



Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

DATE: June 5, 2024

TIME: 11:30 a.m. – 1:30 p.m.

MEETING CHAIR: Angelica Ayala, 3rd 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 teleconference number:

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

For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to ClusterAccommodationRequest@bos.lacounty.gov

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. **DHS:** Request to Accept Compromise Offers of Settlement for Patients Seen Under the Trauma Center Service Agreement

- b. **DHS:** Authorization to Accept and Implement Forthcoming Federal Funding for the Hospital Preparedness Program and Execute Agreements and Amendments

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

- a. **DPH:** Authorization to Accept and Implement a Forthcoming Award and Future Awards and/or Amendments from the California Department of Public Health – Tuberculosis Control Branch for Tuberculosis Prevention and Control Services (#07603)
- b. **DPW/DHS:** Los Angeles General Medical Center Radiography and Fluoroscopy Equipment Replacement and Room Remodel Project - seeking Board approval to approve the project, the project budget, appropriation adjustment and authorization to use Job Order Contract
- c. **DPW/DHS:** Los Angeles General Medical Center Air Compressor Replacement and Boiler Installation Projects - seeking Board approval to approve the project, the project budget, appropriation adjustment and authorization to use Job Order Contract

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

- a. **DMH/DPH-SAPC:** Proposition 1 Implementation Update

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

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

VII. Public Comment

VIII. Adjournment

CLUSTER FACT SHEET

Board Letter

Board Memo

Other

CLUSTER AGENDA REVIEW DATE	6/5/2024	
BOARD MEETING DATE	6/25/2024	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Department of Health Services	
SUBJECT	REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT FOR PATIENTS SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT.	
PROGRAM	Health Services	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If Yes, please explain why:	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – Not Applicable	
DEADLINES/ TIME CONSTRAINTS	Not Applicable	
COST & FUNDING	Total cost: \$0.00	Funding source: Not Applicable
	TERMS (if applicable):	
	Explanation: There is no net cost to the County	
PURPOSE OF REQUEST	<p>Requesting Board approval for the acceptance of compromise offers of settlement for patient accounts that are unable to be paid in full.</p> <p>The Board is being asked to authorize the Director, or designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code. This will expedite the County's recovery of revenue totaling \$27,238.70 for medical care provided at LA General MC and Harbor-UCLA MC.</p>	
BACKGROUND (include internal/external issues that may exist including any related motions)	The acceptance of the attached compromise settlements will help maximize net revenues and will help DHS meet its' budgeted revenue amounts.	
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:	

**DEPARTMENTAL
CONTACTS**

Name, Title, Phone # & Email:

DHS, Virginia Perez, Associate Hospital Administrator II, (626) 525-6077
virperez@dhs.lacounty.gov

County Counsel, Georgina Glaviano, Deputy County Counsel, (213) 972-5724
gglaviano@counsel.lacounty.gov

June 25, 2024

DRAFT

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:

**REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
FOR PATIENTS SEEN UNDER THE
TRAUMA CENTER SERVICE AGREEMENT
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request authorization from the Los Angeles County (LA County) Board of Supervisors (Board) for the Director of Health Services (Director), or designee, to accept compromise offers of settlement for patients who received medical care at either LA County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

IT IS RECOMMENDED THAT THE BOARD:

Authorize the Director, or designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts:

Patients who received medical care at County facilities:

- LA General Medical Center – Account Number 102768154 in the amount of \$5,000.00 – (Attachment I).
- Harbor-UCLA Medical Center – Account Number 102509566 in the amount of \$500.00 – (Attachment II).
- Harbor-UCLA Medical Center – Account Number 102395345 in the amount of \$3,000.00 – (Attachment III).
- LA General Medical Center – Account Number 101733945 in the amount of \$3,000.00 – (Attachment IV).
- LA General Medical Center – Account Number 101753903 in the amount of \$15,738.70 – (Attachment V).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patients who received medical care at LA County facilities. The compromise offer of settlement for these patient accounts is recommended because the patients are unable to pay

The Honorable Board of Supervisors

June 25, 2024

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the full amount of charges and the compromise offers represent the maximum amount the Department of Health Services (DHS) was able to negotiate or was offered.

It is in the best interest of LA County to approve the acceptance of these compromise offers, as it will enable the DHS to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended actions will support the North Star 3 Strategy III-G(i) "Maximize Revenue" of LA County's Strategic Plan.

FISCAL IMPACT/FINANCING

The approval will recover revenue totaling \$27,238.70 in charges.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under LA County Code Chapter Section 2.76.046, the Director, or designee, has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's, or designee's, authority requires Board approval.

On January 15, 2002, the Board adopted an ordinance granting the Director, or designee, authority to compromise or reduce patient account liabilities when it is in the best interest of LA County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director, or designee, authority to reduce, on an account specific basis, the amount of any liability owed to LA County which relates to medical care provided by third parties for which LA County is contractually obligated to pay and related to which LA County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at LA County facilities will help DHS meet its budgeted revenue amounts.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:RS:VP

Enclosures

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

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 24-02-A

Amount of Aid	\$130,425.00	Account Number	102768154
Amount Paid	\$0.00	Name	Adult Female
Balance Due	\$130,425.00	Service Date	10/21/2023 & 11/06/2023
Compromise Amount Offered	\$5,000.00	Facility	LA General Medical Center
Amount to be Written Off	\$125,425.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LA General Medical Center at a total cost of \$130,425.00. The patient has a total of \$266,315.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$15,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$5,000.00	\$5,000.00	33.33%
Attorney Cost	\$465.00	\$465.00	3.10%
Other lien holders	\$130,425.00	\$0.00	0.00%
Los Angeles Department of Health Services (LA General MC)	\$130,425.00	\$5,000.00	33.33%
Net to Client (Heirs)	\$0.00	\$4,535.00	30.23%
Total	\$266,315.00	\$15,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 24-02-B

Amount of Aid	\$30,975.00	Account Number	102509566
Amount Paid	0.00	Name	Adult Male
Balance Due	\$30,975.00	Service Date	03/12/2022 – 02/01/2023
Compromise Amount Offered	\$500.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$30,475.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Harbor UCLA Medical Center at a total cost of \$30,975.00. The patient has a total of \$686,285.71 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$15,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$6,750.00	\$4,500.00	30.00%
Attorney Cost	\$12,847.71	\$0.00	0.00%
Other lien holders	\$635,713.00	\$9,761.71	65.08%
Los Angeles Department of Health Services (Harbor UCLA MC)	\$30,975.00	\$500.00	3.33%
Net to Client (Heirs)	\$0.00	\$238.29	1.59%
Total	\$686,285.71	\$15,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 24-02-C

Amount of Aid	\$37,343.00	Account Number	102395345
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$37,343.00	Service Date	06/19/2022
Compromise Amount Offered	\$3,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$34,343.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Harbor UCLA Medical Center at a total cost of \$37,343.00. The patient has a total of \$161,199.20 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$50,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$20,000.00	\$20,000.00	40.00%
Attorney Cost	\$4,048.13	\$4,048.13	8.10%
Other lien holders	\$99,808.07	\$5,018.22	10.04%
Los Angeles Department of Health Services (Harbor UCLA MC)	\$37,343.00	\$3,000.00	6.00%
Net to Client (Heirs)	\$0.00	\$17,933.65	35.87%
Total	\$161,199.20	\$50,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 24-02-D

Amount of Aid	\$20,895.00	Account Number	101733945
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$20,895.00	Service Date	12/11/2019 – 06/17/2020
Compromise Amount Offered	\$3,000.00	Facility	LA General Medical Center
Amount to be Written Off	\$17,895.00	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LA General Medical Center at a total cost of \$20,895.00. The patient has a total of \$49,136.00 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$10,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$3,300.00	\$3,300.00	33.00%
Attorney Cost	\$1,324.00	\$0.00	0.00%
Other lien holders	\$23,617.00	\$400.00	4.00%
Los Angeles Department of Health Services (LA General MC)	\$20,895.00	\$3,000.00	30.00%
Net to Client (Heirs)	\$0.00	\$3,300.00	33.00%
Total	\$49,136.00	\$10,000.00	100.00%

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
TRANSMITTAL 24-02-E

Amount of Aid	\$194,639.00	Account Number	101753903
Amount Paid	\$0.00	Name	Adult Male
Balance Due	\$194,639.00	Service Date	01/12/2020 – 10/23/2020
Compromise Amount Offered	\$15,738.70	Facility	LA General Medical Center
Amount to be Written Off	\$178,900.30	Service Type	Inpatient

JUSTIFICATION

The patient was treated at LA General Medical Center at a total cost of \$194,639.00. The patient has a total of \$213,161.61 in medical bills and attorney fees.

The attorney has settled the case in the amount of \$50,000.00. Due to the low recovery and the insufficient funds to fully satisfy all liens and fees the attorney proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$17,500.00	\$17,500.00	35.00%
Attorney Cost	\$1,022.61	\$1,022.61	2.05%
Other lien holders	\$0.00	\$0.00	0.00%
Los Angeles Department of Health Services (LA General MC)	\$194,639.00	\$15,738.70	31.48%
Net to Client (Heirs)	\$0.00	\$15,738.69	31.48%
Total	\$213,161.61	\$50,000.00	100.00%

CLUSTER FACT SHEET

Board Letter

Board Memo

Other

CLUSTER AGENDA REVIEW DATE	6/5/2024	
BOARD MEETING DATE	6/25/2024	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Health Services	
SUBJECT	Authorization to Accept and Implement Forthcoming Federal Funding for the Hospital Preparedness Program and Execute Agreements and Amendments	
PROGRAM	Hospital Preparedness Program (HPP)	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain why: To execute a sole source amendment to Agreement No. H-707734 for Long Term Care Facilities Disaster Preparedness Project (Agreement) with the California Association of Health Facilities (CAHF) to extend the contracting relationship through June 30, 2025. There is no other organization that can provide these services in this specific healthcare sector.	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – Not Applicable	
DEADLINES/ TIME CONSTRAINTS	The current HPP grant expires June 30, 2024 along with agreement term dates that were tied to the grant.	
COST & FUNDING	Total cost:	Funding source:
	\$9,232,488 for the 1 st year with future amounts expected to be similar.	Federal Grant from United States Department of Health and Human Services' (USDHHS), Fiscal Year 2024-25.
	TERMS (if applicable): The 5-year grant is from July 1, 2024 through June 30, 2029 with annual funding allocated through a Notice of Award (NOA).	
	Explanation: There is no impact to net County cost.	
PURPOSE OF REQUEST	Authorize and instruct the Director of Health Services (DHS), or designee, to accept a forthcoming \$9.1 million grant award from the USDHHS for the term of July 1, 2024 through June 30, 2025, for Hospital Preparedness Program (HPP). Delegate authority to the Director, or designee, to: <ol style="list-style-type: none"> 1) Sign all necessary documents to accept future NOAs and NOA amendments during the five-year grant cycle, from July 1, 2024 through June 30, 2029, extend the grant term, increase or decrease funding for each grant term, reflect non-material and/or ministerial revisions to the grant terms and conditions, allow for the rollover of unspent funds and/or redirection of funds, and further extend the term up to and through June 30, 2030, if the grant cycle is extended by USDHHS. 2) Execute new agreements with new and qualified providers, amend existing HPP agreements to adjust the grant term, funding amount(s), and terms and conditions as required by the Board to comply with federal and State law or regulation. 	

	<p>3) Execute amendments to the existing HPP Specialty Care Center Designation Master Agreements with 80 acute care hospitals and the Community Clinic Association of Los Angeles County, allow for the rollover of unspent funds, adjust funding for each accepted annual grant award, make necessary service adjustment changes, extend the term up to and through June 30, 2030, if the grant cycle is extended by the USDHHS, and make non-substantive changes to the terms and conditions or make other required changes.</p> <p>4) Execute a sole source amendment or successor agreement to Agreement No. H-707734 for Long Term Care Facilities Disaster Preparedness Project (Agreement) with the California Association of Health Facilities (CAHF) to extend term through June 30, 2025 and increase the County's maximum obligation amount by \$90,000, execute future sole source amendments with CAHF, extend the term up to and including June 30, 2029, allow for the rollover of unspent contract funds, increase or decrease funding for each accepted annual grant award, make necessary service adjustments, extend the term through June 30, 2030, if the grant cycle/term is extended by USDHHS, and make non-substantive changes in the terms and conditions as required by the Board, or to comply with federal and State law or regulation.</p> <p>5) Terminate any of the agreements as referenced above, if necessary.</p>
<p>BACKGROUND (include internal/external issues that may exist including any related motions)</p>	<p>The County has continuously received HPP grants for 22 years since the federal government first awarded grant funding in February 2002 as part of the federal government's formulation of the National Bioterrorism Hospital Preparedness Program to ensure that hospitals were prepared for terrorism events in the wake of the September 11th terrorist attack and subsequent anthrax scare of 2001. Over this time, the focus of the HPP has evolved from a terrorism-only focus to an all-hazards focus and has expanded to other area of the healthcare community beyond hospitals such as community clinics. The foundational focus of the HPP continues to be on ensuring that the healthcare system can surge to care for disaster victims.</p> <p>There are currently 80 acute care hospitals, as well as the Community Clinic Association of Los Angeles County (CCALAC) participating in the HPP.</p> <p>The HPP funding will be used to develop plans and supporting activities for building and sustaining healthcare preparedness and response capabilities, including targeted investments in strategies that address the specific capabilities identified in the NOA such as: (1) Foundation for Health Care and Medical Readiness, through emergency and disaster training and exercises; (2) Healthcare and Medical Care Coordination, through the development of response plans and collaboration in sharing information including the tools used for information sharing such as ReddiNet™; (3) Continuity of Health Care Service Delivery, through the development of continuity of operations plans; and (4) Medical Surge, through the delivery of timely and efficient care even when the demand during an emergency or disaster exceeds the normal day-to-day demand.</p>
<p>EQUITY INDEX OR LENS WAS UTILIZED</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:</p>
<p>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:</p>
<p>DEPARTMENTAL CONTACTS</p>	<p>Name, Title, Phone # & Email: Kellyn Pak, EMS Agency Asst Nursing Director, kpak@dhs.lacounty.gov, (562) 378-2462 Ruth Guerrero, Contract Manager, rguerrero@dhs.lacounty.gov, (213) 288-8170 Georgina Glaviano, Deputy County Counsel, GGlaviano@counsel.lacounty.gov, (213) 972-5754</p>

June 25, 2024

DRAFT

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

Dear Supervisors:

**AUTHORIZATION TO ACCEPT AND IMPLEMENT FORTHCOMING
FEDERAL FUNDING FOR THE HOSPITAL PREPAREDNESS PROGRAM
AND EXECUTE AGREEMENTS AND AMENDMENTS
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request for authorization to accept and implement Federal grant awards, accept any supplemental funding, execute new agreements, amend existing agreements, and effectuate other contractual actions for the Hospital Preparedness Program (HPP) to continue to build, enhance, and sustain healthcare preparedness capabilities for response and rapid recovery from natural and man-made emergencies, and public health threats within Los Angeles County (LA County).

