



Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

DATE: April 2, 2025

TIME: 9:30 a.m. – 11:30 a.m.

MEETING CHAIR: Tyler Cash, 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.

10:00 A.M. NOTICE OF CLOSED SESSION

CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Government Code Section 54956.9(a)

Non-Litigated Claim of Makroohi Nishanian

Department of Health Services

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. **DMH:** Approval of a Sole Source Contract Extension with Magellan Pharmacy Solutions, LLC for Pharmacy Benefit Management Services
 - b. **DMH:** Approval of an Amendment on a Sole Source Basis to Extend the Existing Contract with Maxim Healthcare Services Inc., to Provide Respite Care Services
- III. **Discussion Item(s):**
 - a. **DPH:** Update on Measles in Los Angeles County
- IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda.
- VI. Public Comment
- VII. Adjournment

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

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

| | | |
|---|--|---|
| CLUSTER AGENDA REVIEW DATE | 4/2/2025 | |
| BOARD MEETING DATE | 5/6/2025 | |
| 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) | Mental Health (DMH) | |
| SUBJECT | Request approval of a sole source contract extension with Magellan Pharmacy Solutions, LLC, for the continued provision of pharmacy benefit management services. | |
| PROGRAM | Pharmacy and Laboratory Services Division | |
| 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: This sole source extension will allow for the continued provision of prescription drug services to DMH uninsured clients through Magellan's network of contracted pharmacies while DMH completes the Request for Proposals (RFP) solicitation process for PBM services. | |
| SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – Not Applicable | |
| | If unsure whether a matter is subject to the Levine Act, email your packet to EOLevineAct@bos.lacounty.gov to avoid delays in scheduling your Board Letter. | |
| DEADLINES/ TIME CONSTRAINTS | 5/6/25 | |
| COST & FUNDING | Total cost: \$7,172,541 | Funding source: Mental Health Services Act and 2011 Sales Tax Realignment revenues |
| | TERMS (if applicable): July 1, 2025 to June 30, 2026. | |
| | Explanation: | |
| PURPOSE OF REQUEST | Board approval will allow the extension of the current contract with Magellan to continue providing Pharmacy Benefit Management (PBM) services while DMH completes the RFP solicitation process. | |
| BACKGROUND (include internal/external issues that may exist including any related motions) | <p>Magellan was awarded the original PBM contract in 2017. Since the inception of this contract, the Department has decreased medication costs, improved quality of care, and expanded access to pharmacies for clients.</p> <p>Magellan currently provides the following PBM services: (1) contracts with retail pharmacies to fill prescriptions for uninsured DMH clients; (2) processes prescription drug claims submitted electronically to Magellan by retail pharmacies; (3) reimburses retail pharmacies for prescription drugs dispensed to uninsured DMH clients; (4) operates a customer service call center to answer questions posed by participating pharmacies, DMH staff, contracted clinic staff, and uninsured DMH clients; (5) maintains updates to DMH's drug formulary; (6) provides administrative oversight of a pharmacy network; (7) negotiates discounts and rebates with drug manufacturers; (8) provides clinical services, such as prior authorizations, which are required when medication is not on the DMH formulary; and (9) handles client appeals.</p> <p>In anticipation of the June 30, 2025 contract expiration, DMH released a new RFP solicitation for PBM services on November 27, 2023. One bidder has initiated the County's solicitations protest process, delaying execution of the new contract. Given this, DMH is requesting authority to extend the current contract to avoid disruption of existing PBM services while the RFP process is completed.</p> | |
| 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: DMH: Pharmacy Services Chief III: Susana Ka Wai Sou (213) 943-8862, sksou@dmh.lacounty.gov Senior Deputy County Counsel: Rachel Kleinberg, (213) 974-7735, RKleinber@counsel.lacounty.gov |

DRAFT



DEPARTMENT OF MENTAL HEALTH

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LISA H. WONG, Psy.D.
Director

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

Rimmi Hundal, M.A.
Chief Deputy Director

May 6, 2025

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

Dear Supervisors:

**APPROVAL OF A SOLE SOURCE CONTRACT EXTENSION WITH MAGELLAN
PHARMACY SOLUTIONS, LLC, FOR PHARMACY BENEFIT MANAGEMENT
SERVICES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval of a sole source contract extension with Magellan Pharmacy Solutions, LLC, for the continued provision of pharmacy benefit management services.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and authorize the Director of Mental Health (Director), or designee, to prepare, sign, and execute an amendment substantially similar to Attachment I, to the existing contract with Magellan Pharmacy Solutions, LLC (Magellan). This extension will be effective July 1, 2025 through June 30, 2026. There is no total contract amount for this contract, as Pharmacy Benefit Management (PBM) services are paid on a fee-for-service basis. The estimated annual cost for the management of Department of Mental Health's (DMH or Department) prescription drug program is \$7,172,541, fully funded by State Mental Health Services Act (MHSA) and 2011 Sales Tax Realignment revenues.
2. Delegate authority to the Director, or designee, to prepare, sign, and execute future amendments to the contract in Recommendation 1; to revise the contract language; revise the estimated annual cost; add, delete, modify, or replace the Statement of

