



Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

DATE: January 22, 2025

TIME: 9:30 a.m. – 11:30 p.m.

MEETING CHAIR: Anders Corey, 5th Supervisorial District

CEO MEETING FACILITATOR: Jack Arutyunyan

THIS MEETING IS HELD UNDER THE GUIDELINES OF BOARD POLICY 3.055

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: 880 681 649# 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.

9:30 A.M. NOTICE OF CLOSED SESSION

CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Government Code Section 54956.9(a)

Andrea Cifuentes vs. County of Los Angeles

Los Angeles County Superior Court Case No. 24STCV06950

Department of Health Services

- I. Call to order

- II. Board Motions
 - a. SD2 - Los Angeles County Gender-Based Violence Prevention Services
 - b. SD4 - Continuing to Incentivize and Expedite Hiring for Los Angeles County's Alternative Crisis Response Programs
 - c. SD4 - Preparing for the Behavioral Health Continuum Infrastructure Program Round 2 Funding
- III. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- IV. 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.
- V. Public Comment
- VI. Adjournment

IF YOU WOULD LIKE TO EMAIL A COMMENT ON AN ITEM ON THE HEALTH AND MENTAL HEALTH SERVICES CLUSTER AGENDA, PLEASE USE THE FOLLOWING EMAIL AND INCLUDE THE AGENDA NUMBER YOU ARE COMMENTING ON:
HEALTH_AND_MENTAL_HEALTH_SERVICES@CEO.LACOUNTY.GOV

February 04, 2025

MOTION BY SUPERVISOR HOLLY J. MITCHELL

Los Angeles County Gender-Based Violence Prevention Services

Gender-based violence (GBV) is one of the most common human rights violations worldwide. The Los Angeles County (County) Board of Supervisors has defined GBV as violent acts or a pattern of acts of assault, threats, humiliation, and intimidation or other abuses that are used to harm, punish, or frighten due to a person’s identified or perceived gender or sexual identity. GBV includes, but is not limited to, domestic violence, intimate partner violence, gendered cyber abuses, sexual harassment, sexual assault and exploitation, trafficking, homophobic, and transphobic abuses. It is rooted in structural gender inequalities, patriarchy, and power imbalances. Prevention is key to eliminating GBV.

In the County, there is a long history of GBV work led by community-based organizations, survivors and advocates, County departments, and the Department of Public Health (DPH) programs. While progress has been made, especially in efforts to address sexual violence and intimate partner violence, GBV rates remain high, as indicated in the data below.

- According to the Centers for Disease Control and Prevention, almost 1 in 2 women (47.3%) and over 40% of men in the United States reported experiencing contact sexual violence, physical violence and/or stalking by an intimate partner during their lifetime. This amounts to over 100 million individuals. .
- Locally, 11.2% of adults in the County reported experiencing physical and/or sexual violence by an intimate partner; this is an estimated 878,000 adults Countywide.
- In 2023, law enforcement agencies in California received 160,357 domestic violence-related calls for assistance, 101,624 of which included a weapon.
- According to the California Partnership to End Domestic Violence, in Fiscal Year 2020-2021, domestic violence programs in California answered 213,674 hotline calls, and

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provided 608,658 bed nights for survivors and their children. Programs provided services to 2,161 LGBTQ individuals - who, according to UCLA's Williams Institute, are nine times more likely than non-LGBTQ people to be victims of violent hate crimes - and 401 youth victims of dating violence.

- Between 2018 and 2022, residents in the County visited the emergency department more than 6,000 times for sexual assaults. This is an average of over 3 visits daily.
- The majority of all sexual assault victims who were treated in emergency departments were female, but each year, there were over 140 visits for sexual assaults among males.⁷
- The Human Relations Commission's 2022 Hate Crime Report showed that sexual orientation and gender were the 2nd and 4th most reported motivations for hate crimes in the County during 2022.
- Additionally, the number of crimes motivated by sexual orientation revealed an increase of 20% from the previous year.⁸
- 72% of hate crimes reported were violent in nature in 2022. Violence was more common in hate crimes motivated by gender, (91% were violent), or sexual orientation (85% were violent).⁸

To date, County efforts around GBV have largely focused on Domestic Violence intervention and response services. While these services are crucial to support survivors, there is also a critical need to invest in GBV prevention services. To respond to this gap, DPH, through its Office of Violence Prevention (OVP), is investing \$2,055,000 in prevention services in four categories:

1. Healthy Relationship Education and Training
2. Engaging Men and Boys
3. Innovative Programs to Engage LGBTQ+ Youth
4. Economic Empowerment Strategies for Girls

DPH is currently working with County and community partners to: strengthen partnerships and coordination across sectors; provide support through training as well as technical assistance; and create a centralized hub for easy access to GBV data, resources, and communications. To support GBV organizations and other partners, OVP is using an intersectional approach, sharing knowledge, engaging multiple sectors, and learning from those leading this work within local communities. OVP is also conducting an analysis that will capture information on the landscape of

GBV prevention services provided by County departments; the type of data that is collected and how it is shared; budgets and funding streams; and gaps, needs, and opportunities for enhancing service provision by geography.