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize and instruct the Director of Health Services (Director), or designee, to accept a forthcoming Notice of Award (NOA) from the United States Department of Health and Human Services' (USDHHS) Administration for Strategic Preparedness and Response (ASPR) for the term July 1, 2024 through June 30, 2025, the first year of a five-year grant cycle, in the estimated amount of \$9.1 million for Fiscal Year (FY) 2024-25 and to sign all other necessary documents to accept the award, subject to review and approval by County Counsel.
2. Delegate authority to the Director, or designee, to sign all necessary documents to accept future NOAs and NOA amendments during the five-year grant cycle, from July 1, 2024 through June 30, 2029, that are consistent with the requirements of the NOA, to: (a) extend the grant term, (b) increase or decrease funding for each grant term in amounts prescribed by the respective NOA; (c) reflect non-material and/or ministerial revisions to the grant's terms and conditions; (d) allow for the

rollover of unspent funds and/or redirection of funds; and (e) further extend the term up to and through June 30, 2030, if the grant cycle is extended by USDHHS, subject to review and approval as to form by County Counsel and, for actions related to (a), (b), (d) and (e), notification to the Board and the Chief Executive Office (CEO).

3. Delegate authority to the Director, or designee, to: (a) execute agreements with qualified vendors, including but not limited to consultants and other non-hospital related providers needed to implement the HPP grant objectives, effective upon execution through the end of the then present grant term, with options to extend the term annually up to and including June 30, 2029; and (b) execute amendments to such agreement to exercise the options, allow for the rollover of unspent funds, adjust funding for each year DHS accepts a USDHHS grant award, and make necessary corresponding service adjustments, add, delete, and/or change non-substantive terms and conditions or make other changes as required by the Board, or to comply with federal and State law or regulation, or further extend the term up to and through June 30, 2030, if the grant period is extended by USDHHS, all subject to review and approval as to form by County Counsel.
4. Delegate authority to the Director, or designee, to execute amendments to the existing HPP Specialty Care Center Designation Master Agreements (SCCDMAs) with the 80 acute care hospitals (Hospitals) listed in Attachment A and the Community Clinic Association of LA County (CCALAC) to: (a) allow for the rollover of unspent funds; (b) adjust funding for each year an USDHHS grant award is accepted, and make corresponding service adjustments, as necessary; (c) further extend the term up to and through June 30, 2030, if the grant cycle is extended by USDHHS; or (d) add, delete, and/or change non-substantive terms and conditions or make other changes as required by the Board, or to comply with Federal and State law or regulation, all subject to review and approval as to form by County Counsel.
5. Delegate authority to the Director, or designee, to execute a sole source amendment or successor agreement to Agreement No. H-707734 for Long Term Care Facilities Disaster Preparedness Project (Agreement) with the California Association of Health Facilities (CAHF) to extend the contracting relationship through June 30, 2025 and increase LA County's maximum obligation amount by \$0.090 million, and execute future sole source amendments to the CAHF Agreement to: (a) extend the term up to and including June 30, 2029; (b) allow for the rollover of unspent contract funds; (c) increase or decrease the funding for each year an award is accepted and make corresponding service adjustments, as necessary; (d) further extend the term through June 30, 2030, if the grant cycle/term is extended by USDHHS; and (e) add, delete, and/or change non-substantive terms and conditions or make other changes as required by the Board,

or to comply with federal and State law or regulation, all subject to review and approval as to form by County Counsel and, for actions related to (a), (b), (c) or (d), notification to the Board and CEO.

6. Delegate authority to the Director, or designee, to terminate any of the agreements referenced above in accordance with the termination provisions in each Agreement, subject to review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Background and Justification

LA County was first awarded the HPP grant, formerly known as the National Bioterrorism Hospital Preparedness Program, in February 2002. The federal government created this grant program to ensure that hospitals were prepared for terrorism events in the wake of the September 11th terrorist attack and subsequent anthrax scare of 2001. Since LA County is the second largest city in the nation, and ranked high on the Department of Homeland Security's threat list, LA County was identified as an awardee for the inaugural HPP grant designated for local health departments. From the inception of these awards to the present, DHS' Emergency Medical Services (EMS) Agency serves as the grant manager of the HPP because of its role as the medical and health operational area coordinator and its extensive history of working with hospitals on disaster preparedness.

In 2010, to better align the Public Health Emergency Preparedness and Hospital Preparedness Programs, the Federal government moved the grants administration for both programs to the Centers for Disease Control and Prevention (CDC), with the LA County Department of Public Health (DPH) receiving the award for these programs. On January 17, 2018, the ASPR announced that to continue to improve the two distinct preparedness programs, it was assuming responsibility for the grant's management functions for the HPP. ASPR has fully managed the HPP grant since July 2019, and the award will again, come directly to DHS.

On June 11, 2019, the Board was informed that DHS had initiated efforts to identify and eliminate duplicative functions in administrative operations to reduce timelines and barriers particularly with regard to contracting. These efforts aligned with the February 28, 2019, CEO Board notification to streamline the contracting process specifically in increasing the utilization of Master Agreements which provide departments with ability to standardize agreements so they can be effectively managed. DHS utilized delegated authority, approved by the Board on June 11, 2019, to award SCCDMAs to HPP participants, and the May 21, 2019 authority to allocate annual funding and extend the term of the HPP SCCDMA and other HPP agreements through June 30, 2024.

Over the 22-year span of the HPP, the focus of the program has evolved from a terrorism-only focus to an all-hazards focus and has expanded to other sectors of the healthcare community beyond hospitals. While each grant cycle has seen changes in the capacity and capabilities of the healthcare system, the foundational focus of HPP continues to be on ensuring that the healthcare system can surge to care for disaster victims.

The forthcoming USDHHS grant cycle is for five years, from July 1, 2024, through June 30, 2029, with funding being allocated and awarded on a year-to-year basis. The HPP funding will be used to develop plans and supporting activities for building and sustaining healthcare preparedness and response capabilities, including targeted investments in strategies that address the specific capabilities identified in the NOA such as: (1) Foundation for Healthcare and Medical Readiness, through emergency and disaster training and exercises; (2) Healthcare and Medical Care Coordination, through the development of response plans and collaboration in sharing information including the tools used for information sharing such as ReddiNet™; (3) Continuity of Healthcare Service Delivery, through the development of continuity of operations plans; and (4) Medical Surge, through the delivery of timely and efficient care even when the demand during an emergency or disaster exceeds the normal day-to-day demand. This includes planning and stockpiling of resources and developing plans that expand the resources of the healthcare community such as pediatric, trauma, and burn surge plans. DHS expects, as with previous HPP grants, that there will be a one-year no-cost extension of this HPP grant through June 30, 2030, to fully implement work plans, and complete the objectives of the grant.

Approval of the recommended actions will allow the EMS Agency to manage the HPP grant and administer the various agreements with required to successfully implement the grant objectives in an effective and timely manner.

Recommendations

Approval of the first recommendation will allow DHS to accept a forthcoming NOA for a grant from the USDHHS for the term of July 1, 2024, through June 30, 2025, in the estimated amount of \$9.1 million, and to execute all other necessary documents to accept the award. Funding amounts from future USDHHS grant awards are anticipated to vary on a year-to-year basis.

Approval of the second recommendation will allow DHS to accept future NOAs and NOA amendments during the five-year grant cycle that are consistent with the requirements of the NOA.

Approval of the third and fourth recommendation will allow DHS to execute new HPP agreements and subsequent amendments to such agreements with consultants and/or other non-hospital related-service providers, as well as amend HPP SCCDMAs in order

to add services required to support the HPP that will be 100 percent funded annually by USDHHS grant awards to accomplish the grant objectives. It should be noted that the SCCDMA is set to expire on June 30, 2029.

Approval of the fifth recommendation will allow DHS to amend or replace the Agreement with CAHF for the continued provision of emergency management support, education, and training to long-term care facilities through June 30, 2025, and increase LA County's maximum obligation amount by \$0.090 million. Further, approval of this recommendation will allow DHS to execute future amendments to the CAHF Agreement. CAHF has functioned as a unique disaster preparedness liaison to LA County by maintaining the membership of long-term care facilities, specifically in LA County's geographical region. There is no other organization that provides the emergency management support, education, and training to these facilities in support of the HPP.

Approval of the sixth recommendation will allow DHS to terminate any agreement executed or amended pursuant to the recommendations in this letter, in accordance with the termination provisions in the corresponding agreement.

Implementation of Strategic Plan Goals

The recommended actions support the North Star Strategies 1-A "Healthy Individuals and Families," and 3-G (i) "Maximize Revenue" of LA County's Strategic Plan.

FISCAL IMPACT/FINANCING

There is no net County cost associated with the recommended actions. The HPP and its related agreements are 100 percent funded by grant awards from the USDHHS that are anticipated to be received over the next five years in amounts estimated approximately \$10 million per grant year.

Funding is included in DHS' Fiscal Year 2024-25 Recommended Budget and will be requested in future fiscal years as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

As previously mentioned, there are 80 Hospitals and CCALAC participating in the HPP. Hospitals can participate either as a Participant Level facility, or as a Disaster Resource Center (DRC). Of the 80 participating hospitals, 67 hospitals are Participant Level facilities, and the remaining 13 are designated as DRCs. The level of participation corresponds to specific deliverables and funding.

Participant Level participants receive funding to enhance their overall disaster preparedness with an emphasis on responding to natural and man-made emergencies, and public health threats.

DRCs, which are geographically distributed throughout LA County, are required to complete more deliverables and, therefore, will receive additional funding. The added funding will enhance surge capacity through the provision of ventilators, pharmaceuticals, medical/surgical supplies, and large tent shelters to provide treatment to victims of disasters. Additionally, DRCs are responsible for enhancing hospital planning and cooperation within their region, which includes allocating and coordinating emergency use of non-hospital space (e.g., local community health centers and clinics) to shelter and treat trauma victims during a catastrophic disaster.

Trauma center participants at both Participant and DRC levels will receive more funding than non-trauma centers at the equivalent level. This increased funding supports an increased trauma and burn surge capacity.

With each HPP grant award, 60 percent or more of the funding is typically allocated to fund the HPP SCCDMAs with the Hospitals and CCALAC. The remainder of the funds will be used to fund other expenses related to the grant including, but not limited to, administrative costs that include salaries and employee benefits for nine EMS Agency HPP related positions, indirect costs, supporting the Disaster Healthcare Volunteer Program, and addressing mental health issues related to disasters such as training hospital staff on mental health triage and self-assessment, as well as to fund additional HPP Agreements.

County Counsel will review and approve all agreements and amendments as to form prior to execution.

CONTRACTING PROCESS

The CCALAC and the hospitals listed in Attachment A are continuing participants in the HPP which enables LA County to continue, without disruption, to build, enhance, and sustain healthcare preparedness capabilities for a rapid recovery from natural and man-made emergencies and public health threats within LA County.

Any non-participating Hospitals and community clinics that are members of the CCALAC are eligible to participate if they express interest to the EMS Agency.

Non-hospital contractors for other services that support the completion of approved activities will be selected in accordance with the terms of any HPP application and may be competitively solicited, when appropriate, in accordance with LA County's contracting and purchasing policies.