Work (SOW)/Service Exhibit (SE); and/or reflect federal, State, and County regulatory and/or policy changes, provided that: 1) the increase will not exceed ten percent of the estimated annual cost in Recommendation 1; and 2) sufficient funds are available. The amendments will be subject to the prior review and approval as to form by County Counsel, with written notice to your Board and the Chief Executive Office (CEO).

3. Delegate authority to the Director, or designee, to terminate the contract described in Recommendation 1 in accordance with the termination provisions, including Termination for Convenience. The Director, or designee, will provide written notification to your Board and CEO of such termination action.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

DMH maintains financial responsibility for uninsured clients who require pharmacy services, and the Department dispenses approximately 3,000 prescriptions monthly through PBM contracted network retail pharmacies.

Board approval of Recommendation 1 will allow for the continued provision of prescription drug services to DMH uninsured clients through Magellan's network of contracted pharmacies while DMH completes the Request for Proposals (RFP) solicitation process for PBM services.

Board approval of Recommendation 2 will allow DMH to amend the contract to revise the contract language, revise the estimated annual cost; add, delete, modify, or replace the SOW/SE; and reflect federal, State, and County regulatory and/or policy changes.

Board approval of Recommendation 3 will allow DMH to terminate the contract in accordance with the termination provisions, including Termination for Convenience, in a timely manner, as necessary.

Implementation of Strategic Plan Goals

These recommended actions are consistent with the County's Strategic Plan Goals, North Star 1, Focus Area Goal A., Make Investments that Transform Lives, Healthy Individuals and Families.

FISCAL IMPACT/FINANCING

For Fiscal Year (FY) 2025-26, the estimated annual cost for this contract is \$7,172,541, fully funded by State MHSA and 2011 Sales Tax Realignment revenues. Funding is included in DMH's annual budget for FY 2025-26.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Magellan was awarded the original PBM contract in 2017. Since the inception of this contract, the Department has decreased medication costs, improved quality of care, and expanded access to pharmacies for clients.

Magellan currently provides the following PBM services: (1) contracts with retail pharmacies to fill prescriptions for uninsured DMH clients; (2) processes prescription drug claims submitted electronically to Magellan by retail pharmacies; (3) reimburses retail pharmacies for prescription drugs dispensed to uninsured DMH clients; (4) operates a customer service call center to answer questions posed by participating pharmacies, DMH staff, contracted clinic staff, and uninsured DMH clients; (5) maintains updates to DMH's drug formulary; (6) provides administrative oversight of a pharmacy network; (7) negotiates discounts and rebates with drug manufacturers; (8) provides clinical services, such as prior authorizations, which are required when medication is not on the DMH formulary; and (9) handles client appeals.

In anticipation of the June 30, 2025, contract expiration, DMH released a new RFP solicitation for PBM services on November 27, 2023. One bidder has initiated the County's solicitations protest process, delaying execution of the new contract. Given this, DMH is requesting authority to extend the current contract to avoid disruption of existing PBM services while the RFP process is completed.

The Amendment (Attachment I) has been reviewed and approved as to form by County Counsel.

In accordance with Board Policy No. 5100 (Sole Source Contracts and Amendments), on January 24, 2025, DMH notified the Board of its intent to execute a sole source contract extension with Magellan for the continued provisions of PBM services (Attachment II). DMH considers this request approved, as no objections were received from the Board offices. Attachment III is the required CEO approved Sole Source Checklist.

As mandated by your Board, Magellan's performance will continue to be evaluated by DMH on an annual basis to ensure Magellan's compliance with all contract terms and performance standards.

The Honorable Board of Supervisors
May 6, 2025
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IMPACT ON CURRENT SERVICES (OR PROJECTS)

Board approval of the recommended actions will allow DMH to ensure that uninsured clients have access to a variety of licensed pharmacies throughout Los Angeles County for their pharmaceutical needs.

