPLETION DATE

Contractor shall provide all deliverables no later than the completion date identified in Attachment A-1 Statement of Work. The Contractor shall ensure all services have been performed by such date.”

10. Except for the changes set forth herein, all terms and conditions of the MAWO shall remain the same.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Director of Public Health, or designee, and Contractor has caused this Amendment 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

TEAM FRIDAY, 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

**STATEMENT OF WORK  
COMMUNITY BASED COMMUNICATIONS AND  
ENGAGEMENT CAMPAIGNS**

## TABLE OF CONTENTS

SECTION	TITLE	PAGE
1.0	SCOPE OF WORK.....	1
2.0	QUALITY CONTROL.....	1
3.0	QUALITY ASSURANCE PLAN.....	2
4.0	SPECIFIC WORK REQUIREMENTS .....	2
5.0	RESPONSIBILITIES.....	5
6.0	REPORTING AND RECORD KEEPING .....	8
7.0	IMPLEMENTATION PLAN .....	8

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY BASED COMMUNICATION AND ENGAGEMENT CAMPAIGNS**

**SAMPLE STATEMENT OF WORK (SOW)**

**1.0 SCOPE OF WORK**

The Los Angeles County (County) Department of Public Health’s (Public Health) Office of Communications and Public Affairs (OCPA) has the oversight and responsibility for reporting and responding to events that impact both Los Angeles County residents. The OCPA’s work is accomplished in partnership and collaboration with first response agencies, as well as non-profit, private sector and government partners. One of the OCPA’s primary responsibilities is to strengthen Public Health’s position through high-impact responsive marketing and communications and with the goal of composing a media strategy plan with measurable results.

OCPA collaborates with Departmental programs and community organizations to coordinate and expand communications reach and engage diverse countywide audiences, particularly communities highly impacted by health outcomes, through a variety of public health matters, including but not limited to health promotional messaging, communicable disease prevention and mitigation (e.g., COVID-19, flu) and environmental hazard protections. Under this Master Agreement Work Order (MAWO), the Contractor will be instrumental in assisting OCPA with this effort.

The Contractor will be responsible for the following goals:

Goal 1: Coordinate and develop timely messages and activities utilizing multiple communications strategies;

Goal 2: Produce and place culturally responsive assets in community preferred communication channels; and

Goal 3: Identify and engage trusted community partners and audiences to advise, promote and support public health communication campaigns.

**2.0 QUALITY CONTROL**

The Contractor shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the MAWO. The Plan shall be submitted to the County MAWO Project Monitor for review. The plan shall include, but may not be limited to the following:

2.1 Method of monitoring to ensure that MAWO requirements are being met;

2.2 A record of all inspections conducted by the Contractor, any corrective action taken, the time a problem was first identified, a clear description of



the problem, and the time elapsed between identification and completed corrective action, shall be provided to the County upon request.

### **3.0 QUALITY ASSURANCE PLAN**

The County will evaluate the Contractor's performance under this MAWO using the quality assurance procedures as defined in the Master Agreement, Sub-paragraph 8.14, County's Quality Assurance Plan.

#### **3.1 Meetings**

Contractor shall attend meetings as required by Public Health.

#### **3.2 Contract Discrepancy Report**

Verbal notification of a Contract discrepancy will be made to the Contractor's Project Manager as soon as possible whenever a Contract discrepancy is identified. The problem shall be resolved within a time period mutually agreed upon by the County and the Contractor's Project Manager.

The County will determine whether a Contract Discrepancy Report shall be issued. Upon receipt of this document, the Project Manager is required to respond in writing to the County within five (5) workdays, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the Contract Discrepancy Report shall be submitted to the County within fifteen (15) workdays.

#### **3.3 County Observations**

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to the Master Agreement and/or Master Agreement Work Order (MAWO) at any time during normal business hours. However, these observations may not unreasonably interfere with the Contractor's performance.

### **4.0 SPECIFIC WORK REQUIREMENTS**

The Contractor shall provide overall Program Management for the project including but not limited to:

#### **4.1 Coordination of messages and activities across multiple communication platforms.**

4.1.1 At the direction of Public Health, convene regularly scheduled communications meetings between OCPA and community partners to identify messages, updates, and current information. These meetings will be used by OCPA to connect with key partners and

identify any communications gaps, areas of improvement, misinformation, or alternative methods to communicate messaging to community members.

- 4.1.2 Identify convenings and opportunities to audit and augment communications across County departments and partners to learn where collaboration, updates, and clarification can happen. Ensure regular status updates to key stakeholders.
- 4.1.3 Co-create and update engagement materials to allow community organizations to utilize their unique communications and reference when having conversations with reporters.
- 4.1.4 Create digital tools to house information or expand the existing website.
  - a. Work with Public Health to assess current website challenges and needs. Identify opportunities and engage stakeholders on options and accessibility.

## **4.2 Production and placement of culturally responsive assets in community preferred communication channels**

- 4.2.1 Conduct research, group listening sessions, and social listening tracking to identify current themes, online discussions, relevant topics, and opinions related to any and all public health matters, vaccines, and resources. Share the findings and data with community partners and internal audiences.
- 4.2.2 Track relevant campaign and engagement analytics and share, as appropriate and directed by Public Health, with community partners in ways to easily access and distribute in communities across multiple platforms.
- 4.2.3 Collaborate with Public Health programs to identify partnership opportunities for Community-Based Organizations (CBOs), Faith-Based Organizations (FBOs), and other community organizations, as well as internal audiences.
- 4.2.4 Message development and refinement with partners and other trusted community messengers.
  - a. Rapid test messaging and focus grouping A/B testing.
  - b. Paid focus groups within target audience communities.
  - c. Listening sessions, research.

- 4.2.5 Multilingual campaigns creation for outreach, messaging, uplifting community stories related to emerging public health matters, facilitating increased access to health information across channels and platforms, including but not limited to out-of-home, earned media, paid media, social media, and collaboration with trusted messengers in the communities. Unique elements designed for and disseminated in highly-impacted communities with the focus on actions, hope, work, connectedness, and community stories.
- a. Take careful consideration for the visual storytelling representation of genders, ages, races, disability, and the visual elements of colors, text, and readability. Achieving equity-based communications means the details of the assets and outreach prioritize inclusion, and accessibility in content development and dissemination.
  - b. Collaborate with Public Health to identify community stories and storytellers to uplift, share unique perspectives, solutions, and situations for unique communities within larger highly-impacted neighborhoods.
- 4.2.6 Create communications campaigns to engage traditional and multi-lingual media outlets, community partners, influencers, trusted messengers to reach highly-impacted communities, and highlight the work of Public Health with a holistic public health vision and plan for harm reduction and influence behavioral changes.
- 4.2.7 Coordinate and manage the creation of materials, ensuring sharing across county departments and partners. Ensure messages are:
- a. Translated and interpreted for at least the threshold languages. For Los Angeles County, these are (in alphabetical order): Arabic, Armenian, Cantonese, English, Farsi, Khmer (Cambodian), Korean, Mandarin, Russian, Spanish, Tagalog, and Vietnamese.
  - b. Materials for non-readers.
  - c. Culturally relevant and engaging.
  - d. Messages that create:
    - Actions that are attainable for focus populations.
    - Actions that are direct, clear.
    - Actions that show the result of avoiding harm to self, family and community.
    - Messages that center wellness for today and the future.

### **4.3 Identification and engagement of trusted community partners and audiences to advise, promote and support public health communication campaigns that build trust and confidence.**

- 4.3.1 Collaborate with Public Health, County Departments, and community partners to facilitate listening feedback sessions, testing material, relationship building, peer learning, and collaboration, as needed for campaigns.
- 4.3.2 Tailor communications to local/geographic/audience-specific needs and any existing outreach or testing.
- 4.3.3 Coordinate message dissemination and related education by partners. Identify and highlight platforms across the communities of Los Angeles County that can be utilized, making material specific for those audiences.
- 4.3.4 Develop media channels including, web-based, mainstream media, and community-centered options.
- 4.3.5 Identify and coordinate key media buys and outreach material placements that align with prioritized communities by co-identifying the most trusted outlets and approaches.
- 4.3.6 Create, design, and collaborate on materials for distribution hubs including printing and coordinated delivery.
  - a. Materials disseminated to distribution hubs of food, essential items, COVID-19 testing sites, county, and other healthcare providers.
  - b. Identify other community-focused physical locations to distribute the material.

## **5.0 RESPONSIBILITIES**

The County's and the Contractor's responsibilities are as follows:

### **COUNTY**

The County will administer the Work Order according to Paragraph 6.0, Administration of Master Agreement – County.

### **5.1 Responsibilities**

- 5.1.1 County will provide a full-time assigned Public Health representative.

The assigned Public Health representative will serve as the County's central point of contact to the Contractor, providing day-to-day oversight, guidance, and direction to the Contractor.

- 5.1.2 Monitor the Contractor's performance in the daily operation of this Agreement.
- 5.1.3 Provide direction to the Contractor in areas relating to policy, information and procedural requirements.
- 5.1.4 Prepare Amendments in accordance with Paragraph 8.0, Standard Terms and Conditions, Sub-paragraph 8.1, Amendments of the Master Agreement.

## **CONTRACTOR**

The Contractor will not use information gained regarding or from this Work Order for its own business promotion purposes without the prior written consent of the County in any capacity.

### **5.2 Account Lead/Project Manager**

- 5.2.1 One (1) Account Lead/Project Manager (1.00 Full Time Equivalent) will be designated to this campaign and will be the central point of contact with Public Health. The Account Lead/Project Manager will be responsible for leading and participating in weekly meetings/updates to discuss media objectives, communication objectives, invoicing/budget management, County audits, deliverable management, provide updates, and act as a liaison between Public Health and community partners.
  - 5.2.1.1 Account Lead/Project Manager must have a minimum of five (5) years' experience within the last seven (7) years in managing accounts.
  - 5.2.1.2 Account Lead/Project Manager must be able to effectively communicate in English, both orally and in writing, and be physically based in Los Angeles County.
  - 5.2.1.3 Account Lead/Project Manager shall have full authority to act for Contractor on all matters relating to the daily operation of the MAWO.
  - 5.2.1.4 County must have access to Contractor's Account Lead/Project Manager during all weekday working hours

each week, each month, each term year. Contractor shall provide a telephone number and e-mail address where Contractor's Account Lead/Project manager may be reached on an as-needed basis. Account Lead/Project manager or designated alternate shall respond to the County within two (2) hours after the County initiates contact.

### **5.3 Materials and Equipment**

The purchase of all materials/equipment to provide the needed services is the responsibility of the Contractor. Contractor shall use materials and equipment that are safe for the environment and safe for use by the employee.

### **5.4 Contractor's Office**

Contractor shall maintain a physical office in Los Angeles County with a telephone in the company's name where the Contractor conducts business. The office shall be staffed during the hours of 8:00 a.m. to 5:00 p.m. Pacific Time (PT), Monday through Friday, by at least one (1) employee who can respond to inquiries and complaints which may be received about the Contractor's performance of the MAWO. When the office is closed, an answering service shall be provided to receive calls. The Contractor shall answer calls received by the answering service within twenty-four (24) hours of receipt of the call.

Contractor shall be required to provide telephone and e-mail responses to the Public Health Representative or designee Monday through Friday 8:00 a.m. to 5:00 p.m. PST.

### **5.5 Contractor's Staff Work Schedules**

5.5.1 The Contractor shall submit for review and approval all staff work schedules to the County within ten (10) days prior to starting work.

5.5.2 The Contractor shall provide for a two (2) week overlap/transition period for any staff member that is being removed from this Work Order. The new replacement staff member is required to have qualifications equal to or exceeding that of the staff member that is being replaced. The Contractor's new staff may not be assigned to this Work Order without prior approval from the County. If prior approval is not received in writing from the County, any invoices received from the Contractor for the services conducted by that staff member will not be payable.

## **5.6 Identification Badges**

The Contractor shall ensure their employees are appropriately identified as set forth in Administration of Agreement – Contractor, Sub-paragraph 7.4, Contractor’s Staff Identification, of the Master Agreement. The cost of supplying identification badges will be paid for by Contractor.