As OVP begins building the infrastructure to strengthen the work of County government to scale what works, enhance our partnerships, and improve our capacity to prevent and respond to GBV, there is a need to invest more immediately in critical prevention services. DPH has funding for a Third Party Administrator to lead solicitation activities and serve as the project manager and fiscal intermediary for a pilot funding phase for critical prevention services.

I, THEREFORE, MOVE THAT THE BOARD OF SUPERVISORS

1. Authorize the Director of the Department of Public Health (DPH) or designee, to negotiate and execute a contract with the Southern California Grantmakers for gender-based violence (GBV) prevention services in the following four categories: Healthy Relationship Education and Training; Engaging Men and Boys; Innovative Programs to Engage LGBTQ+ Youth; and Economic Empowerment Strategies for Girls, and to cover the contractor's administrative fee of ten percent (10%), in an amount not to exceed \$2,260,500. The term of the agreement shall not exceed 15 months. Funding for the agreement shall be 100 percent funded from the Fiscal Year 2024-25 DPH Budget, utilizing Office of Violence Prevention (OVP) net County cost (NCC) funds. The agreement must be approved as to form by County Counsel.
2. Delegate authority to the Director of DPH or designee, to execute amendments to the agreement in order to; add, delete, modify, or replace the statement/scope of work; make corresponding pricing schedule changes that do not increase the maximum contract sum; and/or make changes required to comply with Federal, State, and County regulatory and/or policy changes, subject to review and approval as to form by County Counsel with notification to the Board of Supervisors and the Chief Executive Officer.

3. Instruct the Director of DPH to collect data and provide a report on target outcomes for the GBV pilot prevention services that will support and inform future funding for GBV prevention services, utilizing the Anti-Racism, Diversity, and Inclusion Initiative's equity analysis tool to specifically examine disproportionate impacts across racial and ethnic demographics. The analysis should include particular attention to the disproportionate impact on women of color while maintaining inclusive gender-based definitions.

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(VG/EA)

**Continuing to Incentivize and Expedite Hiring for Los Angeles County’s
Alternative Crisis Response Programs**

Over the last few years, Los Angeles County (County) has greatly expanded their Alternative Crisis Response (ACR) system so that individuals experiencing a mental health crisis in LA County can receive an in-person field-based response from mental health professionals. This expansion has coincided with the implementation of 9-8-8 as the national number for suicide prevention and mental health crisis hotlines. In LA County, anyone can call 9-8-8 or the LA County Help Line at 1-800-854-7771 and request a Field Intervention Team (FIT) if they or someone they know is experiencing a crisis and does not need a law enforcement or paramedic response.

Since 2021, the County has committed to expanding the number of FIT teams available along with their hours and geography to ensure that no matter where or when a person is in crisis, they can receive an in-person response in a timely manner. In 2021, there were fewer than 30 FIT teams across the County that only operated during business hours. Now, there are a total of 72 FIT teams spread across the County with 24/7 coverage. As a result of this expansion, response times have decreased by nearly 70%. This rapid expansion took place during the tail-end of a global pandemic and amidst a

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national mental health worker shortage. When the County first set out to expand the number of FIT teams, the Department of Mental Health (DMH) had a difficult time filling the positions. In the changing healthcare landscape, recruiting for field-based services with the same pay as teleworking or clinic-based services was a major challenge. It has been especially challenging to recruit for field-based services outside of regular business hours, which are required to operate FIT teams 24/7.

In response to these challenges, the Los Angeles County Board of Supervisors (Board) passed multiple motions to incentivize field-based positions as part of the Alternative Crisis Response network.¹ As a result of the motions, the County implemented various incentives and programs to enhance recruitment and retention of field-based positions and to speed up the hiring process:

- Increased the bonus for field-based positions from \$180/month to \$280/month;²
- Implemented a \$2,500 signing bonus for all Alternative Crisis Response positions;²
- Implemented three \$2,500 retention bonuses for Alternative Crisis Response positions to be given at intervals of 6 months, 12 months, and 24 months;²
- Doubled the weekend and night shift differentials;²
- Reinstated the Psychiatrist Loan Forgiveness program that was suspended in 2020;
- Utilized same day hiring fairs to expedite the hiring process;

¹ [“Enhancing Recruitment and Retention for Mental Health Field Positions”](#) Hahn/Barger. October 19, 2021.

[“Student Mental Health Trainees”](#) Hahn/Barger. October 18, 2022.

[“Incentivizing Hiring for Los Angeles County’s Alternative Crisis Response”](#) Hahn/Barger. April 4, 2023.

² <https://file.lacounty.gov/SDSInter/bos/supdocs/183100.pdf> CEO. August 8, 2023.

- Expanded the stipend financial incentive program to include Psychiatric Technicians; and
- Partnered with colleges and universities to recruit qualified individuals.