Respectfully submitted,

LISA H. WONG, Psy.D.
Director

LHW:RH:KN:
SK:DO:atm

Attachments (3)

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

CONTRACT NO. MH190143

AMENDMENT NO. __

THIS AMENDMENT is made and entered into this ___ day of _____, 2025, by and between the COUNTY OF LOS ANGELES (hereafter "County") and Magellan Pharmacy Solutions, LLC. (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "Department of Mental Health Pharmacy Benefit Management Agreement", dated January 17, 2017, and further identified as County Contract No. MH190143, and any amendments thereto (hereafter collectively "Contract"); and

WHEREAS, on Board letter date, the County Board of Supervisors delegated authority to the Director of Mental Health, or designee, to execute amendments to the Contract that include authority to extend the term of the Contract, revise the contract language, and make other designated changes; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

WHEREAS, County and Contractor intend to amend the Contract to extend the term for one additional Fiscal Year beginning July 1, 2025 through June 30, 2026, for the continued provision of pharmacy benefit management services without interruption to indigent clients who are in need of prescription drug services while the Department of Mental Health completes the Request for Proposals solicitation and revises contract language; and

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

NOW, THEREFORE, County and Contractor agree as follows:

1. This amendment is hereby incorporated into the original Contract, and all its terms and conditions, including capitalized terms defined therein, shall be given full force and effect as if fully set forth herein.
2. This amendment is effective July 1, 2025, to extend the term of the Contract through June 30, 2026.
3. Paragraph 4.0 (TERM OF CONTRACT), Subparagraph 4.1, shall be deleted in its entirety and replaced as follows:

“4.1 The Contract will be effective upon Board approval, January 17, 2017, through June 30, 2026, unless either party desires to terminate this Contract in accordance with Section 8.0, Standard Terms and Conditions and/or give written notice to the other party”.
4. Except as provided in this amendment, all other terms and conditions of the Contract shall remain in full force and effect.

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

COUNTY OF LOS ANGELES

By _____
LISA H. WONG, Psy.D.
Director
County of Los Angeles
Department of Mental Health

Magellan Pharmacy Solutions, LLC
CONTRACTOR

By _____
Name Billy Thomas

SVP Account Management
Title & Growth Office
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

By: Rachel Kleinberg
Senior Deputy County Counsel



DEPARTMENT OF MENTAL HEALTH

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LISA H. WONG, Psy.D.
Director

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

Rimmi Hundal, M.A.
Chief Deputy Director

January 24, 2025

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

FROM: Lisa H. Wong, Psy.D.
Director

**SUBJECT: NOTICE OF INTENT TO EXTEND THE EXISTING CONTRACT WITH
MAGELLAN PHARMACY SOLUTIONS, LLC, ON A SOLE SOURCE
BASIS FOR THE CONTINUED PROVISION OF PHARMACY BENEFIT
MANAGEMENT SERVICES**

In accordance with the Los Angeles County Board of Supervisors' (Board) Policy No. 5.100 (Sole Source Contracts) the Department of Mental Health (DMH or Department) intends to extend the current contract with Magellan Pharmacy Solutions, LLC (Magellan), to continue the provision of the Pharmacy Benefit Management (PBM) services.

DMH will request your Board to approve a sole source contract extension amendment effective July 1, 2025, to June 30, 2026. There is no total contract amount for this contract as PBM services are paid on a fee-for-service basis. The total estimated annual cost for the management of DMH's prescription drug program is \$7,172,541, fully funded by State Mental Health Services Act and 2011 Sales Tax Realignment revenues.

JUSTIFICATION

DMH maintains financial responsibility for uninsured clients who require pharmacy services, and the Department dispenses approximately 4,000 prescriptions monthly through PBM contracted network retail pharmacies. Magellan currently provides the following PBM services: (1) contracts with retail pharmacies to fill prescriptions for uninsured DMH clients; (2) processes prescription drug claims submitted electronically to

Magellan by retail pharmacies; (3) reimburses retail pharmacies for prescription drugs dispensed to uninsured DMH clients; (4) operates a customer service call center to answer questions posed by participating pharmacies, DMH staff, contracted clinic staff, and uninsured DMH clients; (5) maintains updates to DMH's drug formulary; (6) provides administrative oversight of a pharmacy network; (7) negotiates discounts and rebates with drug manufacturers; (8) provides clinical services, such as prior authorizations, which are required when medication is not on the DMH formulary; and (9) handles client appeals. Since the inception of the contract with Magellan in 2017, the Department has decreased medication costs, improved quality of care, and expanded access to pharmacies for clients.

Magellan was awarded the original PBM contract through a competitive solicitation. In anticipation of the contract expiration, DMH released a new Request for Proposals (RFP) solicitation for PBM services on November 27, 2023. At this time, due to the anticipated RFP protest requests, DMH is taking steps to avoid disruption of existing PBM services while working on the RFP. DMH will return to your Board to request an additional one-year extension, if necessary.