## **6.0 REPORTING AND RECORD KEEPING**

**6.1** The Contractor shall generate and maintain retrievable program records relating to services performed under this Work Order and data collection/tracking systems as directed by County.

### **6.2 Reporting – Ethnic and Hyperlocal Community Outreach**

In addition to any reporting requirements outlined in the MAWO, the Contractor must report on any advertising in hyperlocal and ethnic media outlets for community outreach. This must include the amount and percentage of advertising in hyperlocal and media outlets.

Reports should be submitted to Public Health at the end of each calendar year or, upon request by Public Health.

## **7.0 IMPLEMENTATION PLAN**

The Contractor shall develop an implementation plan and provide a draft no later than two weeks after the date of MAWO execution. The implementation plan must be finalized within sixty (60) days of executing the MAWO, which shall be approved by the County. An updated implementation plan draft must be provided to the County by June 1, 2024. The updated implementation plan must be finalized by June 30, 2024. Implementation activities are to be completed according to the timelines agreed upon by the Contractor and the County and shall be documented and/or submitted as specified. Any updates to the implementation plan must have the County’s approval. All program documents, completed materials, evaluations, etc., will be maintained on file and available for review by the County upon request. Any failure by the Contractor to comply with the implementation plan may constitute a material breach of this Work Order, upon which the County may take corrective action, up to and including termination of this Work Order.

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY BASED COMMUNICATION AND ENGAGEMENT CAMPAIGNS**

**July 1, 2023 through June 30, 2024**

<b>BUDGET SUMMARY</b>	
<b>(Schedule of Projected Costs)</b>	
<b>COST CATEGORY</b>	<b>AMOUNT</b>
<b>Budget Category I: 4.1 Coordination of messages and activities across multiple communication platforms.</b>	<b>\$ 500,000</b>
<b>Budget Category II: 4.2 Production and placement of culturally responsive assets in community preferred communication channels</b>	<b>\$ 1,100,000</b>
<b>Budget Category III: 4.3 Identification and engagement of trusted community partners and audiences to advise, promote and support public health communication campaigns that build trust and confidence</b>	<b>\$ 500,000</b>
<b>TOTAL COST TO MEET THE REQUIREMENTS OF THE WORK</b>	<b>\$ 2,100,000</b>



**Detailed Budget Breakdown 2023-2024:**

<b>Positions</b>	<b>Number of Employees</b>	<b>Salary/Cost*</b>	<b>Description/Justifications</b>	<b>Notes</b>
Chief Executive Officer	1	\$85,700	Administrative and strategic support for all DPH media and engagement. Billed hourly as necessary at \$225.	Budget Category 1, 2, 3
Vice President, Planning & Strategy	1	\$160,000	Administrative and strategic support for all DPH earned and paid media and engagement. Billed hourly as necessary at \$200.	Budget Category 1, 2, 3
Vice President, Client Services	1	\$125,000	Administrative and strategic support for all DPH coordination and engagement. Billed hourly as necessary at \$200.	Budget Category 1, 2, 3
Account Executive	1	\$115,000	Administrative and strategic support for all DPH account coordination and creative projects. Billed as needed. hourly at \$150. Includes on FT and one creative support.	Budget Category 1, 2, 3
Project Manager/Production Coordinator	1	\$6,300	Administrative and strategic support for all DPH media development coordination and project management. Billed hourly as necessary at \$150.	Budget Category 1, 2, 3
Manager, Earned Media	1	\$95,000	Administrative and strategic support on DPH earned media and public relations engagement. Billed hourly at \$150.	Budget Category 1, 2, 3

ATTACHMENT C-2 BUDGET

Coordinator, Media Buyer	1	\$115,000	Administrative and strategic support for all DPH paid media buying and vendor coordination. Billed hourly as necessary at \$150.	Budget Category 1, 2, 3
Executive Creative Director	1	\$120,000	Design and Creative support for all DPH for all DPH media and engagement. Billed hourly as necessary at \$200.	Budget Category 1, 2, 3
Graphic Designer	1	\$90,000	Design and Creative support for all DPH media and engagement. Billed hourly as necessary at \$150 or \$90 (dependent on experience).	Budget Category 1, 2, 3
<b>Subtotal:</b>		<b>\$912,000</b>		

<b>Services and Supplies</b>	<b>Cost</b>	<b>Description</b>	<b>Notes</b>
Translations	\$4,000	Budget for translation of material in identified threshold languages as needed. This includes a budget for translation and ASL support during any and all training. Will work closely with DPH internal translations team for execution and approval when utilized. (Inclusive of 10% management service fee.)	Budget Category 1, 2, 3

ATTACHMENT C-2 BUDGET

Media Buying / Digital media Buying	\$1,138,000	Budget to negotiate effectively and steward media buys for the LA County Department of Public Health including but not limited to OOH, digital, and paid partnerships. Serve as media specialist providing insights on the media marketplace, macro-trends, and opportunities across for highly targeted platforms. Collaborate with internal teams to build and execute buying and test strategies that drive the overall campaign strategy. This would be 30% to general market media campaigns, 50% to ethnic media campaigns, and 20% for community partners media development. (Inclusive 10% media buying fee.)	Budget Category 2
Creative Media Services	\$13,000	Develop PSA's, license photography, music, voice-over as part of media campaigns and buying.	Budget Category 2, 3
Creative Photo and Video Production	\$33,000	Budget for photo and video production and story-telling material as approach and quantity will be defined by strategy. Captions are included but transcription of languages other than English will be attributed to the translation budget.	Budget Category 2, 3
<b>Subtotal:</b>	<b>\$1,188,000</b>		
<b>Total FY 2023-24</b>	<b>\$2,100,000</b>		

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY BASED COMMUNICATION AND ENGAGEMENT CAMPAIGNS**

**Term 2: July 1, 2024 through June 30, 2025**

<b>BUDGET SUMMARY</b>	
<b>(Schedule of Projected Costs)</b>	
<b>COST CATEGORY</b>	<b>AMOUNT</b>
<b>Budget Category I: 4.1 Coordination of messages and activities across multiple communication platforms.</b>	<b>\$ 300,000</b>
<b>Budget Category II: 4.2 Production and placement of culturally responsive assets in community preferred communication channels</b>	<b>\$ 700,000</b>
<b>Budget Category III: 4.3 Identification and engagement of trusted community partners and audiences to advise, promote and support public health communication campaigns that build trust and confidence</b>	<b>\$ 350,000</b>
<b>TOTAL COST TO MEET THE REQUIREMENTS OF THE WORK</b>	<b>\$ 1,350,000</b>

**Detailed Budget Breakdown 2024-2025:**

<b>Positions</b>	<b>Number of Employees</b>	<b>Salary/Cost*</b>	<b>Description/Justifications</b>	<b>Notes</b>
Chief Executive Officer	1	\$90,000	Administrative and strategic support for all DPH media and engagement. Billed hourly as necessary at \$225.	Budget Category 1, 2, 3
Vice President, Planning & Strategy	1	\$100,000	Administrative and strategic support for all DPH earned and paid media and engagement. Billed hourly as necessary at \$200.	Budget Category 1, 2, 3
Vice President, Client Services	1	\$90,000	Administrative and strategic support for all DPH coordination and engagement. Billed hourly as necessary at \$200.	Budget Category 1, 2, 3
Account Executive	1	\$90,000	Administrative and strategic support for all DPH account coordination and creative projects. Billed as needed. hourly at \$150. Includes on FT and one creative support.	Budget Category 1, 2, 3
Coordinator, Media Buyer	1	\$100,000	Administrative and strategic support for all DPH paid media buying and vendor coordination. Billed hourly as necessary at \$150.	Budget Category 1, 2, 3
Creative Director	1	\$100,000	Design and Creative support for all DPH for all DPH media and engagement. Billed hourly as necessary at \$200.	Budget Category 1, 2, 3

ATTACHMENT C-3 BUDGET

Graphic Designer	1	\$90,000	Design and Creative support for all DPH media and engagement. Billed hourly as necessary at \$150 or \$90 (dependent on experience).	Budget Category 1, 2, 3
<b>Subtotal:</b>		<b>\$660,000</b>		

<b>Services and Supplies</b>	<b>Cost</b>	<b>Description</b>	<b>Notes</b>
Media Buying / Digital media Buying	\$665,000	Budget to negotiate effectively and steward media buys for the LA County Department of Public Health including but not limited to OOH, digital, and paid partnerships. Serve as media specialist providing insights on the media marketplace, macro-trends, and opportunities across for highly targeted platforms. Collaborate with internal teams to build and execute buying and test strategies that drive the overall campaign strategy. (Inclusive 10% media buying fee.)	Budget Category 2
Creative Media Services	\$25,000	Develop PSA's, license photography, video production, music, voice-over as part of media campaigns and buying.	Budget Category 2, 3
<b>Subtotal:</b>	<b>\$690,000</b>		
<b>Total FY 2023-24</b>	<b>\$1,350,000</b>		

**DRAFT****BOARD LETTER/MEMO  
CLUSTER FACT SHEET** Board Letter Board Memo Other

<b>CLUSTER AGENDA REVIEW DATE</b>	4/10/2024	
<b>BOARD MEETING DATE</b>	4/23/2024	
<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>	Mental Health	
<b>SUBJECT</b>	Request approval to enter into agreements with up to 12 Legal Entities to facilitate the final financial reconciliation and settlement amounts for certain fiscal years.	
<b>PROGRAM</b>		
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If Yes, please explain why:	
<b>DEADLINES/ TIME CONSTRAINTS</b>	4/23/24	
<b>COST &amp; FUNDING</b>	\$9,167,000	Funding source: Federal, State, and County Funds
	TERMS (if applicable):	
	Explanation:	
<b>PURPOSE OF REQUEST</b>	This Board letter will authorize the Director of Mental Health to execute Mental Health Final Reconciliation and Cost Settlement agreements with up to 12 Legal Entity Contractors for services during Fiscal Years (FYs) 2005-06 through 2015-16, waive collection from the Contractor of certain payments related to FYs 2002-03 through 2005-06, and release any outstanding Contractor appeals related to FYs 2005-06 through 2015-16 that have delayed reaching such agreement.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	Each of the 12 Contractors are LEs that contract with DMH and which performed services pursuant to executed contracts during FYs 2005-06 through 2015-16. Each of the Contractors filed timely appeals with DMH raising specific, discrete issues that they allege negatively and unfairly impacted the calculation of final payments owed to the Contractor for services rendered during FYs 2005-06 through 2015-16. DMH has met with and exchanged documentation with each of the 12 Contractors regarding these appeal issues over a multiyear process. DMH seeks to conclusively resolve all issues with the Contractors related to FYs 2005-06 through 2015-16. DMH believes that the settlement amounts are appropriate and that achieving final resolution is prudent.	
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how: This board letter falls under the	
<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: This BL supports	
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email: Sara Lee Dato, Finance Manager, (213)947.6255, sldato@dmh.lacounty.gov Will Birnie, Senior Deputy County Counsel, (213) 972-5717 wbirnie@counsel.lacounty.gov	



**DEPARTMENT OF MENTAL HEALTH**  
hope. recovery. wellbeing.

**LISA H. WONG, Psy.D.**  
Director

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

**Connie D. Draxler, M.P.A.**  
Acting Chief Deputy Director

April 23, 2024

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

Dear Supervisors:

**APPROVAL TO ENTER INTO AGREEMENTS WITH UP TO 12 LEGAL ENTITIES TO  
FACILITATE THE FINAL FINANCIAL RECONCILIATION AND COST SETTLEMENT  
AMOUNT FOR CERTAIN FISCAL YEARS  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Request approval to enter into up to 12 Legal Entity cost settlement agreements to finalize financial reconciliation and cost settlement amounts for the Legal Entities identified in Attachment II for the fiscal years indicated below.