These efforts have helped DMH fill critical field-based Alternative Crisis Response positions, resulting in them more than doubling the total number of FIT teams available and expanding the hours of availability to operate 24/7. However, there is more work to be done. Field response times are still too long,³ so DMH has allocated more positions to their FIT network. They now need to fill those vacancies, which remains a challenge given the highly competitive mental health market. Additionally, some of the one-time funding that was utilized for the signing bonuses, retention bonuses, and increased field-based bonuses and shift differentials is set to expire. A comprehensive plan and strategy needs to be developed to both maintain the existing incentives and implement new ones to help DMH fill critical Alternative Crisis Response positions and increase their network in order to bring people in crisis the help they need when they need it.

I, THEREFORE, MOVE that the Board of Supervisors direct the Department of Mental Health (DMH) to report back in writing in 60 days with the following:

1. Funding options to maintain and continue the increased field-based bonuses and shift differentials and the additional interval bonuses, as implemented in August 2023, after the American Rescue Plan Act funding expires; and
2. A plan to incentivize and expedite hiring of crucial vacant positions in Alternative Crisis Response field teams. The plan should consider, but not be limited to, the following:

³ [“Reducing Field Intervention Team Dispatch Times to Enhance LA County’s Alternative Crisis Response System”](#)
Hahn/Horvath. September 24, 2024.

- a. Further increasing shift differentials for night shifts that have been harder to staff;
- b. Implementing bonuses for geographical locations that have been harder to hire in;
- c. Further increasing field-based bonuses for clinician positions, which have been the hardest to fill;
- d. Reworking the way that DMH employees volunteering for overtime night shifts receive payment for standby time, in order to incentivize more DMH staff to volunteer for overnight overtime shifts;
- e. Strategies to increase the number of applicants to the DMH hiring fairs that are being held to expedite the hiring process;
- f. Increasing the partnerships with colleges and universities by creating more internship or student worker positions with DMH as a pathway to a career in the Department; and
- g. Advertising and promoting the Department's Psych Tech stipend program.

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Preparing for the Behavioral Health Continuum Infrastructure Program Round 2 Funding

In March of 2024, California voters passed Proposition 1, approving a \$6.38 billion general obligation bond, the Behavioral Health Infrastructure Bond, to develop 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. The California Department of Health Care Services (DHCS) has allocated and will distribute up to \$4.4 billion of the bond funding for Behavioral Health Continuum Infrastructure Program (BHCIP) competitive grants. These bond grants will help expand clinically enriched longer term treatment and rehabilitation options for persons with behavioral health disorders in the least restrictive and least costly setting and would help address the great need for these services and beds in Los Angeles County.

The Bond Behavioral Health Continuum Infrastructure (Bond BHCIP) Program provides an opportunity for Los Angeles County (County) to address its shortage of mental health and substance use treatment facilities, housing, and crisis centers. Multiple County reports have been published identifying gaps in the countywide behavioral health

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care continuum. In response to [a motion requesting a public presentation on Los Angeles County's plan to implement Proposition 1](#), the directors of the Department of Mental Health (DMH) and Department of Public Health – Substance Abuse Prevention Control (DPH-SAPC) presented at the September 26, 2024, Board of Supervisors meeting and summarized their departments' greatest needs and priorities. DMH projected that they need 250 additional subacute and 250 additional Enriched Residential beds to meet demand, and DPH-SAPC projected that they need around 200 additional residential substance use treatment beds.

The Bond BHCIP program provides an opportunity for Los Angeles County to address these unmet needs and add to our behavioral health continuum of care. The \$4.4 billion bond program has been divided into two rounds. Round 1 was released in the summer of 2024 for "Launch-Ready" projects, and applications were due in December. Los Angeles County submitted two projects for Round 1 funds. If both projects are funded, they will add a total of 64 subacute beds and 16 Enriched Residential beds to LA County's continuum of care. The Round 2 applications are currently scheduled to be released this May 2025 for "Unmet Needs," with a total of \$1.1 billion to be distributed by the State. Even if we are awarded Round 1 funds, LA County undoubtedly still has unmet needs in our behavioral health continuum of care. The County needs to strategize and prepare the projects it will submit in the Round 2 application to meet these unmet needs. It is in our best interest as a County to have a clear understanding of what our unmet needs are for behavioral health facilities within the County and be prepared to apply for the next round of funding.

WE, THEREFORE, MOVE that the Board of Supervisors:

1. Direct the Department of Mental Health to collaborate with the Department of Public Health, Substance Abuse Prevention and Control to establish a plan to manage and apply for Round 2 of Bond Behavioral Health Continuum Infrastructure (BHCIP) funds.

The plan should include, but not be limited to:

- a. An overview of the current unmet behavioral health care facility and housing needs for Los Angeles County;
- b. A list of potential Los Angeles County projects that would address the County's unmet needs as described in (a) and likely qualify for Bond BHCIP Round 2 funds; and
- c. A prioritization of the projects described in (b) and plans to manage and apply for the high-priority projects in Bond BHCIP Round 2, including a timeline to prepare for submission of Round 2 applications.

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