NOTIFICATION TIMELINE

Pursuant to Board Policy No. 5.100, DMH is required to notify the Board at least six months prior to the expiration of an existing contract to extend the term when the Department does not have delegated authority to execute such an amendment. DMH is late submitting this notification as the expectation was for the RFP process to be completed by June 30, 2025. However, we anticipate delays caused by the solicitation protest process and are unable to determine a completion date. If requested by a Board Office or the Chief Executive Office, DMH will place this item on the Health and Mental Health Services Cluster Agenda. Unless otherwise instructed by your Board Office within four weeks of this notice, DMH will present the Board a letter for approval to execute a sole source contract extension amendment with Magellan to continue the PBM services.

If you have any questions, or require additional information, please contact me by email at LWong@dmh.lacounty.gov or (213) 947-6670, or your staff may contact Stella Krikorian, Division Manager, Contracts Development and Administration Division, at SKrikorian@dmh.lacounty.gov or (213) 943-9146.

LHW:RH:KN
SK:DO:atm

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

SOLE SOURCE CHECKLIST

Department Name: _____

- New Sole Source Contract
 - Sole Source Amendment to Existing Contract Magellan Pharmacy Solutions, LLC
- Date Existing Contract First Approved: _____

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



 Chief Executive Office

 Date

**BOARD LETTER/MEMO
CLUSTER FACT SHEET**

DRAFT

Board Letter

Board Memo

Other

| | |
|---|--|
| CLUSTER AGENDA REVIEW DATE | 4/2/2025 |
| BOARD MEETING DATE | 5/6/2025 |
| 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) | Mental Health |
| SUBJECT | Request approval of an amendment on a sole source basis to the existing contract with Maxim Healthcare Services Inc., to extend the term for one fiscal year for the continued provision of respite care services. |
| PROGRAM | Respite Care |
| 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: it is in the best economic interest of the County to extend the existing Contract instead of releasing a solicitation for a service that expires in 6.30.2026 |
| SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – Not Applicable If unsure whether a matter is subject to the Levine Act, email your packet to EOLevineAct@bos.lacounty.gov to avoid delays in scheduling your Board Letter. |
| DEADLINES/ TIME CONSTRAINTS | 7/1/25 |
| COST & FUNDING | Total cost: \$ 600,000 Funding source: Mental Health Services Act TERMS (if applicable): 7/1/2025-6/30/2026 Explanation: |
| PURPOSE OF REQUEST | To extend the term of the existing contract with Maxim Healthcare Services, Inc. on a sole source basis for one Fiscal Year (FY) for the continued provision of respite care services. |
| BACKGROUND (include internal/external issues that may exist including any related motions) | Maxim currently provides essential respite care services to families of children and youth experiencing Serious Emotional Disturbances. Under the Behavioral Health Services Act (BHSA), effective July 1, 2026, DMH will no longer be permitted to use BHSA funds where the benefit is available to the family through their Managed Care Plan, including respite care services. In order to avoid a disruption in services during FY 2025-26, DMH will execute a sole source amendment to extend the contract for one fiscal year. |
| EQUITY INDEX OR LENS WAS UTILIZED | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: Maxim currently provides essential respite care services to families of children and youth experiencing SED by providing in-home care, preventing out-of-home placement of children/youth, and providing the appropriate care and supervision to the children/youth in the absence of family member(s) and/or regular caregiver(s). Respite care services fall under the Equity Index principles of Effectively Support, Improve Outcomes, and Intervene & Prevent. |
| 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: Maxim's provision of respite care services to children and youth falls under the Board priority #1: Protect Children. Maxim provides services to parents/caregivers of children/youth with Severe Emotional Disturbances (SED) who are enrolled in a DMH Full-Service Partnership (FSP) or Intensive Field Capable Clinical Services (IFCCS) program. Respite care services prevents out-of-home placement which improves the lives of families and their children/youth who are experiencing SED. |
| DEPARTMENTAL CONTACTS | Name, Title, Phone # & Email: Rachel Kleinberg, Senior Deputy County Counsel, 213.392.6668, rkleinberg@counsel.lacounty.gov Kalene Gilbert, Mental Health Program Mgr., (213) 943-8223, KGilbert@dmh.lacounty.gov |



DEPARTMENT OF MENTAL HEALTH
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LISA H. WONG, Psy.D.
Director

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

Rimmi Hundal, M.A.
Chief Deputy Director

May 6, 2025

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

Dear Supervisors:

**APPROVAL OF AN AMENDMENT ON A SOLE SOURCE BASIS TO EXTEND THE
EXISTING CONTRACT WITH MAXIM HEALTHCARE SERVICES, INC.,
TO PROVIDE RESPITE CARE SERVICES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval of an amendment on a sole source basis to the existing contract with Maxim Healthcare Services, Inc., to extend the term for one fiscal year for the continued provision of respite care services.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and authorize the Director of Mental Health (Director), or designee, to prepare, sign, and execute an amendment (Attachment I) on a sole source basis to the existing contract with Maxim Healthcare Services, Inc. (Maxim), to extend the term for one fiscal year from July 1, 2025 through June 30, 2026. The Total Contract Sum (TCS) for Fiscal Year (FY) 2025-26 is \$600,000, funded by State Mental Health Services Act (MHSA) revenue.
2. Delegate authority to the Director, or designee, to prepare, sign, and execute future amendments to the contract described in Recommendation 1 to revise the language; revise and/or replace the fee schedule; add, delete, modify, or replace the Statement of Work; reflect federal, State, and County regulatory and/or policy changes; increase the TCS provided that: 1) the increase does not exceed 10

percent of the TCS approved by your Board in Recommendation 1; and 2) sufficient funds are available. These amendments will be subject to prior review and approval as to form by County Counsel, with written notice to the Board and the Chief Executive Officer (CEO).

3. Delegate authority to the Director, or designee, to terminate the contract described in Recommendation 1 in accordance with the contract's termination provisions, including Termination for Convenience. The Director, or designee, will notify your Board and CEO, in writing, of such termination action.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Board approval of Recommendation 1 will allow the Department of Mental Health (DMH) to amend the existing contract with Maxim for the provision of respite care services to families of children and youth (newborn to 15 years old) experiencing Serious Emotional Disturbances (SED).

Board approval of Recommendation 2 will enable DMH to execute future amendments, revise contract language; and revise the TCS not to exceed 10 percent in Recommendation 1, as necessary, without interruption to services.

Board approval of Recommendation 3 will allow DMH to terminate the contract in accordance with the termination provisions, including Termination for Convenience, in a timely manner, as necessary.

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan North Star 1, Make investment that transform lives, via Focus Area Goal A – Healthy Individuals and Families and; County's Strategic Plan North Star 2, Foster vibrant and resilient communities, via Focus Area Goal A – Public Health.

FISCAL IMPACT/FINANCING

The FY 2025-26 funding for this contract is \$600,000, fully funded by State MHPA revenue and is included in DMH's FY 2025-26 recommended budget.

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

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Maxim currently provides essential respite care services to families of children and youth experiencing SED. Under the Behavioral Health Services Act (BHSA), effective July 1, 2026, DMH will no longer be permitted to use BHSA funds where the benefit is available to the family through their Managed Care Plan, including respite care services. In order to avoid a disruption in services during FY 2025-26, DMH will execute a sole source amendment to extend the contract for one fiscal year. Maxim has been effectively providing these services since 2020, and DMH has determined that it is in the best economic interest of the County to extend the existing contract for FY 2025-26 instead of releasing a solicitation for a service that will expire June 30, 2026.

The sole source amendment (Attachment I) has been reviewed and approved as to form by County Counsel.

In accordance with Board Policy No. 5.100 (Sole Source Contracts and Amendments), DMH is required to notify your Board at least six months prior to the expiration of an existing contract when there is no delegated authority to amend. On November 26, 2024, DMH notified your Board (Attachment II) of its intent to execute an amendment with Maxim to extend the term and increase the TCS through June 30, 2026. DMH considers this request approved, as we did not hear otherwise.

The required Sole Source Checklist (Attachment III), as approved by CEO, is also attached.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Board approval of the recommended actions will allow DMH to continue providing uninterrupted and ongoing respite care services to caregivers of children/youth experiencing SED throughout Los Angeles County. Additionally, this action will assist DMH in its mission of enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

Respectfully submitted,

LISA H. WONG, Psy.D.
Director

LHW:RH:KN

The Honorable Board of Supervisors
May 6, 2025
Page 4

SK:BJA:atm

Attachments (3)

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

Draft

CONTRACT NO. MH310001AMENDMENT NO. 9

THIS AMENDMENT is made and entered into this ___ day of _____, 2025, by and between the COUNTY OF LOS ANGELES (hereafter "County") and Maxim Healthcare Services, Inc. (hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "Department of Mental Health Respite Care Services Contract," dated July 1, 2020, and further identified as County Contract No. MH310001, and any amendments thereto (hereafter collectively "Contract"); and

WHEREAS, on May 6, 2025, the County Board of Supervisors delegated authority to the Director of Mental Health, or designee, to execute amendments to the Contract that include authority to extend the term of the Contract, modify the Contract language, and make other designated changes; and