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Approve and authorize the Director of Mental Health (Director), or designee, to prepare and execute a Mental Health Final Reconciliation and Cost Settlement agreement, substantially similar to Attachment I, with up to 12 Legal Entity Contractors (Contractors) listed in Attachment II, to: 1) establish a final agreement over the amounts payable to the Contractors for services furnished during Fiscal Years (FYs) 2005-06 through 2015-16; 2) waive collection from the Contractor of certain payments related to FYs 2002-03 through 2005-06; and 3) release any outstanding Contractor appeals related to FYs 2005-06 through 2015-16 that have delayed reaching such agreement. These agreements will be subject to the prior review and approval as to form by County Counsel, with written notice to the Board and Chief Executive Office.



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

The Department of Mental Health (DMH) contracts with providers of mental health services for Medi-Cal and uninsured residents and reimburses the contracted providers, referred to as legal entities (LEs), pursuant to the terms and conditions in the executed contracts. Payment from DMH to the LEs is performed over a multiyear process, including the reporting of claims to DMH for approval, the submission by the contractor of a year-end cost report, issuance of interim payments, the submission by the contractor of a reconciled cost report, adjustments to interim payments, and the resolution of various audits and appeals. Payments to LEs are based upon information included in the cost reports filed and certified by the LE and accepted by DMH, and are subject to limitations, terms and conditions, and requirements contained in the executed contracts between DMH and the LEs. These contracts, including their financial exhibits, are frequently amended by joint action of the LEs and DMH. In the absence of formally filed disputes or challenges, interim payments to LEs are subject to a final reconciliation process where interim payments are finally settled.

Each of the 12 Contractors are LEs that contract with DMH and which performed services pursuant to executed contracts during FYs 2005-06 through 2015-16. Each of the Contractors filed timely appeals with DMH raising specific, discrete issues that they allege negatively and unfairly impacted the calculation of final payments owed to the Contractor for services rendered during FYs 2005-06 through 2015-16. DMH has met with and exchanged documentation with each of the 12 Contractors regarding these appeal issues over a multiyear process. DMH seeks to conclusively resolve all issues with the Contractors related to FYs 2005-06 through 2015-16. DMH believes that the settlement amounts are appropriate and that achieving final resolution is prudent.

Pursuant to the Final Reconciliation and Cost Settlement agreement, DMH would increase its calculations of the final amount due to each of the Contractors for services they furnished above the amounts that had been previously calculated. In some cases, additional payments would be due to the Contractor, and in others the Contractor would agree to repay the previous interim payments to the County, in accordance with the timelines contained in the agreement.

Execution of the Final Reconciliation and Cost Settlement agreement would allow DMH to complete the final reconciliation and cost settlement for the appealing Contractors for FYs 2005-06 through 2015-16. As part of the same agreement, both the County and the Contractor would release and waive any potential claims related to payments based on the mental health cost reports for those years so that the settlements would be final.

As part of the same Mental Health Final Reconciliation and Cost Settlement agreement, and consistent with the mutual waiver of claims and desire to finalize historical payments, the County would agree not to recoup from the Contractors any amounts disallowed by

the State as part of the Assembly Bill 3632 / Senate Bill 90 audit for FY 2002-03 through FY 2005-06. Agreeing not to recoup from the Contractors that have entered into the Mental Health Final Reconciliation and Cost Settlement will facilitate the final resolution of payments during the FY 2005-06 through FY 2015-16 period and will reduce County administrative burden.

Board approval of the recommended action will allow DMH to enter into Mental Health Final Reconciliation and Cost Settlement agreements with up to 12 Contractors listed in Attachment II; the Contractors listed in Attachment II will receive final payments needed to complete cost settlement for FYs 2005-06 through 2015-16 so that final settlement can be conducted.

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

The recommended actions support the County's Strategic Plan North Star 3, Realize Tomorrow's Government Today, via Focus Area Goal G.- Internal Controls and Processes strategy ii. Manage and Maximize County Assets.

### **FISCAL IMPACT/FINANCING**

The recommended action will authorize DMH to enter into an agreement with up to 12 Contractors to facilitate the finalization of payments for FYs 2005-06 through 2015-16. The execution of the Mental Health Final Reconciliation and Cost Settlement with all 12 Contractors would increase County payments for services furnished by the LEs by a maximum of \$9,167,000, which would be accounted for in the cost settlement process with the applicable Contractors and fully funded by State and federal funds. Entering into the Mental Health Final Reconciliation and Cost Settlement with the 12 Contractors would permit the County to conduct final settlement, which will result in additional outlays of a maximum of \$6,985,000 and commitments from LEs to repay the County a maximum of \$7,649,480 pursuant to a repayment plan.

The Mental Health Final Reconciliation and Cost Settlement agreement would also allow DMH not to seek collection from the Contractors of a maximum of \$5,503,990. Of this amount, \$2,364,440 was previously deferred by the County, and \$3,139,550 was identified payable to the County. Waiver of these amounts will reduce the County's administrative burden and facilitate the final reconciliation and cost settlement for FYs 2005-06 through FY 15-16.

The financial impact of the agreements with each Contractor is identified in Attachment II. Information from Attachment II will be incorporated in substantially similar form into the financial exhibits included in the executed Mental Health Final Reconciliation and Cost Settlement agreement.

There is no net County cost impact associated with this action.

**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Mutual indemnification language has been added to the Final Reconciliation and Cost Settlement agreement, Attachment I. As such, the Contractor would be responsible for any loss arising from that agreement, unless the loss or damage is caused by the County. The proposed indemnification provision is within reason and does not significantly impact the County.

Attachment I is the Mental Health Final Reconciliation and Cost Settlement agreement template for FYs 2005-06 through 2015-16. County Counsel has approved the agreement as to form.

Attachment II is the list of LE Contractors that will receive the Mental Health Final Reconciliation and Cost Settlement agreement.

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

Approval of the proposed settlement agreements will not result in any impact on current services or projects.

Respectfully submitted,

LISA H. WONG, Psy.D.  
Director

LHW:CDD:KN:SK:ZW:atm

Attachments (2)

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

**MENTAL HEALTH FINAL RECONCILIATION AND COST SETTLEMENT  
AGREEMENT**

**THIS MENTAL HEALTH FINAL RECONCILIATION AND COST SETTLEMENT AGREEMENT** (“Agreement”) is made effective this \_\_\_ day of \_\_\_ 2024, by and between the **County of Los Angeles Department of Mental Health** (the “County” or “DMH”) and [INSERT LEGAL ENTITY NAME] (“Legal Entity”). County and Legal Entity are collectively referred to as the “Parties” with reference to the following:

**RECITALS**

- A. WHEREAS, the County and Legal Entity entered into contracts for the provision of mental health services, including Medi-Cal covered services, for each of fiscal years (“FYs”) 2005-06 through 2015-16, inclusive (the “Subject Fiscal Years”);
- B. WHEREAS, Legal Entity reported to the County the costs it incurred for furnishing services pursuant to such contracts and the County made payments to Legal Entity;
- C. WHEREAS, pursuant to the terms of the contract, the payments made by the County are subject to a reconciliation and settlement process based on the Legal Entity’s final submitted and accepted cost reports and subject to the limitations in the Financial Exhibit in the executed contracts;
- D. WHEREAS, as part of the reconciliation and settlement process for the Subject Fiscal Years, Legal Entity has made formal requests of the County for review of the settlement amounts and has made requests, which if accepted, would impact the amounts payable to the Legal Entity under its contracts, and which have prevented the Legal Entity from accepting the finalization of the reconciliation and cost settlement process for the Subject Fiscal Years;
- E. WHEREAS, the Parties have been working for years in good faith to discuss the requests made by Legal Entity and the issues raised required burdensome review;
- F. WHEREAS, the County and Legal Entity each desire to document final financial reconciliation and settlement amounts for each of the Subject Fiscal Years and to finalize payments between the Parties, in accordance with the terms and conditions below and in the accompanying exhibits;
- G. WHEREAS, the County is willing to make additional payments or provide credits to Legal Entity due to documentation of extraordinary circumstances that increased the Legal Entities’ uncompensated care; and
- H. WHEREAS, each Party agrees that this Agreement is intended to avoid further delays in the finalization of payments for the Subject Fiscal Years and to avoid expenses associated with resolution of any individual request raised by Legal Entity with respect to those Subject Fiscal Years.

**NOW THEREFORE**, in consideration of these promises and the mutual covenants set forth herein, and for valuable and mutual consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

### AGREEMENTS

1. Final Payments and Settlement Schedule. The Final Settlement Payment and Schedule reflecting amounts owed to the Legal Entity from the County or owed to the County from the Legal Entity for the Subject Fiscal Years is attached hereto as **Exhibit A**. County and Legal Entity specifically agree that the payments identified in Exhibit A reflect the Payment Adjustment identified in Section 2, and are the final cost report settlement for the Subject Fiscal Years and that no further reconciliations or adjustments shall be made or proposed by either Party, including as to any County, State, or Federal audits, except for cases of fraud. Payments identified on Exhibit A as due to the Legal Entity will be paid no later than 60 days following execution of the agreement, unless a different timeframe is agreed to by the Parties. Payments identified on Exhibit A as due to the County will be made per the repayment plan schedule identified in **Exhibit A**.
2. Recognition of Additional Payment or Credit Amount. The Final Settlement Payment and Schedule (Exhibit A) includes an additional dollar amount that County will pay or credit to Legal Entity (the "Payment Adjustment"). The Payment Adjustment is provided in addition to amounts initially calculated by the County as due to the Legal Entity for services furnished to Medi-Cal beneficiaries or others during the Subject Fiscal Years. Payment of the Payment Adjustment shall not be limited by any terms of the contracts for the provision of services between the County and Legal Entity for the Subject Fiscal Years, including any applicable contract limits.
3. Waiver of Outstanding SB 90/AB 3632 Disallowance. As part of the final reconciliation and settlement, County waives and will not recoup any amounts related to the AB 3632 / SB 90 State Audit for Fiscal Years 2002-03 through 2005-06, including any such amounts previously identified as owed to County from Legal Entity.
4. Release of Claims. Legal Entity and County on behalf of themselves, their predecessor and successor organizations, their employees and directors, whether past or present, agree to release, waive and forever discharge the other Party, their past and present directors, officers, employees, agents, managers, and any and all other persons or entities who have at any time acted, purported to act, or alleged to have acted on their behalf (collectively, "Releasees"), from any and all claims, lawsuits, arbitrations, causes of action, demands, liabilities, obligations, losses, damages, penalties, costs and expenses (including attorneys' and experts' fees and costs), of every kind and description, whether in law or equity, in tort, in contract, or under statute, known or unknown, whether or not previously raised to the County or the Legal Entity, arising from the Legal Entity contracts with DMH or the related submission, reconciliation, or settlement by DMH of payments associated with mental health cost reports cost report settlements for the Subject Fiscal Years (the "Released Claims"). For the avoidance of doubt, the Released Claims shall include any and all claims, allegations, requests, issues, etc. that could have been raised by Legal Entity or County relating to (a) the amounts paid by the DMH to Legal Entity for mental health services provided in the Subject Fiscal Years; (b) any disputes arising from the submission or processing of claims for such services during the Subject Fiscal Years; and (c) any disputes related to Legal Entity contracts with the DMH related to the provision of mental health services during the Subject Fiscal Years. The Released Claims do not include the obligations stated in this Settlement Agreement. The County

and Legal Entity do not release their rights to protections previously obtained under earlier agreements, including, but not limited to, the Settlement Agreement and Release entered into as of May 20, 2009, among the County, the DMH and the California Department of Health Care Services, and the Legal Entity.

5. Noncompliance. In the event of a material breach, the non-breaching Party shall notify the breaching Party and, if the breach is not cured within 30 days of such notice, may bring an action to enforce the agreement pursuant to Section 13. Failure by either Party to make a required payment within the timeframes identified in this Agreement, if not cured, shall constitute a material breach of this Agreement and may be enforced by law. A material breach by either Party shall render the release of claims by the other Party pursuant to paragraph 4 null and void.