On April 23, 2024, DHS notified the Board by Attachment B of its intent to enter negotiations to extend the existing sole source Agreement No. H-707734 with the California Association of Health Facilities (CAHF) for Long-Term Care Facilities Disaster

Preparedness Project and Participation in the Hospital Preparedness Program (HPP), which is utilized by DHS' EMS Agency. The extension of the Agreement with CAHF will enable the EMS Agency to continue its existing partnership with CAHF to implement activities that relate to long-term care facilities' preparedness, response, and recovery plans. The Sole Source Checklist is attached as Attachment C.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will allow DHS to continue to build and sustain healthcare preparedness capabilities for response to public health threats and rapid recovery in the event of a catastrophic disaster or other major emergency.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

CRG:am

Enclosures

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

HOSPITAL PREPAREDNESS PROGRAM
PARTICIPANTS AND LEVEL OF PARTICIPATION
FISCAL YEAR 2024-25

NAME OF PARTICIPANT	PARTICIPATION LEVEL
Kaiser Foundation - Sunset (LA)	DRC
PIH Health Hospital –Whittier	DRC
Providence Saint Joseph Medical Center	DRC
Cedars Sinai Medical Center	TDRC
Children's Hospital Los Angeles	PDRC
Dignity Health - California Hospital Medical Center	TDRC
Dignity Health - St. Mary Medical Center	TDRC
Henry Mayo Newhall Memorial Hospital	TDRC
LAC Harbor-UCLA Medical Center	TDRC
L A General Medical Center	TDRC
MemorialCare Long Beach Medical Center	TDRC
Pomona Valley Hospital Medical Center	TDRC
Ronald Reagan - UCLA Medical Center	TDRC
Adventist Health – Glendale	ED
Adventist Health - White Memorial Medical Center	ED
Adventist Health - White Memorial Montebello Medical Center	ED
Alhambra Hospital	ED
Barlow Respiratory Hospital	No ED
Catalina Island Medical Center	ED
CFHS Holdings, Inc. dba Cedars-Sinai Marina del Rey Hospital	ED
City of Hope National Medical Center	No ED
Coast Plaza Medical Center	ED
College Medical Center	ED
Community Hospital of Huntington Park	ED
Dignity Health – Glendale Memorial Hospital & Health Ctr.	ED
East Los Angeles Doctors Hospital	ED
Emanate Health Foothill Presbyterian Hospital	ED
Emanate Health Inter-Community Hospital	ED
Emanate Health Queen of the Valley Hospital	ED
Encino Hospital Medical Center	ED
Garfield Medical Center	ED
Greater El Monte Community Hospital	ED
Hollywood Presbyterian Medical Center	ED

NAME OF PARTICIPANT	PARTICIPATION LEVEL
Kaiser Foundation - Baldwin Park	ED
Kaiser Foundation – Downey	ED
Kaiser Foundation - Panorama City	ED
Kaiser Foundation - South Bay	ED
Kaiser Foundation - West LA	ED
Kaiser Foundation - Woodland Hills	ED
Kindred Hospital La Mirada	No ED
Kindred Hospital Paramount	No ED
Kindred Hospital San Gabriel	No ED
Kindred Hospital South Bay	No ED
L A Downtown Medical Center	No ED
L A Community Hospital at Los Angeles	No ED
L A Community Hospital at Norwalk	ED
LAC Olive View -UCLA Medical Center	ED
LAC Rancho Los Amigos National Rehabilitation Center	No ED
Lakewood Regional Medical Center	ED
Martin Luther King, Jr. Community Hospital	ED
Memorial Hospital of Gardena	ED
Miller Children's & Women's Hospital Long Beach	No ED
Mission Community Hospital	ED
Monterey Park Hospital	ED
Pacifica Hospital of the Valley	ED
Palmdale Regional Medical Center	ED
PIH Health Hospital - Downey	ED
PIH Health Hospital - Good Samaritan	ED
Prime Healthcare Centinela, LLC dba Centinela Hospital Medical Center	ED
Providence Little Company of Mary – San Pedro Hospital	ED
Providence Little Company of Mary - Torrance	ED
Providence St. Johns Health Center	ED
Providence Cedars-Sinai Tarzana Medical Center	ED
San Dimas Community Hospital	ED
San Gabriel Valley Medical Center	ED
Santa Monica – UCLA Medical Center	ED
Sherman Oaks Community Hospital	ED
Southern California Hospital at Culver City	ED
Southern California Hospital at Hollywood	No ED
Torrance Memorial	ED
USC Arcadia Hospital	ED
USC Verdugo Hills	ED
Valley Presbyterian Hospital	ED

NAME OF PARTICIPANT	PARTICIPATION LEVEL
West Hills Regional Medical Center	ED
Whittier Hospital Medical Center	ED
Antelope Valley Medical Center, a facility of Antelope Valley Healthcare District	TC
Dignity Health – Northridge Hospital Medical Center	TC
Pasadena Memorial Hospital, dba Huntington Hospital	TC
Prime Healthcare Services - St. Francis, LLC dba Saint Francis Medical Center	TC
Providence Holy Cross Medical Center	TC

DRC – Disaster Resource Center
 TDRC - Trauma Disaster Resource Center
 PDRC - Pediatric Disaster Resource Center
 ED – Emergency Department
 No ED - No Emergency Department
 TC – Trauma Center



April 23, 2024

**Los Angeles County
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

TO: Supervisor Lindsey P. Horvath, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Janice K. Hahn
Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D. 
Director

**SUBJECT: ADVANCE NOTIFICATION OF INTENT TO EXECUTE
A SOLE SOURCE AMENDMENT TO AGREEMENT
NO. H-707734 WITH THE CALIFORNIA ASSOCIATION
OF HEALTH FACILITIES**

Christina R. Ghaly, M.D.
Director

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

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

Elizabeth M. Jacobi, J.D.
Administrative Deputy

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

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

www.dhs.lacounty.gov

This is to notify the Board of Supervisors (Board) that the Department of Health Services (DHS) intends to request approval to execute a sole source amendment to Hospital Preparedness Program (HPP) Agreement No. H-707734 (Agreement) with the California Association of Health Facilities (CAHF), to extend the term through June 30, 2025, with an option to extend for up to four one-year periods, and add funding to the maximum obligation amount for CAHF's ongoing provision of continuing education for long-term care providers under the Long-Term Care Facilities Disaster Preparedness Project and Participation in the HPP.

Board Policy No. 5.100 requires written notice of a department's intent to enter into sole source negotiations for an extension of a Board-approved agreement at least six months prior to the Agreement's expiration date. DHS will exhaust its delegation of authority to extend the Agreement on June 30, 2024, when it expires. DHS acknowledges that this advance written notice is less than six months from the expiration of the existing.

Background

Founded in 1950, CAHF is a non-profit Statewide trade association representing Skilled-Nursing Facilities (SNFs) and Intermediate-Care Facilities (ICFs), providing quality care for the frail, elderly, intellectually disabled, and those with chronic mental illness. CAHF is the largest provider of continuing education for long-term care providers in California, facilitating continuous quality improvement for providers and improved outcomes for residents, and represents a

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



membership pool of 900 SNFs and 420 ICFs. Each year more than 139,000 caregivers from among these entities provide short term rehabilitation, long term care, end of life assistance and habilitative nursing services for approximately 350,000 people.

CAHF and its members are dedicated to improving the quality of long-term health care in California through educational programs and proactive advocacy with the Legislature and administrative agencies.

CAHF is a Statewide trade organization whose members comprise the very beneficiaries of the services it performs under the Agreement. The scope of work in the Agreement details the services, i.e., training, workgroups, coordination, and outreach that only the CAHF organization can provide for its membership.

Justification

The Los Angeles County (LA County) DHS Emergency Medical Services (EMS) Agency is a direct recipient of the United States Department of Health and Human Services HPP federal disaster preparedness grant. The LA County Healthcare Coalition is required to maintain a disaster preparedness program to support all healthcare coalition sectors including Long-Term Care Facilities, such as SNFs and ICFs. CAHF is an Essential Partner Member of the LA County Healthcare Coalition, which works to ensure the integration and coordination across the healthcare system so that adequate medical surge capacity and capability is available during a mass casualty and/or large-scale event.

Since 2013, CAHF has functioned as a unique disaster preparedness liaison to LA County by maintaining the membership of Long-Term Care Facilities, specifically in LA County's geographical region. There is no other organization that provides the emergency management support, education, and training to the facilities in this particular healthcare sector.

CAHF serves as a Statewide organization for long-term care providers, which through its members, is dedicated to improving the quality of long-term care in California through educational programs and proactive advocacy with the State Legislature and administrative agencies. CAHF has developed and customized services for the EMS Agency which have evolved from its original form into a Statewide agency that allows for annual customization to implement HPP-specific duties, which helps expedite decision-making for disaster-preparedness and casualty management activities. In addition, CAHF has a comprehensive understanding of LA County's EMS system and has established an excellent working relationship with the existing participants.

Please note that a recent federal audit of the Agreement between LA County and CAHF, a recommendation was made to ensure future funding for these Services were awarded through an open solicitation or provide justification of a need for a sole source agreement with CAHF. DHS has determined that CAHF is the only bona fide source for

the services because the Agreement and upcoming amendment are for the purpose of providing disaster preparedness related services directly to CAHF's membership. Therefore, performance and price competition are not available. Furthermore, the Services currently provided by CAHF, including training, workgroups, coordination, and outreach are necessary to meet HPP federal disaster preparedness grant requirements and the extension of the subject Agreement is in the best interest of LA County.

Contracting Timeline

Consistent with the sole source Board policy, DHS is informing the Board of its intention to proceed with negotiations to extend the term of the Agreement with CAHF. If no objection is received from the Board within two weeks, we will proceed with the negotiations for the extension and return to the Board before the end of the fiscal year for approval.

If you have any questions, you may contact me, or your staff may contact Julio C. Alvarado, Director of Contracts Administration and Monitoring by email at jalvarado@dhs.lacounty.gov.

CRG:am

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

SOLE SOURCE CHECKLIST

Department Name: Health Services

- New Sole Source Contract
 - Sole Source Amendment to Existing Contract
- Date Existing Contract First Approved: 06/29/2018

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

Erika Bonilla
Chief Executive Office

5/6/24
Date

**BOARD LETTER/MEMO
CLUSTER FACT SHEET**

DRAFT

Board Letter

Board Memo

Other

CLUSTER AGENDA REVIEW DATE	6/5/2024	
BOARD MEETING DATE	6/25/2024	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Public Health	
SUBJECT	Authorization to Accept and Implement A Forthcoming Grant Agreement and Future Agreements and/or Amendments from the California Department Of Public Health – Tuberculosis Control Branch for Tuberculosis Prevention and Control Services	
PROGRAM	Tuberculosis Control Program (TBCP)	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain why:	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – Not Applicable	
DEADLINES/ TIME CONSTRAINTS	July 1, 2024	
COST & FUNDING	Total cost: \$ 1,749,756	Funding source: California Department of Public Health – Tuberculosis Control Branch (CDPH-TBCB)
	TERMS (if applicable): July 1, 2024 through June 30, 2025	
	Explanation: The purpose of the tuberculosis (TB) local assistance funds is to assist the current efforts of local TB programs to prevent, control, and eventually eliminate TB in Los Angeles County (LAC). Financial assistance is provided to local TB programs to augment local support for TB prevention and control activities.	
PURPOSE OF REQUEST	To accept and implement a forthcoming grant agreement from the CDPH-TBCB, to support TB Prevention and Control Services, for the period of July 1, 2024 through June 30, 2025, at an estimated amount of \$1,749,756, consisting of an estimated base award of \$1,535,761 and an allotment of up to \$213,995 for food, shelter, incentives, and enablers (FSIE), as determined by the CDPH-TBCB, subject to review and approval by County Counsel, review by the Chief Executive Office (CEO) Risk Management Branch as needed, and notification to your Board and the CEO.	

BACKGROUND (include internal/external issues that may exist including any related motions)	<p>Acceptance of this forthcoming grant agreement will allow Department of Public Health (Public Health) to support TB Prevention and Control Services in LAC, which consist of three main components: 1) Public Health staff who perform TB prevention and control activities such as surveillance, TB registry, epidemiology, medical and nursing consultation, TB clinical nursing services, and directly observed therapy; 2) travel and registration to regional conferences and trainings to increase the TB skill sets of Public Health staff; and 3) reimbursement for provision of FSIE that will provide support for lodging, meals, food and grocery store coupons, and transportation tokens and passes to eligible persons experiencing homelessness, and other high-risk or hard-to-treat TB patients.</p>
EQUITY INDEX OR LENS WAS UTILIZED	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how:</p> <p>Local Assistance Funds include dollars earmarked to support the delivery of temporary housing along with food and transportation subsidies to TB patients experiencing homelessness, food insecurity, and challenges with access to healthcare. Providing stable housing, nutrition, and transportation services increases the likelihood this cohort of TB patient will experience health outcomes equitable to TB patients who are stably house and not experiencing food insecurity and access to healthcare barriers.</p>
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how:</p> <p>Health Integration: Local Assistance Funds are allocated to support nursing, physician, and allied public health professional positions within the TBCP ensuring the integration of healthcare between Public Health, Health Services, and Mental Health. TBCP positions are strategically assigned to County Hospital facilities to identify and manage hospitalized TB patients, providing nursing and medical consultations, in addition to ensuring continuity of care as TB patients transition back into the community.</p> <p>Immigration: Other TBCP positions are strategically assigned to deliver outreach services to newly arriving immigrants within Los Angeles County, coordinating their access to Public Health TB clinic services.</p> <p>Homelessness: Although Local Assistance Funds are used to deliver temporary housing along with food and transportation subsidies while patients are undergoing evaluation and treatment for TB disease and infection, TBCP staff managing the delivery of these services also determine whether this cohort of patients is eligible for transitional housing services. TBCP staff initiate the application process for transitional housing services for all TB patients found eligible to receive services.</p>
DEPARTMENTAL CONTACTS	<p>Name, Title, Phone # & Email:</p> <ol style="list-style-type: none"> 1. Joshua Bobrowsky, Director Government Affairs, Public Health (213) 288-7871, jbobrowsky@ph.lacounty.gov 2. Julie M. Higashi, M.D., Ph.D., Director, Tuberculosis Control Program (323) 246-8171, jhigashi@ph.lacounty.gov 3. Emily Issa, Senior Deputy County Counsel (213) 974-1827, EIssa@counsel.lacounty.gov



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

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

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

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DRAFT



BOARD OF SUPERVISORS

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

June 25, 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 A FORTHCOMING AWARD AND
FUTURE AWARDS AND/OR AMENDMENTS FROM THE CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH – TUBERCULOSIS CONTROL BRANCH FOR
TUBERCULOSIS PREVENTION AND CONTROL SERVICES
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Provide authorization to accept and implement a forthcoming award and/or future awards and/or amendments from the California Department of Public Health - Tuberculosis Control Branch for Tuberculosis Prevention and Control Services.