WHEREAS, said Contract provides that changes may be made in the form of a written amendment which is formally approved and executed by the parties; and

WHEREAS, County and Contractor intend to amend the Contract to extend the term for one fiscal year beginning July 1, 2025 through June 30, 2026, and make other hereinafter designated changes; and

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

NOW, THEREFORE, County and Contractor agree as follows:

1. This amendment is hereby incorporated into the original Contract, and all its terms and conditions, including capitalized terms defined therein, shall be given full force and effect as if fully set forth herein.
2. This amendment is effective July 1, 2025.
3. The term of the Contract is extended from July 1, 2025, and shall continue in full force through June 30, 2026. The Maximum Contract Amount shall not exceed \$600,000.
4. Exhibit Q - 9 (Contribution and Agent Declaration Form), will be added to the Contract, attached hereto and incorporated herein by reference.
5. Paragraph 8.59 (Campaign Contribution Prohibition Following Final Decision in Contract Proceeding) is added to the Contract as follows:

“8.59 Pursuant to [Government Code Section 84308](#), Contractor and its Subcontractors, are prohibited from making a contribution of more than \$250 to a County officer for twelve (12) months after the date of the final decision in the proceeding involving this Contract. Failure to comply with the provisions of [Government Code Section 84308](#) and of this paragraph, may be a material breach of this Contract as determined in the sole discretion of the County”.
6. Paragraph 10.0 (Survival) is added to the Contract as follows:

“10.0 In addition to any terms and conditions of this Contract that expressly survive expiration or termination of this Contract by their terms, the following provisions will survive the expiration or termination of this Contract for any reason:

| | |
|----------------|---|
| Paragraph 1.0 | Applicable Documents |
| Paragraph 2.0 | Definitions |
| Paragraph 3.0 | Work |
| Paragraph 7.6 | Confidentiality |
| Paragraph 8.1 | Amendments |
| Paragraph 8.2 | Assignment and Delegation/Mergers or Acquisitions |
| Paragraph 8.6 | Compliance with Applicable Law |
| Paragraph 8.19 | Fair Labor Standards |
| Paragraph 8.20 | Force Majeure |
| Paragraph 8.21 | Governing Law, Jurisdiction, and Venue |
| Paragraph 8.23 | Indemnification |
| Paragraph 8.24 | General Provisions for all Insurance Coverage |
| Paragraph 8.25 | Insurance Coverage |
| Paragraph 8.34 | Notices |
| Paragraph 8.38 | Record Retention and Inspection-Audit Settlement |
| Paragraph 8.42 | Termination for Convenience |
| Paragraph 8.43 | Termination for Default |
| Paragraph 8.48 | Validity |
| Paragraph 8.49 | Waiver |
| Paragraph 8.58 | Prohibition from Participation in Future Solicitation(s) |
| Paragraph 8.59 | Campaign Contribution Prohibition Following Final Decision in Contract Proceeding |
| Paragraph 9.2 | Health Insurance Portability and Accountability Act of 1996 (HIPAA) |
| Paragraph 10.0 | Survival" |

7. Except as provided in this amendment, all other terms and conditions of the Contract shall remain in full force and effect.

/

/

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

COUNTY OF LOS ANGELES

By _____
LISA H. WONG, Psy.D.
Director
County of Los Angeles
Department of Mental Health

Maxim Healthcare Services, Inc.

CONTRACTOR

By _____

Name Anthony Forno

Title Financial Operations Manager
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

By: Rachel Kleinberg
Senior Deputy County Counsel

CONTRIBUTION AND AGENT DECLARATION FORM

This form must be completed separately by all bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles ("County").

Pursuant to the Levine Act (Government Code section 84308), a member of the Board of Supervisors, other elected County officials (the Sheriff, Assessor, and the District Attorney), and other County employees and/or officers ("County Officers") are disqualified and not able to participate in a proceeding involving contracts, franchises, licenses, permits and other entitlements for use if the County Officer received more than \$250 in contributions in the past 12 months from the bidder, proposer or applicant, any paid agent of the bidder, proposer, or applicant, or any financially interested participant who actively supports or opposes a particular decision in the proceeding.

State law requires you to disclose information about contributions made by you, your company, and lobbyists and agents paid to represent you. Failure to complete the form in its entirety may result in significant delays in the processing of your application and potential disqualification from the procurement or application process.

You must fully answer the applicable questions below. You ("Declarant"), or your company, if applicable, including all entities identified below (collectively, "Declarant Company") must also answer the questions below. The term "employee(s)" shall be defined as employees, officers, partners, owners, or directors of Declarant Company.