6. Waiver of Civil Code Section 1542. Legal Entity, for itself, and County, for itself, have each conducted their own diligent research regarding the Released Claims. This Agreement is expressly intended to release known and unknown claims, including all past, present and future rights of action related to the requests made by Legal Entity related to the Subject Fiscal Years, and Legal Entity and County expressly waive application of Section 1542 of the Civil Code of the State of California, which provides as follows:

**A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.**

The effect and import of this provision has been fully explained to Legal Entity and County by their own respective legal counsel.

7. Authority to Enter Into Agreement. County and Legal Entity each represent and warrant that they have the full right, power, and authority to enter into this Agreement.

8. Indemnification. Legal Entity and County shall indemnify and hold the other harmless from any claims, lawsuits, arbitrations, causes of action, demands, liabilities, obligations, losses, damages, costs and expenses (including attorneys' and experts' fees and costs), of every kind and description, whether in law or equity, in tort, in contract, or in statute, arising out of or in any way related to any breach of this Agreement.

9. Complete Defense/Enforcement. This Agreement may be pleaded as a full and complete defense to, and may be used as the basis for an injunction against, any lawsuit, arbitration, cause of action, demand, liability, obligation, or claim based on any loss, damage, cost and expense (including attorneys' and experts' fees and costs), of every kind and description, whether in law or equity, in tort, in contract, or in statute, or any other proceeding that may be instituted, prosecuted, or attempted, arising out of or in any way related to any of the Released Claims; provided, however, that this Agreement shall not preclude proceedings under Paragraph 13 below to enforce this Agreement's terms.

10. Not an Admission. This Agreement, and any negotiations or proceedings connected with

it, shall not in any event constitute or be construed as, or be deemed to be evidence of, an admission of or concession of any wrongdoing by any party hereto.

11. Interpretation/Enforceability. This Agreement has been negotiated at arm's length between parties sophisticated and knowledgeable in the matters dealt with herein. Each Party has conducted extensive due diligence regarding the Released Claims and has been represented by experienced and knowledgeable legal counsel. Any rule of law, including but not limited to California Civil Code section 1654, or any legal decision that would require interpretation of any ambiguities in this Agreement against the Party that drafted it is not applicable and is waived. The provisions of this Agreement shall be interpreted in accordance with California law governing negotiated agreements between sophisticated parties who have conducted their own diligent research concerning the matters settled. Furthermore, after advice from experienced and knowledgeable legal counsel, all Parties and their counsel believe that this Agreement is legal and enforceable according to its terms and waives any and all rights they may have to claim otherwise to the maximum extent allowed by law.

12. Confidentiality. The financial terms of this negotiation and any documentation, statements, or other work product created as part of the negotiation of this Agreement are confidential. Legal Entity and County each agree not to disclose (i) any statement, document, or other work product prepared during the course of negotiation, including during the meetings, document exchanges, and settlement discussions that preceded the drafting of this Agreement, or (ii) the financial terms of this Agreement to any person. Legal Entity hereby further represents and warrants that neither it, nor its representatives, agents, and attorneys have revealed, or caused to be revealed, or will hereafter reveal or cause to be revealed to any person or persons, entity or entities, organization or organizations the terms and conditions contained in this Agreement, except by order of a court or as required by law, or as a defense to any claim asserted by any party to this Agreement against any other party to this Agreement, or as necessary to enforce this Agreement. If any party or person acting on behalf of Legal Entity hereto receives an inquiry about this Agreement, Legal Entity will respond only that "the matter has been resolved" or a similar statement. Notwithstanding any other provision, a template version of this Agreement may be made available to the Los Angeles County Board of Supervisors and to the general public, the release of which shall not be deemed a violation of this Agreement provided that it does not identify confidential material specific to the Legal Entity. Notwithstanding the foregoing, Legal Entity may disclose this Agreement or its terms on a confidential basis to any of its officers, directors, attorneys, accountants, tax preparers, paid financial advisors, insurers, and/or any governmental or judicial authority that can compel disclosure. Nothing in this Agreement shall be deemed to interfere with Legal Entity's obligation to report transactions with appropriate governmental, taxing, and/or registering agencies.

13. Applicable Law; Retention of Jurisdiction. This Agreement shall in all respects be interpreted, enforced, and governed by and under the laws of the State of California without regard to conflict of laws principles. Any action brought to enforce the provisions of this Agreement shall be brought in the Superior Court of the State of California for the County of Los Angeles. The Parties expressly acknowledge and agree to this term shall be treated as both a choice of law and venue provision.

14. Entire Agreement/Amendment. This Agreement constitutes the entire understanding and agreement with respect to the Released Claims, and supersedes any and all prior or contemporaneous agreements, representations and understandings pertaining to the Released

Claims. This Agreement may not be changed, modified, altered or amended except by written instrument executed by the authorized representatives of the Parties named in the signature blocks below.

15. Further Assurances. Such further documents as may be needed to carry out the terms of this Agreement will be executed and delivered to the appropriate parties.

16. Attorneys' Fees. No Party shall be liable for any other Party's costs and attorneys' fees incurred in connection with the Released Claims or the negotiation of this Agreement.

17. Severability. In the event any portion of this Agreement is declared void by a court or arbitrator, such portion shall be severed from this Agreement, and the remaining provisions shall remain in effect, unless the effect of such severance would be to substantially alter the Agreement or the obligations hereunder, in which case the Agreement may be immediately terminated.

18. No Waiver. Any failure to insist upon strict compliance with any term, undertaking, or condition of this Agreement shall not be deemed to be a waiver of such term, undertaking, or condition. To be effective, a waiver of any right hereunder must be in writing, signed and dated by the Party waiving the right.

19. Recitals. The recitals are hereby incorporated into this Agreement by this reference.

20. Notices. All notices required or desired to be given under this Agreement shall be in writing and shall be sent by email as follows:

Legal Entity:	Name Title Email
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County:	Name Title Email
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21. Third-Party Beneficiaries. This Agreement shall not create any third-party beneficiary rights for any person or entity; provided, however, that a Party shall be entitled to assert the rights of a Releasee.

22. Execution. This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which together shall be deemed a single instrument. By their signatures below, each of the following represents that he or she has the authority to execute this binding Agreement.

The undersigned, being duly authorized by their respective companies, execute this Agreement knowingly, with full understanding of its provisions and effect.



**County of Los Angeles  
Department of Mental Health**

**[LEGAL ENTITY]**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Exhibit A

DRAFT

LOS ANGELES COUNTY  
DEPARTMENT OF MENTAL HEALTH  
FINAL RECONCILIATION AND COST SETTLEMENT

ATTACHMENT II

**I. LIST OF CONTRACTORS**

No	LE#	LE Name
1	00120	Uplift / FamiliesFirst, Inc.+ EMQ Children & Family Svcs (00156)
2	00183	Didi Hirsch Psychiatric Service
3	00191	The Guidance Center
4	00192	Sycamores
5	00194	Hillview Mental Health Center, Inc.
6	00196	Vista Del Mar Child and Family Services
7	00203	Pacific Clinics (+ Portals LE#00205)
8	00207	Child and Family Guidance Center
9	00208	San Fernando Valley CMHC. Inc
10	00320	San Gabriel Children's Center, Inc.
11	00543	Starview
12	00724	Foothill Family Service

## BOARD LETTER/MEMO CLUSTER FACT SHEET

 Board Letter

 Board Memo

 Other

<b>CLUSTER AGENDA REVIEW DATE</b>	4/10/2024	
<b>BOARD MEETING DATE</b>	4/23/2024	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input checked="" 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 Works, Health Services, Mental Health	
<b>SUBJECT</b>	CP Harbor-UCLA Medical Center Replacement Program, Approve Construction Change Orders	
<b>PROGRAM</b>	N/A	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why:	
<b>DEADLINES/ TIME CONSTRAINTS</b>	Construction needs to commence in April 2024 to avoid delays to the Harbor-UCLA Medical Center (H-UCLA MC) Replacement Program.	
<b>COST &amp; FUNDING</b>	Total cost: \$12,080,000	Funding source: Project is debt-financed through short-term Notes, long-term Bonds, or a combination of both types of financing mechanisms. There is sufficient funding in the \$1,695,000,000 project budget approved by the Board on February 8, 2022, to cover the cost of the proposed change orders.
	TERMS (if applicable): N/A	
	Explanation: N/A	
<b>PURPOSE OF REQUEST</b>	Public Works is seeking Board approval to execute five construction change orders with Hensel Phelps Construction Company for a combined total not-to-exceed amount of \$12,080,000.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	<p>On February 8, 2022, the Board approved a revised total project budget of \$1,695,000,000 for the H-UCLA MC Replacement Program and a design-build agreement with Hensel Phelps. On March 1, 2022; June 8, 2022; and February 6, 2024, the Board approved eight total construction change orders with a combined not-to-exceed amount of \$24,100,000. Design and construction of the H-UCLA MC Replacement Program is ongoing and on schedule to be completed by December 2027.</p> <p>For this Board letter, the first proposed change order will add five uninterruptible power supply units to Inpatient Tower to allow the medical staff to continue procedures uninterrupted in the event of a power loss. Second change order will provide the electrical infrastructure to increase the number of electric vehicle charging stations from 10 percent to 25 percent and comply with the Los Angeles County Green Building Code requirements. Third change order will enlarge the switchgear capacity at the New Central Utility Plant to provide power to existing California Department of Health Care Access Information buildings and add spare capacity for future growth. Fourth change order will add two cable feeders and upsize two cable feeders to supply power from the new campus substation to the enlarged switchgear at the Central Utility Plant. Fifth change order will add a new east campus electrical distribution building that will distribute normal and emergency power to the existing campus east of Central Drive.</p>	
<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: The project will ensure that medical and mental health services continue to be provided to a community that has been historically underserved.	
<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: These recommendations support Board Priority No. 2 - Health Integration/Alliance for Health Integration by consolidating all inpatient and outpatient clinical and mental health services on the H-UCLA MC.	
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email: Vincent Yu, Deputy Director, (626) 458-4010, cell (626) 614-7217, <a href="mailto:vyu@pw.lacounty.gov">vyu@pw.lacounty.gov</a>	



MARK PESTRELLA, Director

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC WORKS

*"To Enrich Lives Through Effective and Caring Service"*

900 SOUTH FREMONT AVENUE  
ALHAMBRA, CALIFORNIA 91803-1331  
Telephone: (626) 458-5100  
<http://dpw.lacounty.gov>

ADDRESS ALL CORRESPONDENCE TO:  
P.O. BOX 1460  
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE  
REFER TO FILE:

April 23, 2024

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:

**CONSTRUCTION-RELATED CONTRACT  
CONSTRUCTION MANAGEMENT CORE SERVICE AREA  
HARBOR-UCLA MEDICAL CENTER  
REPLACEMENT PROGRAM  
APPROVE CONSTRUCTION CHANGE ORDERS  
CAPITAL PROJECT NO. 67965  
(FISCAL YEAR 2023-24)  
(SUPERVISORIAL DISTRICT 2)  
(4 VOTES)**

**SUBJECT**

Public Works is seeking Board approval to execute five construction change orders with Hensel Phelps Construction Company for the Harbor-UCLA Medical Center Replacement Program.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Find that the scope of work to be carried out by the proposed change orders is within the scope of the environmental impacts analyzed in the previously certified Final Environmental Impact Report and subsequent Addenda Nos. 1, 2, and 3 for the Harbor-UCLA Medical Center Campus Master Plan.
2. Approve and authorize the Director of Public Works or his designee to finalize negotiations and execute a change order with Hensel Phelps Construction Company, for a not-to-exceed amount of \$1,430,000, to provide five Uninterruptible Power Supply units and associated infrastructure at the Imaging and Consolidated Procedure Departments in the Inpatient Tower.