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 California Department of Public Health - Tuberculosis Control Branch (CDPH-TBCB), to support Tuberculosis (TB) Prevention and Control Services for the period of July 1, 2024, through June 30, 2025, at an estimated amount of \$1,749,756, consisting of an estimated base award of \$1,535,761 and an allotment of up to \$213,995 for food, shelter, incentives, and enablers (FSIE), subject to review and approval by County Counsel, Chief Executive Office (CEO) Risk Management as needed, and notification to your Board and the CEO. We expect the forthcoming

award to include provisions requiring the County to indemnify the State for all claims and losses related to the agreement.

2. Delegate authority to the Director of Public Health, or designee, to accept future awards and/or amendments that are consistent with the requirements of the forthcoming CDPH-TBCB award referenced in Recommendation 1 that extend the term at amounts to be determined by CDPH-TBCB; and/or provide an increase or decrease in funding, subject to review and approval by County Counsel, and notification to your Board and the CEO.
3. Delegate authority to the Director of Public Health, or designee, to accept future amendments that are consistent with the requirements of the CDPH-TBCB award above that reflect non-material and/or ministerial revisions to the terms and conditions and allow for the rollover of unspent funds and/or redirection of funds, subject to review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS

Approval of Recommendation 1 will allow Public Health to accept a forthcoming award from the CDPH-TBCB to support TB Prevention and Control Services in Los Angeles County (LAC), which consist of the following three main components: 1) support for Public Health staff who perform TB prevention and control activities such as surveillance, TB registry, epidemiology, medical and nursing consultation, TB clinical nursing services, and directly observed therapy; 2) travel to and registration for regional conferences and trainings to increase the TB skill sets of Public Health staff; and 3) reimbursement for provision of FSIE that will provide support for lodging, meals, food, and grocery store coupons, and transportation tokens and passes to eligible persons experiencing homelessness, and other high-risk or hard-to-treat TB patients.

Approval of Recommendation 2 will allow Public Health to accept future awards and/or amendments that are consistent with the requirements of the CDPH-TBCB award referenced above to extend the term at amounts determined by the CDPH-TBCB; and/or provide an increase or decrease in funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board policy 4.070: Full Utilization of Grant Funds.

Approval of Recommendation 3 will allow Public Health to accept future amendments that are consistent with the requirements of the CDPH-TBCB award that reflect non-material or ministerial revisions to the terms and conditions, roll over unspent funds, and/or redirection of funds.

Implementation of Strategic Goals

The recommended actions support the North Star 2, Foster Vibrant and Resilient Communities, with a focus area goal of public health, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Public Health will accept a forthcoming award from CDPH-TBCB at an estimated amount of \$1,749,756, consisting of a base award in the approximate amount of \$1,540,795 and up to \$213,995 for FSIE, for the period of July 1, 2024, through June 30, 2025.

Funding is included in Public Health's fiscal year (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

Since 2001, your Board has accepted CDPH-TBCB funding to support TB Prevention and Control Services.

On January 31, 2024, Public Health received the Tuberculosis Funding Local Assistance Funding Announcement from the CDPH-TBCB, informing Public Health of the anticipated award amount to support TB control activities in FY 2024-25 and requesting Public Health to submit its application no later than March 15, 2024, which Public Health did. The Letter of Award will be issued no later than June 28, 2024.

We expect the forthcoming award to include provisions requiring the County to indemnify the State for all claims and losses related to the agreement. This is a standard requirement from the State and cannot be waived or modified.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow Public Health to accept funds from CDPH-TBCB to continue delivery of TB Prevention and Control Services throughout LAC.

Respectfully submitted,

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

BF:ml
BL#7603

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

BOARD LETTER/MEMO CLUSTER FACT SHEET

 Board Letter

 Board Memo

 Other

CLUSTER AGENDA REVIEW DATE	6/5/2024	
BOARD MEETING DATE	6/25/2024	
SUPERVISORIAL DISTRICT AFFECTED	<input type="checkbox"/> All <input checked="" type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Public Works	
SUBJECT	CP Los Angeles General Medical Center Radiography and Fluoroscopy Equipment Replacement and Room Remodel Project	
PROGRAM	N/A	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If Yes, please explain why: N/A	
DEADLINES/ TIME CONSTRAINTS	N/A	
COST & FUNDING	Total cost: \$5,701,000	Funding source: Capital Project No. 8A036
	TERMS (if applicable): N/A	
	Explanation: N/A	
PURPOSE OF REQUEST	Public Works is seeking Board approval to establish and approve the project, budget, and related appropriation adjustment, and authorization to deliver the project using a Board-approved Job Order Contract.	
BACKGROUND (include internal/external issues that may exist including any related motions)	On May 2, 2023, the Board approved Department of Health Services' acquisition of the radiology and fluoroscopy replacement equipment, which will be installed at the conclusion of the remodel work.	
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how: N/A	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: These projects supports Board Priority No. 7, Sustainability, by investing in County buildings to provide improved public services and workforce environments that will lead to increased productivity.	
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Vincent Yu, Deputy Director, (626) 458-4010, cell (626) 614-7217, vyu@pw.lacounty.gov .	



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

IN REPLY PLEASE
REFER TO FILE:

June 25, 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
LOS ANGELES GENERAL MEDICAL CENTER
RADIOGRAPHY AND FLUOROSCOPY EQUIPMENT REPLACEMENT
AND ROOM REMODEL PROJECT
ESTABLISH AND APPROVE PROJECT
APPROVE PROJECT BUDGET
APPROVE APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACTING
CAPITAL PROJECT NO. 8A036
FISCAL YEAR 2023-24
(SUPERVISORIAL DISTRICT 1)
(4 VOTES)**

SUBJECT

Public Works is seeking Board approval of the Los Angeles General Medical Center Radiography and Fluoroscopy Equipment Replacement and Room Remodel Project, approval of the related appropriation adjustment, and authorization to deliver the project using Board-approved Job Order Contracts.

IT IS RECOMMENDED THAT THE BOARD:

1. Find that the Los Angeles General Medical Center Radiography and Fluoroscopy Equipment Replacement and Room Remodel Project is exempt from the California

Environmental Quality Act for the reasons stated in this Board letter and in the record of the proposed project.

2. Establish and approve the Los Angeles General Medical Center Radiography and Fluoroscopy Equipment Replacement and Room Remodel Project, Capital Project No. 8A036, with a total project budget of \$5,701,000.
3. Approve the Fiscal Year 2023-24 appropriation adjustment to reallocate \$203,000 from the Various Refurbishments Project, Capital Project No. 86937 where the Department of Health Services' annual revolving fund for the Radiology Program is budgeted with \$203,000 as the remaining balance and allocate \$3,484,000 from the Department of Health Services' Enterprise Fund-Committed for Department of Health Services to fund the projected Fiscal Year 2023-24 expenditures for the Los Angeles General Medical Center Radiography and Fluoroscopy Equipment Replacement and Room Remodel Project, Capital Project No. 8A036.
4. Authorize the Director of Public Works or his designee to deliver the projects using Board-approved Job Order Contracts.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The purpose of the recommended actions is to seek Board approval to find the proposed Los Angeles General Medical Center Radiography and Fluoroscopy (LA General R/F) Equipment Replacement and Room Remodel Project is exempt from the California Environmental Quality Act (CEQA); establish and approve the project, project budget, and associated appropriation adjustment, and authorize delivery of the proposed project using Board-approved Job Order Contracts (JOCs).

Background

The proposed project is located on the LA General Medical Center campus at 2051 Marengo Street in the City of Los Angeles. The proposed project includes remodeling four existing rooms located on the Third Floor of the Diagnostic and Treatment Building at the Emergency Department Radiology Section, which is a Level 1 Trauma Center. The Radiology Section provides diagnostic radiology imaging to diagnose and treat Los Angeles County patients who need urgent medical care. The existing R/F equipment has exceeded its useful service life and consistently requires maintenance to remain functional. The proposed work includes all necessary renovations to

accommodate the new equipment and compliant anchorage. The project would be carried out in phases to minimize impacts on patient care. Once the remodeling work is complete, the new equipment will be installed by the vendor through a separate Department of Health Services (DHS) purchase order contract.

As part of the DHS Equipment Replacement Program, a \$10,000,000 annual revolving fund was established in April 2013 to procure and install new medical equipment, including the remodel work required to accommodate the equipment based on established criteria for prioritizing replacement.

On May 2, 2023, the Board approved the acquisition of the R/F Equipment Replacement for the project in the amount of \$2,254,000 to be installed at the LA General Radiology Program. The new R/F equipment will be used to diagnose and determine the extent of a variety of diseases, including gastrointestinal, obstruction, cancer, infertility, and certain joint diseases, as well as diagnose speech pathology. DHS will procure the equipment through a purchase order with the Internal Services Department, and the equipment will be installed by the vendor once the proposed refurbishment project is completed.

Public Works completed the plans, specifications, and jurisdictional approvals for the proposed LA General R/F Equipment Replacement and Room Remodel Project using a Board-approved on-call architectural/engineering agreement and is now seeking approval to complete the remodeling work using Board-approved JOCs.

If approved, construction is anticipated to begin in July 2024 and be substantially completed in May 2025 for the LA General R/F Equipment Replacement and Room Remodel Project.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: North Star 1, Make Investments that Transform Lives, Focus Area Goal A, Healthy Individuals and Families, Strategy II, Improve Health Outcomes, by promoting comprehensive and inclusive care through investments in public healthcare infrastructure that enhance the quality and delivery of healthcare services to Los Angeles County residents; and North Star 2, Realize tomorrow's government today, Focus Area Goal F, Flexible and Efficient Infrastructure, Strategy II, Modernize Infrastructure, by evaluating our current Capital Projects and identifying the need to replace or modernize legacy/obsolete infrastructure. These recommended actions support the Strategic Plan by investing in public healthcare

infrastructure improvements that will enhance the quality and delivery of healthcare services to the residents of Los Angeles County.

FISCAL IMPACT/FINANCING

The estimated project budget for the LA General R/F Equipment Replacement and Room Remodel Project is \$5,701,000. The project budget includes construction, change order contingency, plans and specifications, permit fees, consultant services, inspection services, and County services. The project schedule and budget are included in Enclosure A. DHS has previously paid \$19,000 for the design phase through the DHS operating budget.

Board approval of the Fiscal Year 2023-24 appropriation adjustment (Enclosure B) in the amount of \$3,687,000 which will reallocate \$203,000 from the Various Refurbishments Project, Capital Project No. 86937, where the Health Services annual revolving fund for the Radiology Program is budgeted and allocate \$3,484,000 from the DHS' Enterprise Fund-Committed for DHS, to fund the projected Fiscal Year 2023-24 expenditures for the proposed LA General R/F Equipment Replacement and Room Remodel Project, Capital Project No. 8A036. DHS will provide funding in the future phases, as needed, to fully fund the remaining project budget.

Operating Budget Impact

There is no County cost impact associated with the recommendations. Following completion of the proposed project, 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 project budget includes 1 percent of the eligible design and construction costs to the Civic Art allocation in the amount of \$36,000.

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

The proposed project would support the Board's Green Building/Sustainable Design Program policy by minimizing the amount of demolition materials disposed of in landfills during construction and incorporating energy-efficient equipment.

ENVIRONMENTAL DOCUMENTATION

The project is categorically exempt from CEQA. It consists of repairs and remodeling work to an existing building housing medical space. The project is within certain classes of projects that have been determined not to have a significant effect on the environment in that they meet the criteria set forth in Sections 15301 (a), (d), and (l); 15302 (c), and 15303 of the State CEQA Guidelines and Classes 1 (c), (d), and (l); 2 (e), and 3 of the County's Environmental Document Reporting Procedures and Guidelines, Appendix G. The project provides for the repair, refurbishment, replacement, and minor alterations of existing facilities involving negligible or no expansion of existing use and where replacement features will have the same purpose and capacity and installation of equipment at existing facilities.

Additionally, the 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 exemption inapplicable based on project records.

Upon the Board's approval of the project, Public Works will file a Notice of Exemption for the project with the Registrar-Recorder/County Clerk in accordance with Section 21152 of the Public Resources Code and will post the notice to its website pursuant to Section 21092.2.