An affirmative response to any questions will not automatically cause the disqualification of your bid/proposal, or the denial of your application for a license, permit or other entitlement. However, failure to answer questions completely, in good faith, or providing materially false answers may subject a bidder/proposer to disqualification from the procurement.

This material is intended for use by bidders/proposers, including all prime contractors and subcontractors, and by all applicants for licenses, permits, and other entitlements for use issued by the County of Los Angeles and does not constitute legal advice. If you have questions about the Levine Act and how it applies to you, you should call your lawyer or contact the Fair Political Practices Commission for further guidance.

HOA.104008393.4
Rev. [4/16/24]

CONTRIBUTION AND AGENT DECLARATION FORM

Complete each section below. State "none" if applicable.

A. COMPANY OR APPLICANT INFORMATION

1) Declarant Company or Applicant Name:

a) If applicable, identify all subcontractors that have been or will be named in your bid or proposal: _____

b) If applicable, variations and acronyms of Declarant Company's name used within the past 12 months: _____

c) Identify all entities or individuals who have the authority to make decisions for you or Declarant Company about making contributions to a County Officer, regardless of whether you or Declarant Company have actually made a contribution:

[IF A COMPANY, ANSWER QUESTIONS 2 - 3]

2) Identify only the Parent(s), Subsidiaries and Related Business Entities that Declarant Company has controlled or directed, or been controlled or directed by. "Controlled or directed" means shared ownership, 50% or greater ownership, or shared management and control between the entities.

a) Parent(s):

b) Subsidiaries:

c) Related Business Entities:

3) If Declarant Company is a closed corporation (non-public, with under 35 shareholders), identify the majority shareholder.

4) Identify all entities (proprietorships, firms, partnerships, joint ventures, syndicates, business trusts, companies, corporations, limited liability companies, associations, committees, and any other organization or group of persons acting in concert) whose contributions you or Declarant Company have the authority to direct or control.

CONTRIBUTION AND AGENT DECLARATION FORM

- 5) Identify any individuals such as employees, agents, attorneys, law firms, lobbyists, and lobbying firms who are or who will act on behalf of you or Declarant Company and who will receive compensation to communicate with a County Officer regarding the award or approval of **this** contract or project, license, permit, or other entitlement for use.

*(Do **not** list individuals and/or firms who, as part of their profession, either (1) submit to the County drawings or submissions of an architectural, engineering, or similar nature, **or** (2) provide purely technical data or analysis, **and** who will not have any other type of communication with a County agency, employee, or officer.)*

- 6) If you or Declarant Company are a 501(c)(3) non-profit organization, identify the compensated officers of your organization and the compensated members of your board.

B. CONTRIBUTIONS

- 1) Have you or the Declarant Company solicited or directed your employee(s) or agent(s) to make contributions, whether through fundraising events, communications, or any other means, to a County Officer in the past 12 months? If so, provide details of each occurrence, including the date.

| Date (contribution solicited, or directed) | Recipient Name (elected official) | Amount |
|---|--|---------------|
| | | |
| | | |
| | | |

*Please attach an additional page, if necessary.

- 2) Disclose all contributions made by you or any of the entities and individuals identified in Section A to a County officer in the past 12 months.

| Date (contribution made) | Name (of the contributor) | Recipient Name (elected official) | Amount |
|---------------------------------|----------------------------------|--|---------------|
| | | | |
| | | | |
| | | | |

*Please attach an additional page, if necessary.

CONTRIBUTION AND AGENT DECLARATION FORM

C. DECLARATION

By signing this Contribution and Agent Declaration form, you (Declarant), or you and the Declarant Company, if applicable, attest that you have read the entirety of the Contribution Declaration and the statements made herein are true and correct to the best of your knowledge and belief. (Only complete the one section that applies.)

There are _____ additional pages attached to this Contribution Declaration Form.

COMPANY BIDDERS OR APPLICANTS

I, _____ (Authorized Representative), on behalf of _____ (Declarant Company), at which I am employed as _____ (Title), attest that after having made or caused to be made a reasonably diligent investigation regarding the Declarant Company, the foregoing responses, and the explanation on the attached page(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject Declarant Company to consequences, including disqualification of its bid/proposal or delays in the processing of the requested contract, license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

By signing this Contribution and Agent Declaration form, you also agree that, if Declarant Company hires an agent, such as, but not limited to, an attorney or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, you agree to inform the County of the identity of the agent or lobbyist and the date of their hire. You also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County officer (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by the Declarant Company, or, if applicable, any of the Declarant Company's proposed subcontractors, agents, lobbyists, and employees who have communicated or will communicate with the County about this contract, license, permit, or other entitlement after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date

CONTRIBUTION AND AGENT DECLARATION FORM

INDIVIDUAL BIDDERS OR APPLICANTS

I, _____, declare that the foregoing responses and the explanation on the attached sheet(s), if any, are correct to the best of my knowledge and belief. Further, I understand that failure to answer the questions in good faith or providing materially false answers may subject me to consequences, including disqualification of my bid/proposal or delays in the processing of the requested license, permit, or other entitlement.