3. Approve and authorize the Director of Public Works or his designee to finalize negotiations and execute a change order with Hensel Phelps Construction Company, for a not-to-exceed amount of \$2,200,000, to provide the infrastructure to increase the quantity of Electric Vehicle charging stations from 10 percent to 25 percent of all parking spaces at Parking Structure A.
4. Approve and authorize the Director of Public Works or his designee to finalize negotiations and execute a change order with Hensel Phelps Construction Company, for a not-to-exceed amount of \$840,000, to add four spare circuit breakers to the switchgear at the Central Utility Plant.
5. Approve and authorize the Director of Public Works or his designee to finalize negotiations and execute a change order with Hensel Phelps Construction Company, for a not-to-exceed amount of \$2,910,000, to add four feeders from the 12-kilovolt Building to Electrical Manholes 11 and 12 and the Central Utility Plant.
6. Approve and authorize the Director of Public Works or his designee to finalize negotiations and execute a change order with Hensel Phelps Construction Company, for a not-to-exceed amount of \$4,700,000, to construct an electrical distribution building at the east side of campus.

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

Approval of the recommended actions will find that the scope of work in the proposed change orders is within the scope of the previously certified Final Environmental Impact Report (FEIR) and subsequent Addenda Nos. 1, 2, and 3; authorize Public Works to execute five change orders, for a combined total not-to-exceed amount of \$12,080,000, within the Board-approved project budget of \$1,695,000,000, with Hensel Phelps Construction Company.

### **Background**

Senate Bill 1953 mandates that all California General Acute-Care Hospitals meet structural and nonstructural seismic strengthening requirements by January 1, 2030. The Harbor-UCLA Medical Center (H-UCLA MC) Replacement Program will not only bring the hospital in compliance with the mandate, but also consolidate inpatient and outpatient services into new buildings that optimize operational effectiveness, reduce operation and maintenance costs, provide outpatient facilities that accommodate planned patient visits, implement sustainability, and create a campus designed for the well-being of patients and staff. The program includes construction of an Outpatient/Support Building; an Inpatient Tower Building with 346 inpatient beds, including 36 psychiatric beds, new psychiatric emergency department, and permanent rooftop helistop; a 1,500-stall above grade parking structure; a new Central Utility Plant to serve new buildings under the jurisdiction

of the California Department of Health Care Access and Information (HCAI); a new Support Services Building for the campus Information Technology and Facilities staff; a new Regional Laboratory; and related make-ready work, such as new surface lots, 66-kilovolt (kV) electrical substation, 12kV electrical building, and tenant improvements.

On February 8, 2022, the Board approved a total project budget of \$1,695,000,000 for the H-UCLA MC Replacement Program. The project budget included a stipulated sum design-build contract with Hensel Phelps for a maximum not-to-exceed contract sum of \$1,238,179,000; inclusive of a \$1,112,179,000 stipulated sum contract plus a \$30,000,000 Design Completion Allowance; and a \$96,000,000 Medical Equipment Allowance. The Board also delegated authority to the Director of Public Works or his designee to approve change orders for a maximum \$750,000 subject to the limits that the aggregate amount of all such delegated authority change orders does not exceed 25 percent of the original contract amount as set forth in Public Contract Code Section 20145.

On March 1, 2022, the Board approved the execution of a change order to Hensel Phelps, for a not-to-exceed amount of \$4,300,000, to procure and install the modular buildings for the proposed Department of Mental Health Adult Outpatient Interim Facility Project under the total \$6,500,000 budget, which includes construction, make-ready work, and associated soft costs within the H-UCLA MC Replacement Program designated for Department of Mental Health Outpatient Programs.

On June 14, 2022, the Board approved the execution of a change order to Hensel Phelps, for a not-to-exceed amount of \$6,000,000, to demolish buildings within the footprint of Parking Structure A, including the make-ready work of relocation of services within the respective buildings and relocation of utilities to maintain utility services to buildings that remain; the execution of a change order to Hensel Phelps, for a not-to-exceed amount of \$1,200,000, to demolish buildings within the footprint of Inpatient Tower, including demolition of utilities serving the buildings; and the execution of a change order to Hensel Phelps, for a not-to-exceed amount of \$4,000,000, to procure and install site offices for Public Works at Parking Lot V, including the make-ready work of abatement and demolition of the existing buildings on the site.

On February 6, 2024, the Board approved the execution of a change order to Hensel Phelps, for a not-to-exceed amount of \$3,000,000, to construct irrigation systems along Medical Foundation Drive, South Drive, and Meyler Street; the execution of a change order to Hensel Phelps, for a not-to-exceed amount of \$2,000,000, to provide infrastructure to support additional Laboratory equipment; the execution of a change order to Hensel Phelps, for a not-to-exceed amount of \$1,900,000, to design and construct a security booth and security fencing around the Central Utility Plant and Loading Dock; and the execution of a change order to Hensel Phelps, for a not-to-exceed amount of \$1,700,000, to demolish buildings within the footprint of Inpatient Tower, including

demolition of utilities serving the buildings. The Board also approved and delegated authority to the Chief Executive Officer to execute Buildover Agreements with Los Angeles County Sanitation District and Los Angeles County Flood Control District to construct portions of the Replacement Program over the permanent easements held by both Districts.

Design and construction of the H-UCLA MC Replacement Program is ongoing and on scheduled to be completed by August 2027.

#### Proposed Change Orders:

The recommended actions will approve the following five construction change orders with Hensel Phelps within the Board-approved project budget of \$1,695,000,000.

**Uninterruptable Power Supply Units:** The proposed change order is for a \$1,430,000 not-to-exceed amount, and includes the design, procurement, and installation of five Uninterruptable Power Supply (UPS) units and associated electrical and mechanical infrastructure at the Interventional Radiology, Computed Tomography/Interventional Radiology, two Catheterization Laboratories, and Hybrid Operating Room in the Inpatient Tower. In the event of a power loss, there is a short interruption in power supply to equipment when switching to the generator; the addition of the UPS units will allow the medical staff to continue procedures uninterrupted. This proposed change order is an additional scope that will be funded with the construction contingency.

**Electric Vehicle Charging Stations:** The proposed change order is for a \$2,200,000 not-to-exceed amount and includes the design and construction of electrical infrastructure to increase the number of Electric Vehicle (EV) charging stations from 10 percent to 25 percent of the total number of parking spaces at Parking Structure A. The electrical infrastructure consists of electrical feeders, panel boards, switchgear, transformers, and electrical closets. This proposed change order is an additional scope required due to Los Angeles County Green Building Code requirement to provide EV charging stations at 25 percent of the total capacity and will be funded with the construction contingency.

**Central Utility Plant Circuit Breakers:** The proposed change order is for a \$840,000 not-to-exceed amount and includes the design and construction to enlarge the switchgear capacity at the new Central Utility Plant (CUP) by adding four spare breakers and associated electrical ductbank. This will provide the HCAI approved power to the existing HCAI buildings and add spare capacity for near future growth. This proposed change order is an additional scope that will be funded with the construction contingency.

**Cable Feeders:** The proposed change order is for a \$2,910,000 not-to-exceed amount and includes the design and construction to add two 15kV cable feeders from the 12kV Building to Manholes 11 and 12 and upsize two 15kV cable feeders from the 12kV

Building to the new CUP. The feeders will supply power from the new campus substation to the four added spare circuit breakers at the CUP, which will be used to support the existing buildings east of Central Drive. This proposed change order is an additional scope that will be funded with the construction contingency.

East Campus Electrical Distribution Building: The proposed change order is for a \$4,700,000 not-to-exceed amount and includes the design and construction of an electrical distribution building between Central Drive and the emergency generator building. The scope will be a new building to house transformers, switchgear, and associated underground electrical ductbanks to the CUP and the emergency generator building. The electrical distribution building and the associated infrastructure will distribute normal and emergency power from the new CUP and the generator building to the existing buildings east of Central Drive. This proposed change order is an additional scope that will be funded with the construction contingency.

#### Green Building/Sustainable Design Program

On December 20, 2016, the Board adopted a new Leadership in Energy and Environmental Development (LEED) policy requiring all new County buildings greater than 10,000 square feet in size achieve LEED Gold certification. In accordance with this policy, the new buildings will be designed and constructed to achieve LEED Gold Certification with the exception of the Parking Structure because the United States Green Building Council no longer provides LEED certificates for parking structures. Additionally, the program will continue to support the Board's Policy for Green Building/Sustainable Design Program by recycling disposable material; incorporating energy efficient products during construction; and incorporating native, drought-tolerant landscaping.

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

These recommendations support the County's Strategic Plan: Strategy II.1, Drive Economic and Workforce Development in the Community, Objective II.1.3, Coordinate Workforce Development; and Strategy II.2, Support the Wellness of our Communities, by investing in the wellness our communities and enhancing the delivery of comprehensive and seamless healthcare services to the residents of the County seeking healthcare assistance.

#### **FISCAL IMPACT/FINANCING**

Approval of the recommended actions will allow Public Works to issue change orders to Hensel Phelps for a not-to-exceed amount of \$12,080,000. Public Works has reviewed the change orders and finds their value to be in line with the cost of the work included in the project budget. There is sufficient funding in the \$1,695,000,000 project budget approved by the Board on February 8, 2022, to cover the cost of the proposed change



orders. The Enclosure reflects the reallocation of funding for these change orders within the approved project budget.

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

#### Operating Budget Impact

Following completion of the project, Department of Health Services will request and fund annual ongoing maintenance and operational costs, as needed, with departmental resources in future budget phases.

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

In accordance with the Board's Civic Art Policy, adopted on December 7, 2002, and last amended on August 4, 2020, the project budget includes a \$2,000,000 Civic Art allocation, which is greater than the \$1,000,000 maximum required by the Board's policy. The \$2,000,000 Civic Art allocation will not be impacted by the proposed change orders.

Section 20137 of the Public Contract Code allows the Board, with a four-fifths vote, to authorize an individual change order to a construction contract that is 10 percent or less of the original contract amount without having to obtain bids for the work. Each of the five proposed change orders are less than 10 percent of the original contract sum and are, therefore, within the statutory threshold.

#### **ENVIRONMENTAL DOCUMENTATION**

The recommended actions are within the scope of the impacts analyzed in the FEIR, certified on December 16, 2016, and subsequent Addenda Nos. 1, 2, and 3 approved on November 10, 2020; November 10, 2020; and February 8, 2022, respectively, and there have been no substantial changes to the project or to the circumstances under which it will be undertaken that require further findings under California Environmental Quality Act. These activities, which include the UPS units at Inpatient Tower, electrical infrastructure for EV charging stations at Parking Structure A, spare circuit breakers at the CUP, cable feeders, and electric yard at Information Technology/Facilities Shops Building are within the scope of work approved by the Board on February 8, 2022, and analyzed in the FEIR and certified Addendum No. 3. The Mitigation Monitoring and Reporting Program, Environmental Findings of Fact, and Statement of Overriding Considerations adopted at the time of FEIR certification will continue to apply.

The location and custodian of the documents and other materials constituting the record of the proceedings upon which the Board's decision is based in this matter is with Public Works, Project Management Division I, 900 South Fremont Avenue, Fifth Floor,

Alhambra, CA 91803. The previously certified FEIR and Addenda are available at the location above and can also be viewed online at <https://pw.lacounty.gov/harbor-ucla-rp/>.

Upon the Board's approval of the recommended actions, Public Works will file a Notice of Determination with the Registrar-Recorder/County Clerk and with the State Office of Planning and Research in accordance with Section 21152 (a) of the California Public Resources Code and will post the Notice of Determination to its website pursuant to Section 21092.2.

### **CONTRACTING PROCESS**

To date, Public Works has executed 15 allowance relocation contract amendments for a total not-to-exceed amount of \$60,780,428. Additionally, Public Works has executed 61 change orders under delegated change order authority for a total not-to-exceed amount of \$5,631,533. Of the \$24,100,000 approved in the three previous Board letters, \$17,617,355 is still pending execution of change orders.

The proposed five change orders for \$1,430,000; \$2,200,000; \$840,000; \$2,910,000; and \$4,700,000 not-to-exceed amounts represent 0.12, 0.18, 0.07, 0.24, and 0.38 percent, respectively, of the original maximum contract sum of \$1,238,179,000. When executed, the change orders will increase the maximum contract sum to \$1,254,690,533.