CONTRACTING PROCESS

Public Works completed the design for the project using Board-approved, on-call architectural/engineering firm and is recommending the use of Board-approved JOCs to complete the construction of the project.

The project scope includes substantial remodeling and alteration work, and Public Works has determined that using a JOC is the most appropriate contracting method to deliver the project.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will have minimal impact on current County services or projects. LA General radiology services will continue during construction, and the contractor will be required to phase and coordinate construction activities with the County to minimize disruption to facility operations and functions.

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:cg

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 Project Division)

**CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
LOS ANGELES GENERAL MEDICAL CENTER
RADIOGRAPHY AND FLUOROSCOPY EQUIPMENT REPLACEMENT
AND ROOM REMODEL PROJECT
ESTABLISH AND APPROVE PROJECT
APPROVE PROJECT BUDGET
APPROVE APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACTING
CAPITAL PROJECT NO. 8A036
FISCAL YEAR 2023-24
(SUPERVISORIAL DISTRICT 1)
(4 VOTES)**

I. PROJECT SCHEDULE

Project Activity	Scheduled Completion Date
Construction Documents	August 2023*
Jurisdictional Approvals	January 2024*
Construction Start	July 2024
Substantial Completion	May 2025
Final Acceptance	August 2025

*Completed Activity

II. PROJECT BUDGET SUMMARY

Project Activity	Budget
Construction (Job Order Contract)	\$3,300,000
Change Order	\$ 450,000
Bid Contingency	\$ 300,000
Construction Subtotal	\$4,050,000
Civic Art	\$ 36,000
Plans and Specification	\$ 330,000
Consultant Services	\$ 141,000
Miscellaneous Expenditure	\$ 46,000
Jurisdictional Review, Plan Check, and Permit	\$ 161,000
County Services	\$ 937,000
TOTAL	\$5,701,000

February 23, 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

\$ 10,655,000

USES TOTAL

\$ 10,655,000

JUSTIFICATION

This budget adjustment is necessary to fund Capital Project No. 8A036, Los Angeles General Medical Center Radiography/Fluoroscopy Equipment Replacement and Room Remodel project, from DHS Enterprise Fund-Committed for DHS in the amount of \$3,484,000 and from Health Services Various Refurbishments, Capital Project No. 86937, in the amount of \$203,000 for anticipated expenditures in FY 2023-24.

Susanna Lao

Digitally signed by Susanna Lao
Date: 2024.02.23 12:25:23
-08'00'

AUTHORIZED SIGNATURE

SUSANNA LAO, CONTROLLER'S DIVISION

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

REFERRED TO THE CHIEF
EXECUTIVE OFFICER FOR---

ACTION

RECOMMENDATION

APPROVED AS REQUESTED

APPROVED AS REVISED

AUDITOR-CONTROLLER

BY _____

CHIEF EXECUTIVE OFFICER

BY _____

B.A. NO. _____

DATE _____

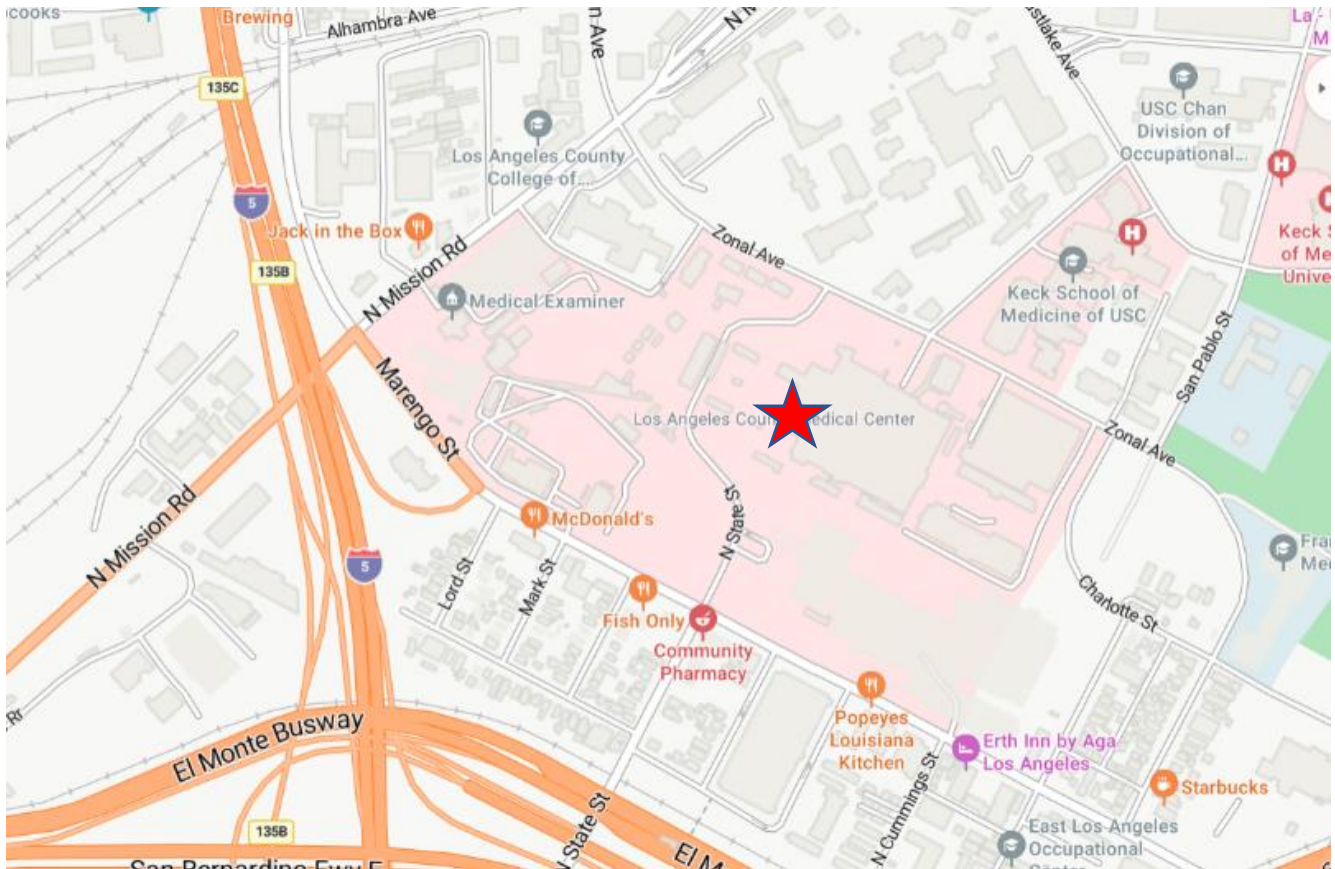
DATE _____

COUNTY OF LOS ANGELES
REQUEST FOR APPROPRIATION ADJUSTMENT

FY 2023-24
4 - VOTES

SOURCES		USES	
DHS ENTERPRISE FUND MN2-3078 COMMITTED FOR DHS DECREASE OBLIGATED FUND BALANCE	3,484,000	DHS ENTERPRISE FUND MN2-HS-6100-60070 OTHER FINANCING USES INCREASE APPROPRIATION	3,484,000
LOS ANGELES GENERAL MEDICAL CENTER ENTERPRISE FUND MN4-HG-96-9911-60010 OPERATING TRANSFERS IN INCREASE REVENUE	3,484,000	LOS ANGELES GENERAL MEDICAL CENTER ENTERPRISE FUND MN4-HG-96-9912-60010 OPERATING SUBSIDY - GENERAL FUND DECREASE REVENUE	3,484,000
ENT SUB - LOS ANGELES GENERAL MEDICAL CENTER A01-AC-6100-21200-21224 OTHER FINANCING USES DECREASE APPROPRIATION	3,484,000	LOS ANGELES GENERAL MEDICAL CENTER LA GENERAL RADIOGRAPHY/FLUOROSCOPY EQUIP RPL AND RM REMODEL A01-CP-6014-64010-8A036 CAPITAL ASSETS - B & I INCREASE APPROPRIATION	3,687,000
VARIOUS HS CAPITAL IMPROVEMENTS VARIOUS REFURBISHMENTS A01-CP-6014-64035-86937 CAPITAL ASSETS - B & I DECREASE APPROPRIATION	203,000		
SOURCES TOTAL	\$ 10,655,000	USES TOTAL	\$ 10,655,000

Los Angeles General Medical Center Radiography and Fluoroscopy Equipment Replacement and Room Remodel Project



2501 Marengo Street, Los Angeles, CA 90033

BOARD LETTER/MEMO CLUSTER FACT SHEET

 Board Letter

 Board Memo

 Other

CLUSTER AGENDA REVIEW DATE	6/5/2024	
BOARD MEETING DATE	6/25/2024	
SUPERVISORIAL DISTRICT AFFECTED	<input type="checkbox"/> All <input checked="" type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Public Works	
SUBJECT	CP Los Angeles General Medical Center Air Compressor Replacement and Boiler Installation Project	
PROGRAM	N/A	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If Yes, please explain why: N/A	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – Not Applicable	
DEADLINES/ TIME CONSTRAINTS	N/A	
COST & FUNDING	Total cost: \$2,151,000 and \$1,907,000, respectively.	Funding source: Capital Project Nos. 8A038 and 8A039
	TERMS (if applicable): N/A	
	Explanation: N/A	
PURPOSE OF REQUEST	Public Works is seeking Board approval of the Los Angeles General Medical Center Air Compressor Replacement and Boiler Installation Projects and authorization to deliver the proposed projects using Board-approved Job Order Contracts.	
BACKGROUND (include internal/external issues that may exist including any related motions)	There have been no prior Board actions related to these projects.	
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how: N/A	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: This project supports Board Priority No. 7, Sustainability, by investing in County buildings to provide improved public services and workforce environments that will lead to increased productivity	
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Vincent Yu, Deputy Director, (626) 458-4010, cell (626) 614-7217, vyu@pw.lacounty.gov .	



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:

June 25, 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
LOS ANGELES GENERAL MEDICAL CENTER
AIR COMPRESSOR REPLACEMENT AND
BOILER INSTALLATION PROJECTS
ESTABLISH AND APPROVE CAPITAL PROJECTS
APPROVE APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACTS
CAPITAL PROJECT NOS. 8A038 AND 8A039
FISCAL YEAR 2023-24
(SUPERVISORIAL DISTRICT 1)
(4-VOTES)**

SUBJECT

Public Works is seeking Board approval of the Los Angeles General Medical Center Air Compressor Replacement and Boiler Installation Projects and budgets, approval of the associated appropriation adjustment, and authorization to deliver the proposed projects using Board-approved Job Order Contracts.

IT IS RECOMMENDED THAT THE BOARD:

1. Find that the proposed Los Angeles General Medical Center Air Compressor Replacement and Boiler Installation Projects are exempt from the California Environmental Quality Act for the reasons stated in this Board letter and in the record of the proposed projects.

2. Establish and approve the Los Angeles General Medical Center Air Compressor Replacement Project, Capital Project No. 8A038, with a total project budget of \$2,151,000.
3. Establish and approve the Los Angeles General Medical Center Boiler Installation Project, Capital Project No. 8A039, with a total project budget of \$1,907,000.
4. Approve the Fiscal Year 2023-24 appropriation adjustment of \$2,890,000 to allocate \$1,438,000 and \$1,452,000 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 Los Angeles General Medical Center Air Compressor Replacement Project, Capital Project No. 8A038, and Los Angeles General Medical Center Boiler Installation Project, Capital Project No. 8A039, 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 actions is to find the proposed Los Angeles (LA) General Medical Center Air Compressor Replacement and Boiler Installation projects exempt from the California Environmental Quality Act (CEQA); establish and approve the projects, project budgets, and related appropriation adjustment; and authorize delivery of the proposed projects using Board-approved Job Order Contracts (JOC).

Background

LA General Air Compressor Replacement Project

This proposed project is in the medical center's East Central Plant Mechanical Room. The existing four air compressors that supply nonmedical compressed air to the Core Lab and seismic shock dampers for mechanical units on the roof have deteriorated and are no longer reliable. They require constant repairs, maintenance, and are deemed to be at the end of their service life. There is a need to replace all four air compressor units to maintain the equipment operation at the Core Lab and seismic shock dampers for the mechanical units on the roof.

The proposed scope of work includes replacing the existing four air compressors with new packaged units that will supply compressed air to the Core Lab equipment and seismic shock dampers for mechanical units on the roof. The scope of work includes removing the old units off site, providing temporary units during replacement, extending the equipment pads, and associated electrical and plumbing work.

The switching of the compressed air supply from old to temporary and from temporary to permanent will be phased and coordinated closely to prevent interruptions to the operation of the Core Lab and seismic dampers for mechanical units on the roof.

LA General Boiler Installation Project

This proposed project is located at the Rand Schrader and Big Blue buildings on the LA General campus. Currently, the hot water to the buildings is provided through the deteriorated steam tunnel system that has been leaking. The proposed project will provide a boiler system for the two buildings and eliminate using the existing tunnel system to provide hot water. The current heat supply at the West Central Plant will be disconnected upon the completion of the new project.