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

The recommended change orders are within the Design Builders limits of work and will not result in any additional impacts to the current services on the H-UCLA MC Campus.

**CONCLUSION**

Please return one adopted copy of this Board letter to Public Works, Project Management Division I.

Respectfully submitted,

MARK PESTRELLA, PE  
Director of Public Works

MP:HA:jc

Enc.

c: Department of Arts and Culture (Civic Art Division)  
Chief Executive Office (Capital Programs Division)  
County Counsel  
Executive Office  
Department of Health Services (Capital Projects Division)  
Department of Mental Health

**CONSTRUCTION-RELATED CONTRACT  
CONSTRUCTION MANAGEMENT CORE SERVICE AREA  
HARBOR-UCLA MEDICAL CENTER  
REPLACEMENT PROGRAM  
APPROVE CONSTRUCTION CHANGE ORDERS  
CAPITAL PROJECT NO. 67965  
(FISCAL YEAR 2023-24)  
(SUPERVISORIAL DISTRICT 2)  
(4 VOTES)**

**I. PROJECT SCHEDULE SUMMARY**

Project Activity	Scheduled Completion Date
Scoping Documents	June 2021*
Design-Build Award	February 2022*
Jurisdictional Approvals	Various
Substantial Completion-Parking Structure A	June 2024
Substantial Completion-Outpatient/Support Building	June 2026
Substantial Completion-Central Plant	May 2027
Substantial Completion-Inpatient Tower	August 2027
Project Acceptance	December 2027

\*Completed Activity

**II. PROJECT BUDGET SUMMARY**

Project Budget Category	Board Approved Budget	Changes Under Delegated Authority	Impact of this Action	Revised Project Budget
Design-Build Construction	\$1,196,578,439	\$(1,481,490)	\$ 12,080,000	\$1,207,176,949
Make-Ready Construction	\$ 136,522,894	\$ 2,696,345	\$ 0	\$ 139,219,239
Change Order Contingency	\$ 54,334,805	\$( 402,932)	\$(12,080,000)	\$ 41,851,873
Civic Arts	\$ 2,000,000			\$ 2,000,000
Stipend	\$ 1,000,000			\$ 1,000,000
Medical Equipment Allowance	\$ 50,515,392	\$( 723,290)		\$ 49,792,102
Design Completion Allowance	\$ 15,427,470	\$( 88,633)		\$ 15,338,837
Plans and Specifications	\$ 51,000,000			\$ 51,000,000
Consultant Services	\$ 137,000,000			\$ 137,000,000
Miscellaneous Expenditures	\$ 1,650,000			\$ 1,650,000
Jurisdictional Review/ Plan Check/Permits	\$ 21,681,000			\$ 21,681,000
County Services	\$ 27,290,000			\$ 27,290,000
<b>TOTAL</b>	<b>\$1,695,000,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$1,695,000,000</b>

## BOARD LETTER/MEMO CLUSTER FACT SHEET

 Board Letter

 Board Memo

 Other

<b>CLUSTER AGENDA REVIEW DATE</b>	4/10/2024	
<b>BOARD MEETING DATE</b>	4/23/2024	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input checked="" 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 Works	
<b>SUBJECT</b>	CP Olive View-UCLA Medical Center Elevators Modernization Project	
<b>PROGRAM</b>	N/A	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why: N/A	
<b>DEADLINES/ TIME CONSTRAINTS</b>	N/A	
<b>COST &amp; FUNDING</b>	Total cost: \$15,987,000	Funding source: Capital Project No. 87824
	TERMS (if applicable): N/A	
	Explanation: N/A	
<b>PURPOSE OF REQUEST</b>	Public Works is seeking Board approval of the project and award of the Design-Build agreement for delivery of the project.	
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	The elevators that serve the 6-story hospital facility are more than 30 years old and have reached the end of their useful service life and require significant modernization upgrades to sustain efficient hospital operations.	
<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 project supports Board Priority No. 7, Sustainability, by investing in County buildings to update and provide efficient County workforce environments, which will lead to improved productivity.	
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email: Vincent Yu, Deputy Director, (626) 458-4010, cell (626) 614-7217, <a href="mailto:vyu@pw.lacounty.gov">vyu@pw.lacounty.gov</a> .	



MARK PESTRELLA, Director

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC WORKS

*"To Enrich Lives Through Effective and Caring Service"*

900 SOUTH FREMONT AVENUE  
ALHAMBRA, CALIFORNIA 91803-1331  
Telephone: (626) 458-5100  
<http://dpw.lacounty.gov>

ADDRESS ALL CORRESPONDENCE TO:  
P.O. BOX 1460  
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE  
REFER TO FILE:

April 23, 2024

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:

**CONSTRUCTION CONTRACT  
CONSTRUCTION MANAGEMENT CORE SERVICE AREA  
OLIVE VIEW-UCLA MEDICAL CENTER  
ELEVATORS MODERNIZATION PROJECT  
ESTABLISH AND APPROVE PROJECT  
APPROVE APPROPRIATION ADJUSTMENT  
AWARD DESIGN-BUILD CONTRACT  
CAPITAL PROJECT NO. 87824  
FISCAL YEAR 2023-24  
(SUPERVISORIAL DISTRICT 3)  
(4 VOTES)**

**SUBJECT**

Public Works is seeking Board approval of the proposed Olive View-UCLA Medical Center Elevators Modernization Project and associated appropriation adjustment, and award of a Design-Build contract to The PENTA Building Group, LLC, for delivery of the project.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Find the proposed Olive View-UCLA Medical Center Elevators Modernization Project exempt from the California Environmental Quality Act for the reasons stated in this Board letter and in the record of the project.

2. Establish and approve the proposed Olive View-UCLA Medical Center Elevators Modernization Project, Capital Project No. 87824, with a total project budget of \$15,987,000.
3. Approve the Fiscal Year 2023-24 appropriation adjustment to allocate \$431,000 from the Department of Health Services' Enterprise Fund Committed for Department of Health Services to fund the estimated Fiscal Year 2023-24 expenditures for the proposed Olive View-UCLA Medical Center Elevators Modernization Project, Capital Project No. 87824.
4. Find that The PENTA Building Group, LLC, is the responsive and responsible proposer that submitted the best value Design-Build proposal for the design and construction of the Olive View-UCLA Medical Center Elevators Modernization Project.
5. Award and delegate authority to the Director of Public Works or his designee to execute a Design-Build agreement with The PENTA Building Group, LLC, for the Olive View-UCLA Medical Center Elevators Modernization Project for a not-to-exceed maximum contract sum of \$10,410,372, inclusive of the base contract sum of \$10,010,372, and the design completion allowance of \$400,000; and to suspend and/or terminate the contract for convenience, if it is in the best interest of the County to do so.
6. Authorize the Director of Public Works or his designee, with concurrence of the Chief Executive Office, to exercise control over the design completion allowance, including the authority to reallocate the allowance into the contract amount, as appropriate, in accordance with the project specifications.

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

The purpose of the recommended action is to seek Board approval to find the Olive View-UCLA Medical Center (OV-UCLA MC) Elevators Modernization Project exempt from the California Environmental Quality Act (CEQA); approve the capital project, project budget, and appropriation adjustment; award and authorize Public Works to execute a Design-Build (D-B) agreement; and authorize Public Works, with concurrence of the Chief Executive Office, to exercise control over the design completion allowance for design and construction of the project.

## Background

The OV-UCLA MC is located at 14445 Olive View Drive in the Sylmar area of the City of Los Angeles and provides healthcare services to communities within the San Fernando Valley and North County area. The 6-story hospital facility was constructed more than 30-years ago and has 2 banks of elevators in the core of the facility, including 4 elevators for patients and staff, 3 elevators for visitors, and 1 cart lift elevator, which have reached the end of their useful service life and now require significant modernization upgrades to sustain efficient hospital operations.

The proposed project will modernize all seven elevators and the single cart lift, including replacement of hoist machines, motor drives, governors and safeties, all door operators, guide roller assemblies, and door protective devices; addition of new code required signal fixture and new wall panels; upgrade of the control systems to new nonproprietary systems; and installation of a new dispatching system. Additionally, code compliance measures to address life safety, electrical, lighting, security, mechanical, and structural engineering are also included in the scope of the work.

## **Implementation of Strategic Plan Goals**

These recommendations support the County Strategic Plan: Strategy II.1, Drive Economic and Workforce Development in the County; Strategy II.2, Support the Wellness of our Communities; and Strategy III.3, Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability, Objective III.3.2, Manage and Maximize County Assets, by supporting the wellness of our communities, enhancing the delivery of comprehensive and seamless healthcare services, and investing in public infrastructure that will improve the operational effectiveness of an existing County asset.

## **FISCAL IMPACT/FINANCING**

The recommended D-B agreement is for a not-to-exceed maximum contract sum of \$10,410,372, inclusive of the base contract sum of \$10,010,372, and the design completion allowance of \$400,000. The Department of Health Services (DHS) has previously paid \$584,000 for assessment fees through the DHS operating budget.

The total project budget is estimated at \$15,987,000, including plans and specifications, jurisdictional approvals, construction, design-completion allowance, change order



contingency, Civic Art allowance, consultant services, and County services. The project budget and schedule summaries are included in Enclosure A.

Approval of the Fiscal Year 2023-24 appropriation adjustment (Enclosure B) will allocate \$431,000 from DHS' Enterprise Fund Committed for DHS to fund the estimated Fiscal Year 2023-24 expenditures for the OV-UCLA MC Elevators Modernization Project, Capital Project No. 87824. DHS will provide funding in the future budget phases, as needed, to fully fund the remaining project budget.

#### Operating Budget Impact

Following completion of the project, DHS will request and fund the associated ongoing annual maintenance and operational costs, as needed, with departmental resources in future budget phases. There is no net County cost impact associated with the recommendations.

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

In accordance with the Board's Civic Art Policy amended on August 4, 2020, the proposed project budget includes one percent of the eligible design and construction costs for the Civic Art allowance, which is estimated at \$108,000.

In accordance with Board Policy 5.270, Countywide Local and Targeted Worker Hiring, the project will require that at least 30 percent of the California construction labor hours be performed by qualified Local Residents and at least 10 percent be performed by Targeted Workers facing employment barriers. The project will also include a jobs coordinator who will facilitate the implementation of the targeted hiring requirement of the policy.

Effective June 7, 2023, the Countywide Community Workforce Agreement (CWA) applies to projects with an estimated construction contract value of \$5,000,000 or greater. Therefore, CWA will apply to this project. The contractor and all subcontractors must comply with all terms and conditions of the CWA which, among other things, increases work opportunities for those seeking to start a new career in the construction industry and promotes the hiring of underrepresented individuals on the project.

## **ENVIRONMENTAL DOCUMENTATION**

The proposed project is categorically exempt from CEQA. The project consists of repairs and upgrades to existing facilities, as well as replacement of features in the interior of existing facilities, and is within certain classes of projects that have been determined not to have a significant effect on the environment in that the project meets criteria set forth in Sections 15301 (a), (d), and (f); and 15302 (c) of the State CEQA Guidelines and Classes 1 (c), (d), and (i); and 2 (e) of the County's Environmental Document Reporting Procedures and Guidelines, Appendix G. The proposed project provides for repair, refurbishment, and minor alterations of existing facilities involving negligible or no expansion of an existing use and where replacement features will have the same purpose and capacity.

Additionally, the proposed project will comply with all applicable regulations, is not located in a sensitive environment, and there are no cumulative impacts, unusual circumstances, damage to scenic highways, listing on hazardous waste sites compiled pursuant to Government Code Section 65962.5, or indications that the project may cause a substantial adverse change in the significance of a historical resource that would make the exemptions inapplicable based on the record of the proposed project.

Upon the Board's approval of the recommended actions, Public Works will file a Notice of Exemption with the Registrar-Recorder/County Clerk and with the State Clearinghouse at the Governor's Office of Planning and Research in accordance with Section 21152 of the California Public Resources Code and will post the notice to the County's website in accordance with Section 21092.2.