The proposed scope of work includes installing an electric water heater system to provide comfort heating for the Rand Schrader building and replacing the steam heat supplied by the existing steam boiler at the West Central Plant. This would involve the removal of the existing heat exchangers in the building. It also includes replacing the existing comfort heating system at the Big Blue building with new space heaters. The proposed scope includes disconnecting the steam supply from the West Central Plant.

If approved, construction is anticipated to begin in July 2024 and be substantially completed in January 2025 for both the LA General Air Compressor Replacement and Boiler Installation Projects.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: North Star 1, Make Investments that Transform Lives, Focus Area Goal A, Healthy Individuals and Families, Strategy ii, Improve Health Outcomes, by promoting comprehensive and inclusive care through investments in public healthcare infrastructure that enhance the quality and delivery of healthcare services to Los Angeles County residents; and North Star 3, Realize Tomorrow's Government Today, Focus Area Goal F, Flexible and Efficient

Infrastructure, Strategy ii, Modernize Infrastructure, by evaluating our current Capital Projects and identifying the need to replace or modernize legacy/obsolete infrastructure. By investing in public healthcare infrastructure improvements, it will enhance the quality and delivery of healthcare services to the residents of Los Angeles County.

FISCAL IMPACT/FINANCING

The total project budgets for the proposed LA General Air Compressor Replacement and Boiler Installation projects are \$2,151,000 and \$1,907,000, respectively. The project budgets include construction, change order contingency, plans and specifications, permit fees, consultant services, inspection services, and County services. The project budgets and proposed schedules are included in Enclosure A. The Department of Health Services (DHS) has previously paid \$4,000 and \$145,000, respectively, for assessment fees through the DHS operating budget for the LA General Air Compressor Replacement and Boiler Installation Projects.

Board approval of Fiscal Year's 2023-24 appropriation adjustment (Enclosure B) in the amount of \$2,890,000 will allocate \$1,438,000 and \$1,452,000, respectively, from the DHS' Enterprise Fund-Committed for DHS to fund the projected Fiscal Year 2023-24 expenditures for the LA General Air Compressor Replacement Project, Capital Project No. 8A038, and LA General Boiler Installation Project, Capital Project No. 8A039. 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 recommended actions.

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

The Board's Civic Arts Policy amended on August 4, 2020, requires refurbishment projects to include one percent of the eligible design and construction costs to be allocated to the Civic Art Fund. However, the Civic Art Policy definition of "refurbishment" does not include the installation or replacement of building systems. Therefore, the proposed LA General Air Compressor Replacement and Boiler Installation Projects are

exempt from the policy because they both consist of the replacement of portions of the building system.

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

The proposed projects are less than 10 percent of the existing building. In accordance with the Board's December 20, 2016, policy the proposed projects will support the Board's policy for Green Building/Sustainable Design Program by minimizing the amount of demolition materials disposed of in landfills and by incorporating energy efficient products during construction.

ENVIRONMENTAL DOCUMENTATION

The proposed projects are categorically exempt from CEQA. They consist of repair and remodeling work to an existing building housing warehouse, laboratory, and office space. The projects are within certain classes of projects that have been determined not to have a significant effect on the environment in that they meet the criteria set forth in Sections 15301 (a), (d), and (l); 15302 (c); and 15303 of the State CEQA Guidelines and Classes 1 (c), (d), (l); 2 (e); and 3 of the County's Environmental Document Reporting Procedures and Guidelines, Appendix G. The projects provide for repair, refurbishment, replacement, 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 projects will comply with all applicable regulations, are not located in a sensitive environment, and there are no cumulative impacts, no unusual circumstances, no damage to scenic highways, not part of the listing on hazardous waste sites pursuant to Government Code Section 65962.5, and no indications that the projects may cause a substantial adverse change in the significance of a historical resource that would make the exemption inapplicable based on the record of the proposed projects.

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 in the Governor's Office of Planning and Research in accordance with Section 21152 of the California Public Resources Code and will post to the County's website in accordance with Section 21092.2.

CONTRACTING PROCESS

Public Works completed the design using a Board-approved, on-call architect/engineering firm and is recommending the use of Board-approved JOC to complete construction of the projects. The standard Board-directed clauses, including those that provide for contract termination and hiring qualified displaced County employees, are included in all JOC.

The projects' scopes of work include substantial remodeling and alteration work, and Public Works has determined that the use of 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 LA General will remain operational during construction, and the contractors will be required to phase and coordinate construction activities with the County to minimize disruption to facility operations and functions.

The Honorable Board of Supervisors
June 25, 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:cg

Enclosures

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

**CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
LOS ANGELES GENERAL MEDICAL CENTER
AIR COMPRESSOR REPLACEMENT AND
BOILER INSTALLATION PROJECTS
ESTABLISH AND APPROVE CAPITAL PROJECTS
APPROVE APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACTS
CAPITAL PROJECT NOS. 8A038 AND 8A039
FISCAL YEAR 2023-24
(SUPERVISORIAL DISTRICT 1)
(4-VOTES)**

**AIR COMPRESSOR REPLACEMENT PROJECT
I. PROJECT SCHEDULE SUMMARY**

Project Activity	Scheduled Completion Date
Construction Documents	October 2023*
Jurisdictional Approvals	March 2024
Construction Start	July 2024
Substantial Completion	January 2025
Final Acceptance	February 2025

*Completed Activity

II. PROJECT BUDGET SUMMARY

Project Activity	Budget
Construction (Job Order Contract)	\$1,115,000
Job Order Contract Fees	\$ 28,000
Construction Contingency	\$ 191,000
Change Order	\$ 168,000
Construction Subtotal	\$1,502,000
Plans and Specification	\$ 216,000
Consultant Services	\$ 56,000
Miscellaneous Expenditure	\$ 33,000
Jurisdictional Review/Plan Check/Permit	\$ 23,000
County Services	\$ 321,000
TOTAL PROJECT COST	\$2,151,000

BOILER INSTALLATION PROJECT
I.PROJECT SCHEDULE SUMMARY

Project Activity	Scheduled Completion Date
Construction Documents	November 2023*
Jurisdictional Approvals	March 2024
Construction Start	July 2024
Substantial Completion	January 2025
Final Acceptance	February 2025

*Completed Activity

II.PROJECT BUDGET SUMMARY

Project Activity	Budget
Construction (Job Order Contract)	\$1,027,000
Job Order Contract Fees	\$ 26,000
Contingency	\$ 175,000
Change Order	\$ 103,000
Construction Subtotal	\$1,331,000
Plans and Specification	\$ 245,000
Consultant Services	\$ 41,000
Miscellaneous Expenditure	\$ 33,000
Jurisdictional Review/Plan Check/Permit	\$ 42,000
County Services	\$ 215,000
TOTAL PROJECT COST	\$1,907,000

March 20, 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 \$ 8,670,000

USES TOTAL \$ 8,670,000

JUSTIFICATION

This budget adjustment of \$2,890,000 is necessary to fund Capital Project No. 8A038, Los Angeles General Medical Center Air Compressor Replacement project in the amount of \$1,438,000 and Capital Project No. 8A039, Los Angeles General Medical Center Boiler Installation project in the amount of \$1,452,000 from DHS Enterprise Fund-Committed for DHS for anticipated expenditures in FY 2023-24.

Jean Lo

Digitally signed by Jean Lo
Date: 2024.03.20 13:06:46 -07'00'

AUTHORIZED SIGNATURE

JEAN LO, CHIEF, CONTROLLER'S DIVISION

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

REFERRED TO THE CHIEF EXECUTIVE OFFICER FOR---

ACTION

RECOMMENDATION

APPROVED AS REQUESTED

APPROVED AS REVISED

AUDITOR-CONTROLLER

BY

CHIEF EXECUTIVE OFFICER

BY

B.A. NO. 197

DATE

DATE

COUNTY OF LOS ANGELES
REQUEST FOR APPROPRIATION ADJUSTMENT

FY 2023-24
4 - VOTES

SOURCES		USES	
DHS ENTERPRISE FUND MN2-3078 COMMITTED FOR DHS DECREASE OBLIGATED FUND BALANCE	2,890,000	DHS ENTERPRISE FUND MN2-HS-6100-60070 OTHER FINANCING USES INCREASE APPROPRIATION	2,890,000
LOS ANGELES GENERAL MEDICAL CENTER ENTERPRISE FUND MN4-HG-96-9911-60010 OPERATING TRANSFERS IN INCREASE REVENUE	2,890,000	LOS ANGELES GENERAL MEDICAL CENTER ENTERPRISE FUND MN4-HG-96-9912-60010 OPERATING SUBSIDY - GENERAL FUND DECREASE REVENUE	2,890,000
ENT SUB - LOS ANGELES GENERAL MEDICAL CENTER A01-AC-6100-21200-21224 OTHER FINANCING USES DECREASE APPROPRIATION	2,890,000	LOS ANGELES GENERAL MEDICAL CENTER LA GENERAL AIR COMPRESSOR REPLACEMENT A01-CP-6014-64010-8A038 CAPITAL ASSETS - B & I INCREASE APPROPRIATION	1,438,000
		LOS ANGELES GENERAL MEDICAL CENTER LA GENERAL BOILER INSTALLATION A01-CP-6014-64010-8A039 CAPITAL ASSETS - B & I INCREASE APPROPRIATION	1,452,000
SOURCES TOTAL	\$ 8,670,000	USES TOTAL	\$ 8,670,000

BA#197

▶▶ Behavioral Health Services Act (Prop 1) Update

Kalene Gilbert, LCSW
Mental Health Services Act Coordinator

June 5, 2024
HMHS Cluster



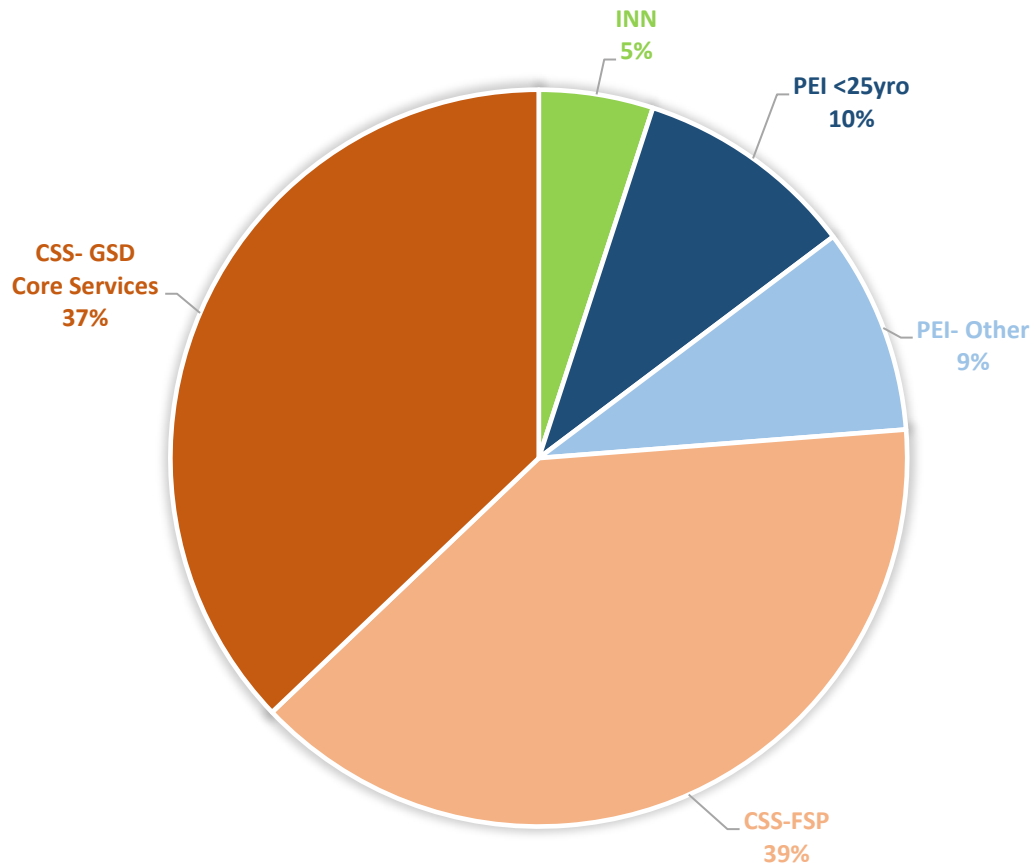
LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

▶▶ Behavioral Health Services Act Overview

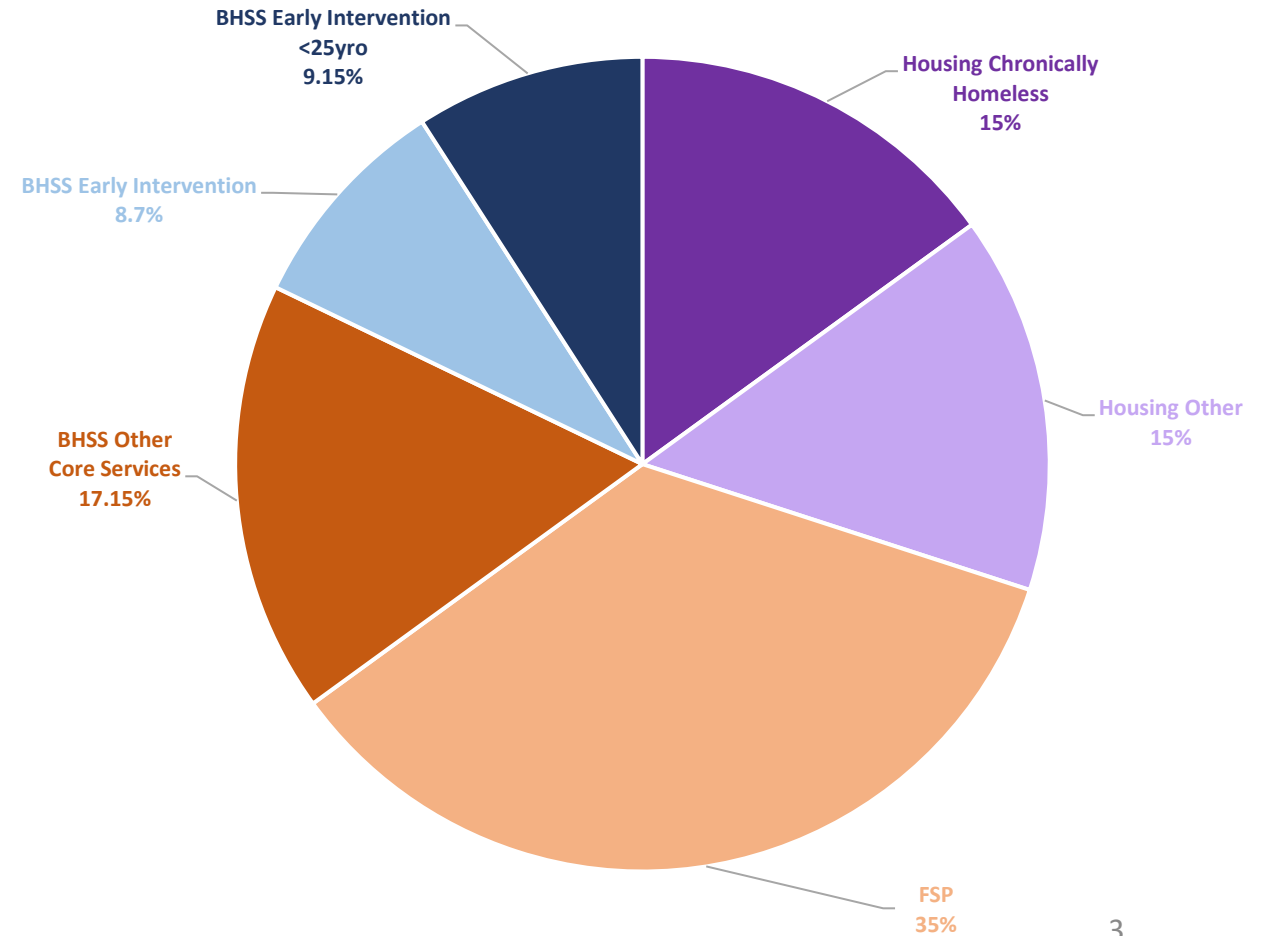
- Makes significant shifts in Mental Health Services Act (MHSA) allocations, shifting funding from core mental health services (Outpatient, Crisis, Linkage) to create a new Behavioral Health Services Act housing category.
- Expands the focus of the service categories and the target populations served. Requires counties to provide new services to SUD-only population.
- Significantly expands shifts in planning and reporting requirements to include all Mental Health and Substance Use Disorder Treatment funding sources.
- Expands the purview of the Mental Health Commission to include Substance Use Disorder Services and expands the Commission membership beginning January 1, 2025.
- Expand planning and reporting to include Substance Use Disorder Services.
- Programmatic changes will begin July 1, 2026. Administrative funding for the new community planning process will begin January 2025.

▶▶ MHSA Components vs. BHSA Categories

Current MHSA Funding Components

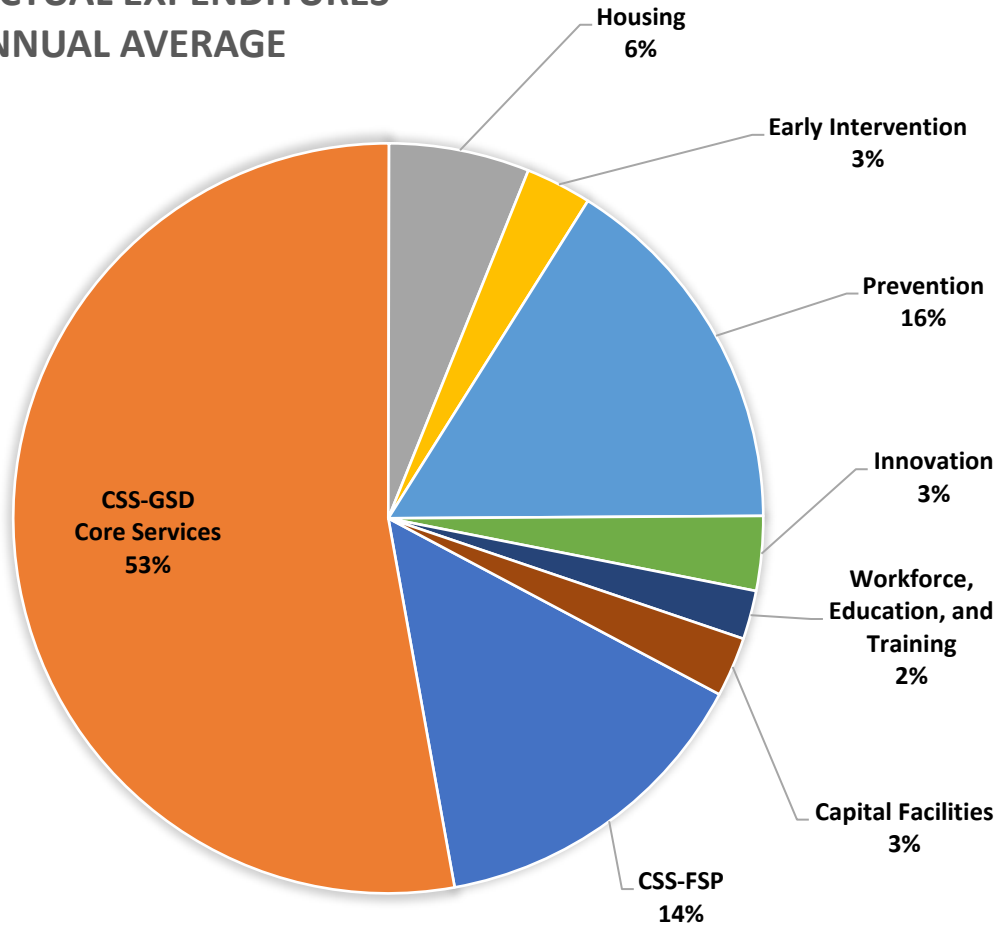


BHSA Proposed Funding Categories

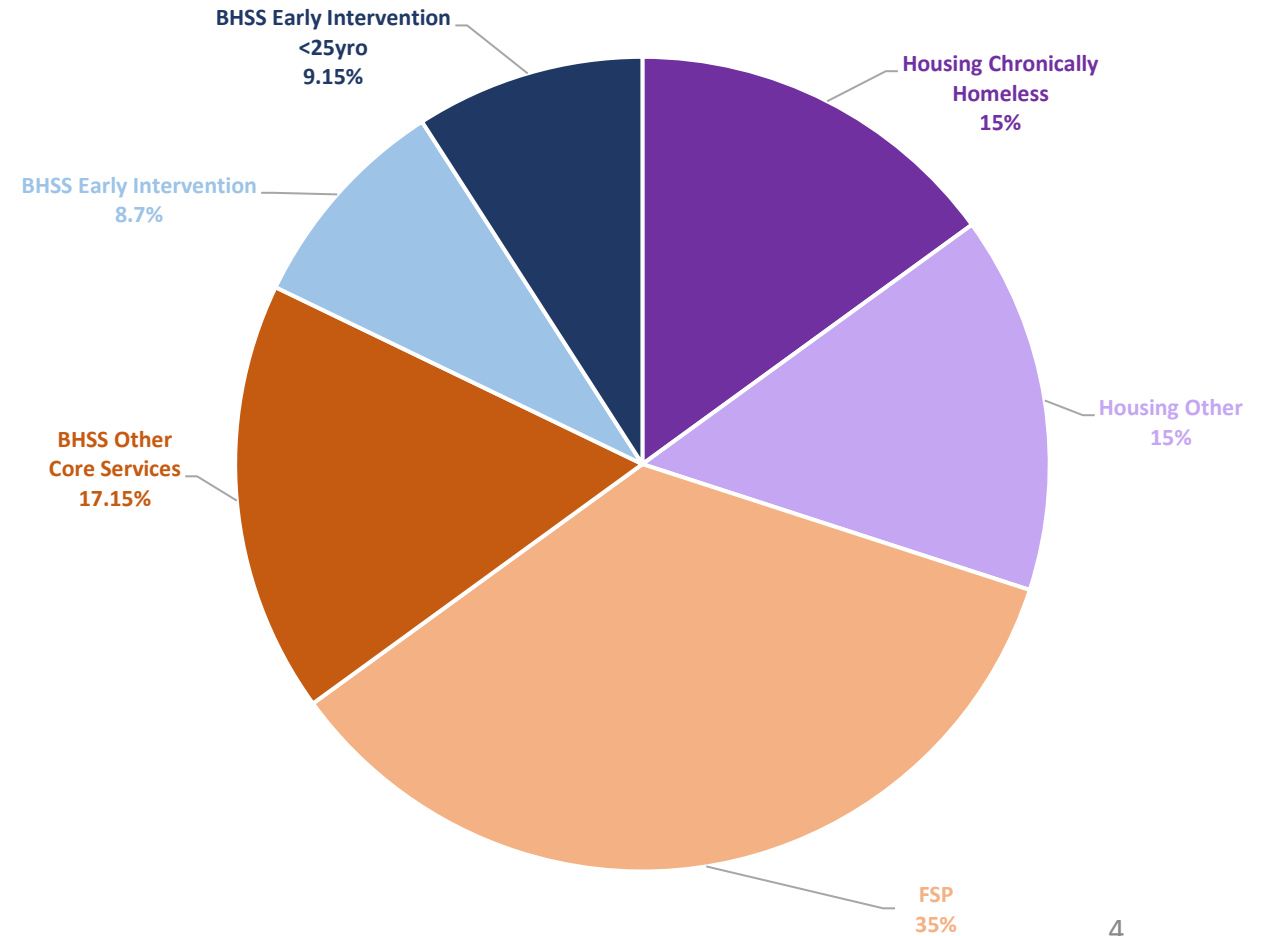


▶▶ MHSA Actuals vs. BHSA Categories

**MHSA ACTUAL EXPENDITURES
ANNUAL AVERAGE**



BHSA Proposed Funding Categories



▶▶ Estimated BHSA Expenditure Shifts

BHSA Comparison: Estimated Dollar Impact w/ State Share

Category	Current Expenditure	Future Allocation	Difference
Full Service Partnerships	\$106,806,000	\$196,401,000	\$89,595,000
Housing	\$44,985,000	\$161,329,000	\$116,344,000
Early Intervention	\$21,103,000	\$175,288,000	\$154,185,000
Other	\$176,969,000	-	(\$176,969,000)
Core Services	\$392,393,000	\$168,414,000	(\$223,979,000)
State	\$37,113,000	\$77,937,000	\$40,824,000
Total	\$779,369,000	\$779,369,000	-

*Based on three-year revenue average FY 20-21 to FY 22-23. Does not reflect shift to prudent reserve or SUD only expenditures

▶▶ Prevention and Workforce Education and Training

- DHCS will take an additional 5% off the top of BHSA revenues prior to distributing to Counties raising their initial take to 10% of BHSA funds to be distributed as follows:
 - 4% for Population Based Prevention to be administered by State Dept of Public Health
 - 3% for Statewide Workforce to be administered by HCAI
 - 3% Admin for DHCS (includes \$20M annually for Innovations funds to be administered by the Behavioral Health Services Oversight and Accountability Committee.
- There is very little information on what strategies will be used to disseminate funds and involvement of Counties with decision making.



Implementation of Bond Funds

Proposition 1 Bond, now Bond BHCIP (Behavioral Health Continuum Infrastructure Program)

The Governor is proposing to eliminate BHCIP Round 6 in his May Revise of the 24-25 budget Proposal.

Bond BHCIP – Round 1 Launch Ready, first request for applications to be released in July 2024, due in Fall 2024, and will be awarded in early 2025.