## **CONTRACTING PROCESS**

The D-B procurement was conducted in accordance with the D-B Policy adopted by the Board on June 4, 2016, and pursuant to the requirements of the Public Contract Code Section 22164.

On February 2, 2023, Public Works issued the Request for Proposals for D-B services for the OV-UCLA MC Elevators Modernization Project. This contract opportunity was listed on the County's "Doing Business with Us" and Public Works "Contract Opportunities" websites and in the *Los Angeles Daily Journal*, *Los Angeles Sentinel*, *La Opinion*, *Press Telegram*, *Santa Monica Daily Press*, *Daily Breeze*, *The Signal*, *Watts Times*, *Chinese Daily News*, and *Pasadena Star News* newspapers. Public Works

informed 1,277 local small business enterprises; 145 disabled-veteran owned business enterprises; and 147 social enterprises about this business opportunity. A total of one firm submitted a proposal in response to the Request for Proposals.

On March 6, 2023, one prequalification questionnaire was received for evaluation. The prequalification questionnaire was reviewed by an evaluation committee consisting of representatives from DHS and Public Works. Based on the review and evaluation, The PENTA Building Group, LLC, was determined to be prequalified, shortlisted, and invited to submit a technical and cost proposal.

On July 18, 2023, PENTA submitted a technical and cost proposal for evaluation. The technical and cost proposal was evaluated by a panel of representatives from DHS and Public Works based on technical design, construction expertise, proposed delivery plan, price, life cycle costs, skilled labor force availability, acceptable safety record, and D-B team personnel and organization. PENTA was found to have submitted the best value proposal to perform these services in accordance with the evaluation criteria stated in the Request for Proposals. The evaluations were completed without regard to race, creed, color, or gender. PENTA Community Business Enterprises participation data and three-year contracting history with the County are on file with Public Works' Business Relations and Contracts Division, 900 South Fremont Avenue, 8th Floor, Alhambra, CA 91803.

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

Approval of the recommended actions will have no impact on current services at the campus. Patient care services on campus will remain fully operational during construction.

The Honorable Board of Supervisors  
March 19, 2024  
Page 7

**CONCLUSION**

Please return one adopted copy of this Board letter to Public Works, Project Management Division I.

Respectfully submitted,

MARK PESTRELLA, PE  
Director of Public Works

MP:HA:sl

Enclosures

- c: Department of Arts and Culture (Civic Art Division)
- Auditor-Controller
- Chief Executive Office (Capital Programs Division)
- County Counsel
- Executive Office
- Department of Health Services (Capital Projects Division)

**CONSTRUCTION CONTRACT  
CONSTRUCTION MANAGEMENT CORE SERVICE AREA  
OLIVE VIEW-UCLA MEDICAL CENTER  
ELEVATORS MODERNIZATION PROJECT  
ESTABLISH AND APPROVE PROJECT  
APPROVE APPROPRIATION ADJUSTMENT  
AWARD DESIGN-BUILD CONTRACT  
CAPITAL PROJECT NO. 87824  
FISCAL YEAR 2023-24  
(SUPERVISORIAL DISTRICT 3)  
(4 VOTES)**

**I. PROJECT SCHEDULE SUMMARY**

<b>Project Activity</b>	<b>Scheduled Completion Date</b>
Feasibility Study	12/31/2021*
Design	07/28/2024
Jurisdictional Approvals	12/09/2024
Construction Start	12/30/2024
Substantial Completion	09/30/2025
Final Acceptance	11/30/2025

\*Completed Activity

**II. PROJECT BUDGET SUMMARY**

<b>Project Budget Category</b>	<b>Proposed Budget</b>
Design-Build Contract	\$10,010,372
Design-Build Design Completion Allowance	\$ 400,000
Change Order Contingency	\$ 1,100,000
Civic Art Allowance	\$ 108,000
Pre-Construction (Job Order Contract)	\$ 18,628
<b>Hard Cost Subtotal</b>	<b>\$11,637,000</b>
Plans and Specifications	\$ 975,000
Consultant Services	\$ 400,000
Miscellaneous Expenditures	\$ 45,000
Jurisdictional Review/Plan Check/Permits	\$ 1,050,000
County Services	\$ 1,880,000
<b>Soft Cost Subtotal</b>	<b>\$ 4,350,000</b>
<b>TOTAL PROJECT COST</b>	<b>\$15,987,000</b>

PINK

BA FORM 10142022

BOARD OF SUPERVISORS  
OFFICIAL COPY

March 12, 2024

COUNTY OF LOS ANGELES

**REQUEST FOR APPROPRIATION ADJUSTMENT**

DEPARTMENT OF HEALTH SERVICES

**AUDITOR-CONTROLLER:**

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HER RECOMMENDATION OR ACTION.

**ADJUSTMENT REQUESTED AND REASONS THEREFORE  
FY 2023-24  
4 - VOTES**

SOURCES		USES	
DHS ENTERPRISE FUND MN2-3078 COMMITTED FOR DHS <b>DECREASE OBLIGATED FUND BALANCE</b>	<b>431,000</b>	DHS ENTERPRISE FUND MN2-HS-6100-60070 OTHER FINANCING USES <b>INCREASE APPROPRIATION</b>	<b>431,000</b>
OLIVE VIEW-UCLA MEDICAL CENTER ENTERPRISE FUND MN3-HO-96-9911-60050 OPERATING TRANSFERS IN <b>INCREASE REVENUE</b>	<b>431,000</b>	OLIVE VIEW-UCLA MEDICAL CENTER ENTERPRISE FUND MN3-HO-96-9912-60050 OPERATING SUBSIDY - GENERAL FUND <b>DECREASE REVENUE</b>	<b>431,000</b>
ENT SUB - OLIVE VIEW-UCLA MEDICAL CENTER A01-AC-6100-21200-21232 OTHER FINANCING USES <b>DECREASE APPROPRIATION</b>	<b>431,000</b>	OLIVE VIEW-UCLA MEDICAL CENTER <b>OLIVE VIEW-UCLA MEDICAL CENTER ELEVATORS MODERNIZATION</b> A01-CP-6014-64030-87824 CAPITAL ASSETS - B & I <b>INCREASE APPROPRIATION</b>	<b>431,000</b>
<b>SOURCES TOTAL</b>	<b>\$ 1,293,000</b>	<b>USES TOTAL</b>	<b>\$ 1,293,000</b>

**JUSTIFICATION**

This budget adjustment of \$431,000 is necessary to fund Capital Project No. 87824, Olive View-UCLA Medical Center Elevators Modernization project, from DHS Enterprise Fund-Committed for DHS for anticipated expenditures in FY 2023-24.

**AUTHORIZED SIGNATURE**

JEAN LO, CHIEF, CONTROLLER'S DIVISION

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED/REVISED)

REFERRED TO THE CHIEF EXECUTIVE OFFICER FOR---

ACTION

RECOMMENDATION

AUDITOR-CONTROLLER

BY

B.A. NO.

DATE

APPROVED AS REQUESTED

APPROVED AS REVISED

CHIEF EXECUTIVE OFFICER

BY

DATE

## BOARD LETTER/MEMO CLUSTER FACT SHEET

 Board Letter

 Board Memo

 Other

<b>CLUSTER AGENDA REVIEW DATE</b>	4/10/2024		
<b>BOARD MEETING DATE</b>	4/23/2024		
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input type="checkbox"/> All <input checked="" type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>		
<b>DEPARTMENT(S)</b>	Public Works		
<b>SUBJECT</b>	CP Hubert H. Humphrey and Edward R. Roybal Comprehensive Health Centers Elevator Modernization Projects		
<b>PROGRAM</b>	N/A		
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If Yes, please explain why: N/A		
<b>DEADLINES/ TIME CONSTRAINTS</b>	N/A		
<b>COST &amp; FUNDING</b>	Total cost: \$4,000,000 and \$3,840,000	Funding source: Capital Project Nos. 87979 and 87980	
	TERMS (if applicable): N/A		
	Explanation: N/A		
<b>PURPOSE OF REQUEST</b>	Public Works is seeking Board approval to establish and approve the proposed Hubert H. Humphrey and Edward R. Roybal Comprehensive Health Centers (CHCs) Elevator Modernization Projects and authorization to deliver the projects using Board-approved Job Order Contracts.		
<b>BACKGROUND (include internal/external issues that may exist including any related motions)</b>	The existing elevators at the CHCs are approximately 45 years old and require frequent repairs. The proposed projects will remodel and refurbish the elevators at the CHCs.		
<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 project supports Board Priority No. 7, Sustainability, by investing in County buildings to update and provide efficient County workforce environments, which will lead to improved productivity.		
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email: Vincent Yu, Deputy Director, (626) 458-4010, cell (626) 614-7217, <a href="mailto:vyu@pw.lacounty.gov">vyu@pw.lacounty.gov</a> .		



MARK PESTRELLA, Director

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC WORKS

*"To Enrich Lives Through Effective and Caring Service"*

900 SOUTH FREMONT AVENUE  
ALHAMBRA, CALIFORNIA 91803-1331  
Telephone: (626) 458-5100  
<http://dpw.lacounty.gov>

ADDRESS ALL CORRESPONDENCE TO:  
P.O. BOX 1460  
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE  
REFER TO FILE:

April 23, 2024

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:

**CONSTRUCTION CONTRACT  
CONSTRUCTION MANAGEMENT CORE SERVICE AREA  
HUBERT H. HUMPHREY AND EDWARD R. ROYBAL  
COMPREHENSIVE HEALTH CENTERS  
ELEVATOR MODERNIZATION PROJECTS  
ESTABLISH AND APPROVE PROJECTS  
APPROVE APPROPRIATION ADJUSTMENT  
AUTHORIZE USE OF JOB ORDER CONTRACTING  
SPECS. 7826; CAPITAL PROJECT NO. 87979  
SPECS. 7827; CAPITAL PROJECT NO. 87980  
FISCAL YEAR 2023-24  
(SUPERVISORIAL DISTRICT 1)  
(4 VOTES)**

### **SUBJECT**

Public Works is seeking Board approval of the proposed Hubert H. Humphrey and Edward R. Roybal Comprehensive Health Centers Elevator Modernization Projects and authorization to deliver the projects using Board-approved Job Order Contracts.

### **IT IS RECOMMENDED THAT THE BOARD:**

1. Find that the Hubert H. Humphrey and Edward R. Roybal Comprehensive Health Centers Elevator Modernization Projects are exempt from the California Environmental Quality Act for the reasons stated in this letter and in the record of the separate proposed projects.



2. Establish and approve the Hubert H. Humphrey Comprehensive Health Center Elevator Modernization Project, Capital Project No. 87979, with a total project budget of \$4,000,000.
3. Establish and approve the Edward R. Roybal Comprehensive Health Center Elevator Modernization Project, Capital Project No. 87980, with a total project budget of \$3,840,000.
4. Approve the Fiscal Year 2023-24 appropriation adjustment to allocate \$1,400,000 and \$1,250,000 from the Department of Health Services' Enterprise Fund-Committed for Health Services to fund the estimated Fiscal Year 2023-24 expenditures for the Hubert H. Humphrey Comprehensive Health Center Elevator Modernization Project, Capital Project No. 87979, and Edward R. Roybal Comprehensive Health Center Elevator Modernization Project, Capital Project No. 87980, respectively.
5. Authorize the Director of Public Works or his designee to deliver the proposed projects using Board-approved Job Order Contracts.

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

The purpose of the recommended action is to seek Board approval to find the Hubert H. Humphrey and Edward R. Roybal Comprehensive Health Centers (CHCs) Elevator Modernization Projects exempt from the California Environmental Quality Act (CEQA), establish and approve the projects, approve the project budgets and related appropriation adjustment, and authorize delivery of the projects using Board-approved Job Order Contracts (JOCs).

#### Background

The existing hydraulic elevators at the Humphrey and Roybal CHCs are approximately 45 years old and require frequent repairs due to the age and high use demand. The elevators experience increased maintenance downtimes because replacement parts are obsolete and not readily available, which impacts facility operations and patient flow.

The projects will remodel and refurbish three hydraulic elevators at each CHC, including replacement of cab interior finishes, grab bars, lighting, elevator control panel, elevator doors, hydraulics, hardware, and necessary fire protection. When completed, both projects will improve the level of safety for patients and staff.

Public Works completed the design for the projects using Board-approved on-call architect/engineer (A/E) agreements and is now seeking approval to complete the remodeling and refurbishment work using Board-approved JOCs. Upon the Board's

approval of the projects, it is anticipated that construction will begin in May 2024 and be substantially completed in May 2026. Construction will be phased to minimize impacts to operations.

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

These recommendations support the County Strategic Plan: Strategy II.1, Drive Economic and Workforce Development in the County; Strategy II.2, Support the Wellness of our Communities; and Strategy III.3, Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability, Objective III.3.2, Manage and Maximize County Assets, by supporting the wellness of our communities, enhancing the delivery of comprehensive and seamless healthcare services, and investing in public infrastructure that will improve the operational effectiveness of an existing County asset.

### **FISCAL IMPACT/FINANCING**

The project budgets for the proposed Humphrey and Roybal CHCs Elevator Modernization Projects are \$4,000,000 and \$3,840,000, respectively, including construction, change order contingency, plans and specifications, permit fees, consultant services, inspection, and County services. Department of Health Services (DHS) has previously paid \$223,000 and \$238,000, respectively, for assessment fees through the DHS operating budget for the Humphrey and Roybal CHCs Elevator Modernization projects. The Budget and Schedule Summaries for the projects are included in Enclosure A.

Approval of the Fiscal Year 2023-24 appropriation adjustment (Enclosure B) will allocate \$1,400,000 and \$1,250,000, respectively, from the DHS' Enterprise Fund Committed for DHS to fund the projected Fiscal Year 2023-24 expenditures of \$2,650,000 for the Humphrey CHC Elevator Modernization Project, Capital Project No. 87979, and Roybal CHC Elevator Modernization Project, Capital Project No. 87980. DHS will provide funding in the future budget phases, as needed, to fully fund the remaining project budgets.

There is no net County cost impact associated with the recommendations.

#### **Operating Budget Impact**

Following completion of the projects, DHS will request and fund the associated ongoing annual maintenance and operational costs, as needed, with departmental resources in future budget phases.

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

In accordance with the Board's Civic Art Policy amended on August 4, 2020, the proposed project budgets include 1 percent of the eligible design and construction costs for the Civic Arts allocations, which are estimated at \$26,000 for the proposed Humphrey CHC Elevator Modernization Project, and \$25,000 for the Roybal CHC Elevator Modernization Project.

The JOCs are subject to the Board Policy 5.270, Countywide Local and Targeted Worker Hiring.

The projects will support the Board's Green Building/Sustainable Design Program by utilizing energy efficient equipment and lighting for the remodeled elevators that will comply with California Title 24.

## **ENVIRONMENTAL DOCUMENTATION**

The Humphrey and Roybal CHCs Elevator Modernization Projects, which consist of refurbishment of systems at existing facilities, are exempt from CEQA. They are within certain classes of projects that have been found not to have a significant effect on the environment in that they meet the criteria set forth in Sections 15301 (a) and (d) and 15302 (c) of the State CEQA Guidelines and Classes 1 (c) and (d) and 2 (e) of the County's Environmental Document Reporting Procedures and Guidelines, Appendix G. The projects consist of modernization work, including refurbishment of the elevator systems at existing facilities, which involves negligible or no expansion of an existing use and any replacement components will have the same purpose and capacity.

Additionally, the projects will comply with all applicable regulations, are not located in a sensitive environment, and there are no cumulative impacts, unusual circumstances, damage to scenic highways, listing on hazardous waste site lists compiled pursuant to Government Code Section 65962.5, or indications that the projects may cause a substantial adverse change in the significance of a historical resource that would make the exemptions inapplicable based on project records.

Upon the Board's approval of the recommended actions, Public Works will file Notice of Exemptions with the Registrar-Recorder/County Clerk and the State Office of Planning and Research in accordance with Section 21152 of the California Public Resources Code and will post the notices to its website in accordance with Section 21092.2.

### **CONTRACTING PROCESS**

Public Works completed the designs for the projects using a Board-approved, on-call A/E agreement, and is seeking Board approval to complete the construction for the projects using Board-approved JOCs.

The projects scope includes remodeling and alteration work of existing building systems, and Public Works has made the determination that the use of a JOC is the most appropriate contracting method to deliver the projects.

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

Approval of the recommended actions will have no impact on current County services or projects. The CHCs will remain open during construction. In conjunction with DHS, Public Works will take the appropriate measures to phase the construction to minimize impacts on operations during the modernization work.

### **CONCLUSION**

Please return one adopted copy of this Board letter to Public Works, Project Management Division I.

Respectfully submitted,

MARK PESTRELLA, PE  
Director of Public Works

MP:HA:jc

Enclosures

c: Department of Arts and Culture (Civic Art Division)  
Auditor-Controller  
Chief Executive Office (Capital Programs Division)  
County Counsel  
Executive Office  
Department of Health Services (Capital Projects Division)  
Internal Services Department

**CONSTRUCTION CONTRACT  
CONSTRUCTION MANAGEMENT CORE SERVICE AREA  
HUBERT H. HUMPHREY AND EDWARD R. ROYBAL  
COMPREHENSIVE HEALTH CENTERS  
ELEVATOR MODERNIZATION PROJECTS  
ESTABLISH AND APPROVE PROJECTS  
APPROVE APPROPRIATION ADJUSTMENT  
AUTHORIZE USE OF JOB ORDER CONTRACTING  
SPECS. 7826; CAPITAL PROJECT NO. 87979  
SPECS. 7827; CAPITAL PROJECT NO. 87980  
FISCAL YEAR 2023-24  
(SUPERVISORIAL DISTRICT 1)  
(4 VOTES)**

**HUBERT H. HUMPHREY COMPREHENSIVE HEALTH CENTER ELEVATOR  
MODERNIZATION PROJECT**

**I. PROJECT SCHEDULE SUMMARY**

Project Activity	Scheduled Completion Date
Construction Documents	March 2023*
Jurisdictional Approvals	October 2023*
Construction Start	May 2024
Substantial Completion	May 2026
Final Acceptance	August 2026

\*Actual Completion Date

**II. PROJECT BUDGET SUMMARY**

Project Activity	Proposed Project Budget
Construction	\$2,200,000
Change Order Contingency	\$ 500,000
Civic Art	\$ 26,000
Plans and Specifications	\$ 400,000
Consultant Services	\$ 154,000
Miscellaneous Expenditures	\$ 30,000
Jurisdictional Review/Plan Check/Permits	\$ 50,000
County Services	\$ 640,000
<b>TOTAL</b>	<b>\$4,000,000</b>

**EDWARD R. ROYBAL COMPREHENSIVE HEALTH CENTER ELEVATOR  
MODERNIZATION PROJECT**

**I. PROJECT SCHEDULE SUMMARY**

<b>Project Activity</b>	<b>Scheduled Completion Date</b>
Construction Documents	March 2023*
Jurisdictional Approvals	May 2023*
Construction Start	May 2024
Substantial Completion	May 2026
Final Acceptance	August 2026

\*Actual Completion Date

**II. PROJECT BUDGET SUMMARY**

<b>Project Activity</b>	<b>Proposed Project Budget</b>
Construction	\$2,200,000
Change Order Contingency	\$ 500,000
Civic Arts	\$ 25,000
Plans and Specifications	\$ 300,000
Consultant Services	\$ 155,000
Miscellaneous Expenditures	\$ 30,000
Jurisdictional Review/Plan Check/Permits	\$ 50,000
County Services	\$ 580,000
<b>TOTAL</b>	<b>\$3,840,000</b>

PINK

BA FORM 11162021

BOARD OF SUPERVISORS  
OFFICIAL COPY

March 06, 2024

COUNTY OF LOS ANGELES

**REQUEST FOR APPROPRIATION ADJUSTMENT**

DEPARTMENT OF HEALTH SERVICES

**AUDITOR-CONTROLLER:**

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HER RECOMMENDATION OR ACTION.

**ADJUSTMENT REQUESTED AND REASONS THEREFORE**

**FY 2023-24**

**4 - VOTES**

**SOURCES**

**USES**

BA DETAIL - SEE ATTACHMENT PAGE 1

BA DETAIL - SEE ATTACHMENT PAGE 1

**SOURCES TOTAL** \$ 7,950,000

**USES TOTAL** \$ 7,950,000

**JUSTIFICATION**

This budget adjustment of \$2,650,000 is necessary to fund Capital Project No. 87979, Hubert H. Humphrey CHC Elevator Modernization project in the amount of \$1,400,000 and Capital Project No. 87980, Edward R. Roybal CHC Elevator Modernization project in the amount of \$1,250,000 from DHS Enterprise Fund-Committed for DHS for anticipated expenditures in FY 2023-24.

**Jean Lo**

Digitally signed by Jean Lo  
Date: 2024.03.06 09:46:17  
-08'00'

**AUTHORIZED SIGNATURE**

JEAN LO, CHIEF, CONTROLLER'S DIVISION

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED/REVISED)

REFERRED TO THE CHIEF  
EXECUTIVE OFFICER FOR---

ACTION

APPROVED AS REQUESTED

RECOMMENDATION  
**Andrea**  
Turner  
BY  
Digitally signed by  
Andrea Turner  
Date: 2024.03.06  
11:40:21 -08'00'

APPROVED AS REVISED

AUDITOR-CONTROLLER

CHIEF EXECUTIVE OFFICER

**Amir Alam**  
BY  
Digitally signed by  
Amir Alam  
Date: 2024.03.06  
12:54:23 -08'00'

B.A. NO. 186

DATE 3/6/24

DATE 3/6/24

COUNTY OF LOS ANGELES  
REQUEST FOR APPROPRIATION ADJUSTMENT

FY 2023-24  
4 - VOTES

SOURCES	USES
<p>DHS ENTERPRISE FUND MN2-3078 COMMITTED FOR DHS <b>DECREASE OBLIGATED FUND BALANCE</b> <span style="float: right;"><b>2,650,000</b></span></p>	<p>DHS ENTERPRISE FUND MN2-HS-6100-60070 OTHER FINANCING USES <b>INCREASE APPROPRIATION</b> <span style="float: right;"><b>2,650,000</b></span></p>
<p>LOS ANGELES GENERAL MEDICAL CENTER ENTERPRISE FUND MN4-HG-96-9911-60010 OPERATING TRANSFERS IN <b>INCREASE REVENUE</b> <span style="float: right;"><b>2,650,000</b></span></p>	<p>LOS ANGELES GENERAL MEDICAL CENTER ENTERPRISE FUND MN4-HG-96-9912-60010 OPERATING SUBSIDY - GENERAL FUND <b>DECREASE REVENUE</b> <span style="float: right;"><b>2,650,000</b></span></p>
<p>ENT SUB - LOS ANGELES GENERAL MEDICAL CENTER A01-AC-6100-21200-21224 OTHER FINANCING USES <b>DECREASE APPROPRIATION</b> <span style="float: right;"><b>2,650,000</b></span></p>	<p>AMBULATORY CARE NETWORK HUBERT H. HUMPHREY CHC ELEVATOR MODERNIZATION A01-CP-6014-64050-87979 CAPITAL ASSETS - B &amp; I <b>INCREASE APPROPRIATION</b> <span style="float: right;"><b>1,400,000</b></span></p>
<p>AMBULATORY CARE NETWORK EDWARD R. ROYBAL CHC ELEVATOR MODERNIZATION A01-CP-6014-64050-87980 CAPITAL ASSETS - B &amp; I <b>INCREASE APPROPRIATION</b> <span style="float: right;"><b>1,250,000</b></span></p>	
<p><b>SOURCES TOTAL</b> <span style="float: right;"><b>\$ 7,950,000</b></span></p>	<p><b>USES TOTAL</b> <span style="float: right;"><b>\$ 7,950,000</b></span></p>

BA186  
3/6/24