More Information Here: [Behavioral Health Infrastructure Bond Act of 2024](#)

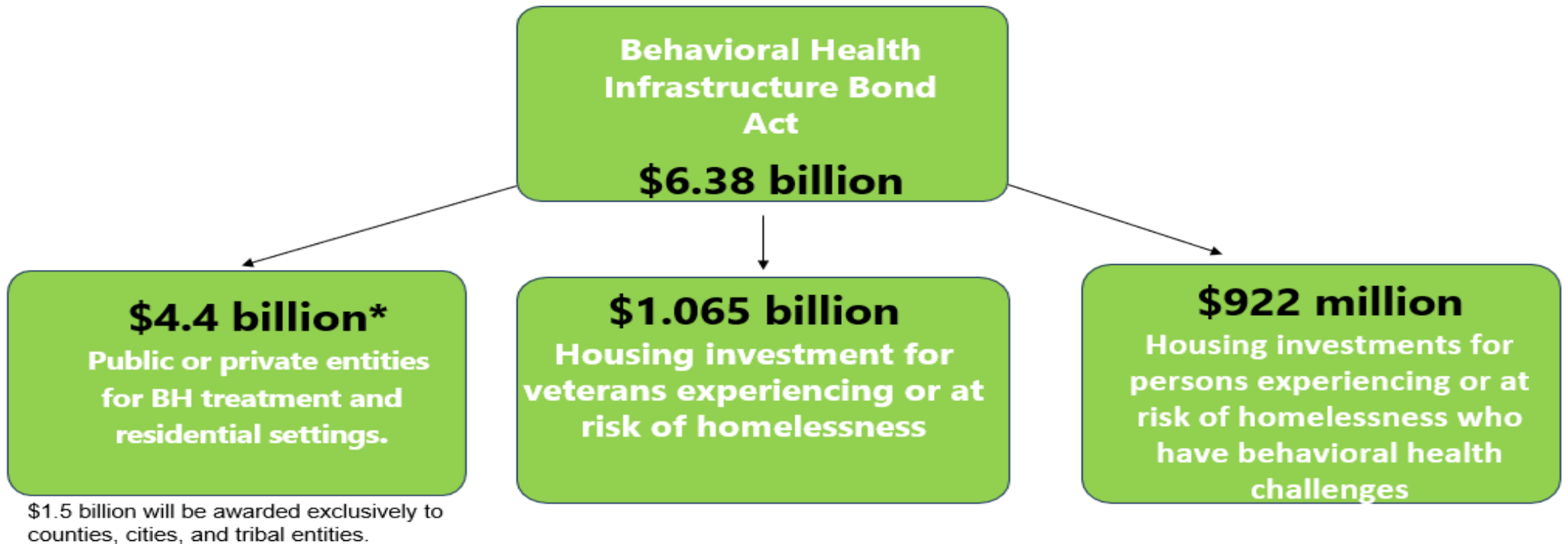
These rounds will be for an "array of behavioral health treatment, residential care settings, and supportive housing to help provide appropriate care facilities for individuals experiencing mental health and substance use disorders"

Permanent supportive housing investments for veterans and individuals who are unhoused will be managed by the Department of Housing and Community Development and released at a later date

DMH will reach out to local provider network to meet community needs and promote collaboration

▶▶ Bond Behavioral Health Continuum Infrastructure Program

- The Behavioral Health Infrastructure Bond Act (BHIBA) (AB 531) is a \$6.38 billion general obligation bond to develop a wide range of behavioral health treatment, residential care settings, and supportive housing to help provide appropriate care facilities for Californians experiencing mental health conditions and substance use disorders.



▶▶ Planning for BHSA Implementation

- Challenge: Not a lot of new policy/administrative updates from the State. County needs additional details and clarity from the State asap.
- DHCS Planning Committee – Dr. Wong is on the planning committee, and is one of 6 County Directors on the Committee
- Los Angeles County will participate in the California Behavioral Health Directors Association (CBHDA) workgroups on Prevention, EBPs, Housing, Strategy, Reporting and Outcomes, and Finance
- DMH has committed to begin regular meetings with a dedicated workgroup of interested providers and stakeholders and welcomes input

►► Planning - Analysis

- LACDMH working on preliminary analysis to identify all existing MHSA funded programs and the potential to fund under new BHSA categories where the fit is obvious. Examples include shifting housing costs into Housing and linkage programs serving the FSP target populations under FSP.
 - ◁ \$10M in annual expenditures today under “FSP” category that can move to the “Housing” category
 - ◁ Approximately 18% of adults served in outpatient services had at least one service that would qualify them for an FSP program (recent homelessness or emergency services)
 - ◁ Current Early Intervention funded programs will most likely stay funded under the Early Intervention Category
- No program eliminations at this time
 - ◁ First review will be for Prevention programs which are designed as time limited programs
 - ◁ Need to develop principles and criteria for decision making
 - DMH has begun engaging providers and stakeholders for input

▶▶ BHSA Programming

- Full-Service Partnership
 - ◀ DMH will be developing lower levels of FSP, DHCS will determine the final levels of care within FSP. Adding new, lower levels of FSP will allow DMH to more fully utilize the BHSA funds and deliver more enhanced care to our clients and will allow for extended field based care
 - ◀ First transitions will be internal with the Veterans teams and Linkage teams in the coming year

▶▶ BHSA Programming

- ◁ DMH will engage providers in workgroups around FSP levels of care and use of Level of Care tools
 - DMH is already using tools to help identify a needed level of care between managed care and specialty mental health care
 - DMH will implement the LOCUS (Level of Care Utilization System), a nationally recognized and evidence based tool to help determine the needed capacity across the continuum of care. Phased implementation will begin July 2024.
- ◁ DMH is developing an inventory list of Evidenced Based and Community Defined Evidenced practices in use across all MHSA programs

▶▶ Housing (BHSA)

- Clarification: The BHSA Housing expenditure category is different from the Prop 1 Bond Funding. Bond funding focuses on one-time infrastructure investments while the BHSA Housing expenditure category funds housing related services.
- The first Housing workgroup among County MHSA representatives was held on May 23
 - ◀ Flexible interpretation of the services in the housing category which are allowed in the Community supports guide is a priority goal for advocacy.
- DMH has strong existing infrastructure for BHSA housing rental subsidies. Additional strategies will be explored through workgroups to ensure a continuum of care

▶▶ BHSA Reporting and Planning

- Major change with Prop 1: Expanded planning and reporting requirements – including **all** funding sources and programming for Mental Health and Substance Use and planning and reporting requirements on health Disparities.
- Los Angeles County will be able to use MHSA funds to plan for and meet BHSA requirements in January 2025.
- LACDMH will kick off formal Three-Year plan planning in the early months of calendar year 2025.
- Expansion of the MH Commission begins in January 2025

▶▶ Behavioral Health Commission Membership

- Behavioral Health Commission to consist of 10-15 members
- The board membership shall reflect the diversity of the client population
- Fifty percent shall be consumers, or parents, spouses, siblings, or adult children of consumers receiving behavioral health services. At least one member shall be 25 years or younger
- At least 20 percent of the total membership shall be consumers and at least 20 percent shall be families of consumers
- At least one veteran and at least one employee of a local education agency

▶▶ Behavioral Health Commission Roles and Responsibilities

- Review and evaluate the local public mental health system AND evaluate the local public substance use disorder treatment system
- The Behavioral Health board shall advise the governing body on community mental health and substance use disorder services delivered by the local mental health agency or local behavioral health agency
- Review and comment on the county's performance outcome data
- Updated purview, membership regulations, roles and responsibilities to commence January 1, 2025.
- Review procedures used to ensure citizen and professional involvement at all stages of the planning process
 - ◁ Involvement shall include individuals with lived experience of mental illness, substance use disorder, or both, and their families, community members, advocacy organizations, and behavioral health professionals.

▶▶ The BHSA Integrated Plan

- Each County is to submit an Integrated Plan (IP) and Annual Updates (AU) to the BHOAC and must be approved annually by the Board of Supervisors
- Must include a needs assessment with local data to guide local needs, including prevalence of mental health and substance use disorders, the unmet need for mental health and substance use disorder treatment in the county, behavioral health disparities and the homeless point in time count and should use the data to demonstrate how the plan appropriately allocates funding between mental health and substance use disorder services
- The IP shall consider the needs assessment of the Medi-Cal managed care plan, the Community Health Improvement Plan (CHIP), and include the five most populous cities – Los Angeles, Long Beach, Santa Clarita, Glendale, and Lancaster

▶▶ BHSA Integrated Plan: Planning and Needs Assessment

- The IP must be developed with local stakeholders identified in the BHSA
- Behavioral Health Commission will conduct an annual hearing on the draft integrated plan and update at the close of a 30-day comment period and provide recommendations on the draft
- The local mental health agency and local substance abuse disorder agency shall provide an annual report of written explanations to the local governing body and department
- Planning may begin as early as January 2025

▶▶ The BHSA Integrated Plan Content

- The IP must include a section for a description and budget of programming under each funding source for mental health and substance use including but not limited to SAMHSA block grants, Opioid Settlement funds, PATH grants other state and federal funding sources
- Descriptions of how the county behavioral health delivery system is meeting the needs of unhoused individuals, efforts to reduce disparities, how the county has considered unique needs of LGBTQ+ youth, justice involved youth, child welfare involved, justice involved adults, and older adults in the housing intervention program, and a description of workforce development strategies
- The IP must include a description of how the integrated plan aligns with statewide and local goals and outcome measures for behavioral health

▶▶ The County Behavioral Health Outcomes, Accountability, and Transparency Report

The County Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) is an annual report which includes, but is not limited to:

- Annual allocation, expenditures and unspent amounts of state and federal behavioral health funds, county general funds by category on mental health or substance use disorder treatment services
 - ◀ Includes expenditures and outcomes source for mental health and substance use including but not limited to SAMHSA block grants, Opioid Settlement funds, PATH grants, and other state and federal funding sources
 - ◀ Contracted services costs and administrative costs by category
- Performance measures across all behavioral health delivery systems, information related to disparities in behavioral health outcomes,

▶▶ The County Behavioral Health Outcomes, Accountability, and Transparency Report

- Description of efforts to reduce disparities
- Workforce metrics including vacancies, efforts to fill vacancies, the number of county employees providing direct services, changes in staff capacity from the prior year,
- DHCS will establish metrics to measure and evaluate the quality and efficacy of the behavioral health services and programs
- The Board of Supervisors shall attest that the County Behavioral Health Outcomes, Accountability, and Transparency Report is complete and accurate before submission to DHCS.

▶▶ DHCS Review and Approval

- DHCS may: Require a County to revise its integrated plan or annual update if it fails to adequately address local needs as described in statute
- DHCS may: Impose a corrective action plan or require a county or Medi-Cal behavioral health delivery system to revise its integrated plan or annual update if it determines the county fails to make adequate progress in meeting the metrics established by DHCS
- DHCS may: Impose a corrective action plan, monetary sanctions, or temporarily withhold payments to the county if the county fails to submit data timely, allocates funding to BHSA categories, or if expenditures vary significantly from its budget
- NOTE: These are all new authorities granted to the state under Prop 1.



State Level Stakeholder Opportunities

Mental Health for All Website: <https://mentalhealth.ca.gov>

- Updates on Proposition 1
- State Dashboards
- Current MHSA County Plans

Stakeholder Engagement Information:

<https://www.dhcs.ca.gov/BHT/Pages/Stakeholder-Engagement.aspx>

- Listening Sessions
- Stakeholder Advisory Committees

Thank you!

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



Prop 1 Opportunities

Gary Tsai, M.D.

Director

Bureau of Substance Abuse Prevention and Control

Los Angeles County Department of Public Health



Translating Terminology Changes Into Action

- **“Behavioral Health (BH)” = Mental Health (MH) + Substance Use Disorders (SUD)**
 - **Mental Health Services Act (MHSA) → Behavioral Health Services Act (BHSA)**
- **Similar to how Los Angeles County (LAC) leads county specialty SUD systems across the State because of its unique structure that allows for a dedicated focus on SUD priorities and has supported unprecedented growth of its SUD systems, LAC has an opportunity to lead the State in its approach to Prop 1.**
 - **BH care integration does not happen with structural changes alone or by default → an integrated BHSA vision will require additional coordination and work beyond the status quo.**

Opportunities to Lead the State in Prop 1 Implementation

- **BIG PICTURE** → Ensuring that the BH in BHSA is meaningful in both words and action (focuses on both SUD and MH priorities)
 - The Interim Housing Outreach Program (IHOP) is a great first start and example.
- **Representation & Focus** → Ensuring true coordination across new BHSA infrastructure and processes to support both SUD and MH priorities
 - BH Commission
 - Integrated Plan development process, including the budget and programming for SUD funds
 - Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) – expenditures, underspending, performance metrics

Opportunities to Lead the State in Prop 1 Implementation (cont'd)

- **BHSA Housing Investments → Recovery-oriented housing**
 - LAC has been unique in the extent SAPC has invested in recovery-oriented housing across the County.
 - Increased housing investments under BHSA represent an opportunity to further differentiate LAC's approach to homelessness to ensure a continuum of housing options.
- **Prevention → Opportunities outside of BHSA**
 - LAC is unique in terms of SAPC's investments in Prevention, investing more than double the amount that most counties use in their federal Substance Use Block Grant funds to support upstream Prevention, particularly around Positive Youth Development.
 - The importance of upstream investments must not be lost.

Opportunities to Lead the State in Prop 1 Implementation (cont'd)

- **BHSA Bond Investments** → **SUD capacity**
 - Similar to the BH Continuum Infrastructure Program (BHCIP), SAPC aims to ensure that the bond funds under BHSA are invested to expand BH capacity, inclusive of SUD capacity



Looking Ahead

- **LAC is in a position of strength when it comes to ensuring a robust BH system by ensuring a robust SUD system because of its unique structure with SAPC and DMH.**
- **Dr. Tsai is the only SUD Director on the DHCS Planning Committee for Behavioral Health Transformation (BHT), alongside Dr. Wong from DMH.**
- **SAPC is looking forward to working with DMH, the County Behavioral Health Directors Association (CBHDA), and DHCS to ensure necessary collaborations.**
 - Planning and fiscal analysis to balance the service impacts of BHSA
 - BH Commission
 - Integrated Plan
 - Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)