IMPORTANT NOTICE REGARDING FUTURE AGENTS AND FUTURE CONTRIBUTIONS:

If I hire an agent or lobbyist during the course of these proceedings and will compensate them for communicating with the County about this contract, project, permit, license, or other entitlement for use, I agree to inform the County of the identity of the agent or lobbyist and the date of their hire. I also agree to disclose to the County any future contributions made to members of the County Board of Supervisors, another elected County official (the Sheriff, Assessor, and the District Attorney), or any other County officer or employee by me, or an agent such as, but not limited to, a lobbyist or attorney representing me, that are made after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested contract, license, permit, or entitlement for use.

Signature

Date



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.
Director

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

Rimmi Hundal, M.A.
Chief Deputy Director

November 26, 2024

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

FROM: Lisa H. Wong, Psy.D.
Director

SUBJECT: **NOTICE OF INTENT TO EXTEND THE EXISTING CONTRACT WITH
MAXIM HEALTHCARE SERVICES, INC., ON A SOLE SOURCE BASIS
FOR THE CONTINUED PROVISION OF RESPITE CARE SERVICES**

In accordance with the Los Angeles County Board of Supervisors' (Board) Policy No. 5.100 (Sole Source Contracts and Amendments), the Department of Mental Health (DMH) intends to extend the existing contract with Maxim Healthcare Services, Inc., (Maxim) for the continued provision of respite care services.

DMH will request that your Board approve an amendment to extend the term of the contract on a sole source basis for one fiscal year, effective July 1, 2025 through June 30, 2026. The Total Contract Sum for Fiscal Year (FY) 2025-26 is \$600,000, fully funded by State Mental Health Services Act revenue.

JUSTIFICATION

Given the changes at the State, effective July 1, 2026, respite care services will fall under managed care and will no longer be contracted out by DMH. In order to avoid a disruption in services during FY 2025-26, DMH will execute a sole source amendment to extend the contract for one fiscal year. Maxim has been effectively providing these services since 2020, and DMH has determined that it is in the best economic interest of the County to extend the existing contract for FY 2025-26 instead of releasing a solicitation for a service that will expire June 30, 2026.

Each Supervisor
November 26, 2024
Page 2

Maxim currently provides respite care services and short-term relief to in-home caregivers, including parents, relatives, extended family members, and legal guardians of children/youth experiencing Serious Emotional Disturbance (SED). During FYs 2020-21 through 2023-24, Maxim served approximately 389 clients, averaging 97 clients annually. For FY 2024-25, they are projected to exceed that amount as they have served 92 clients to date. These services are provided in home and relieve families from the stress associated with providing constant care to a child/youth experiencing SED and increase the probability that these children/youth will maintain their current, least restrictive, placement with the provision of short-term care and supervision services during the temporary absence of a caregiver.

NOTIFICATION TIMELINE

Pursuant to Board Policy No. 5.100, DMH is required to notify the Board at least six months prior to the expiration of an existing contract to amend the contracts when departments do not have delegated authority to execute such amendment. If requested by a Board Office or the Chief Executive Office, DMH will place this item on the Health and Mental Health Services Cluster Agenda.

Unless otherwise instructed by your Board Office within four weeks of this notice, DMH will begin contract negotiations and after the six-month notification period, DMH will present to your Board a letter for approval to execute a sole source extension amendment, prior to the end of FY 2024-25.

If you have any questions, or require additional information, please contact me at LWong@dmh.lacounty.gov or (213) 947-6670, or your staff may contact Stella Krikorian, Division Manager, Contracts Development and Administration Division, at SKrikorian@dmh.lacounty.gov or (213) 943-9146.

LHW:RM:KN

SK:BA:atm

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

SOLE SOURCE CHECKLIST

Department Name: _____

- New Sole Source Contract
- Sole Source Amendment to Existing Contract Maxim Healthcare Services, Inc.
Date Existing Contract First Approved: _____

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

Erika Bonilla

Chief Executive Office

Date



Update on Measles in Los Angeles County

Nava Yeganeh, MPH
Vaccine Preventable Disease Control
4/2/2025





Disclaimer

- Data and other information in this presentation reflect a rapidly changing situation and subject to change.



Presentation Outline

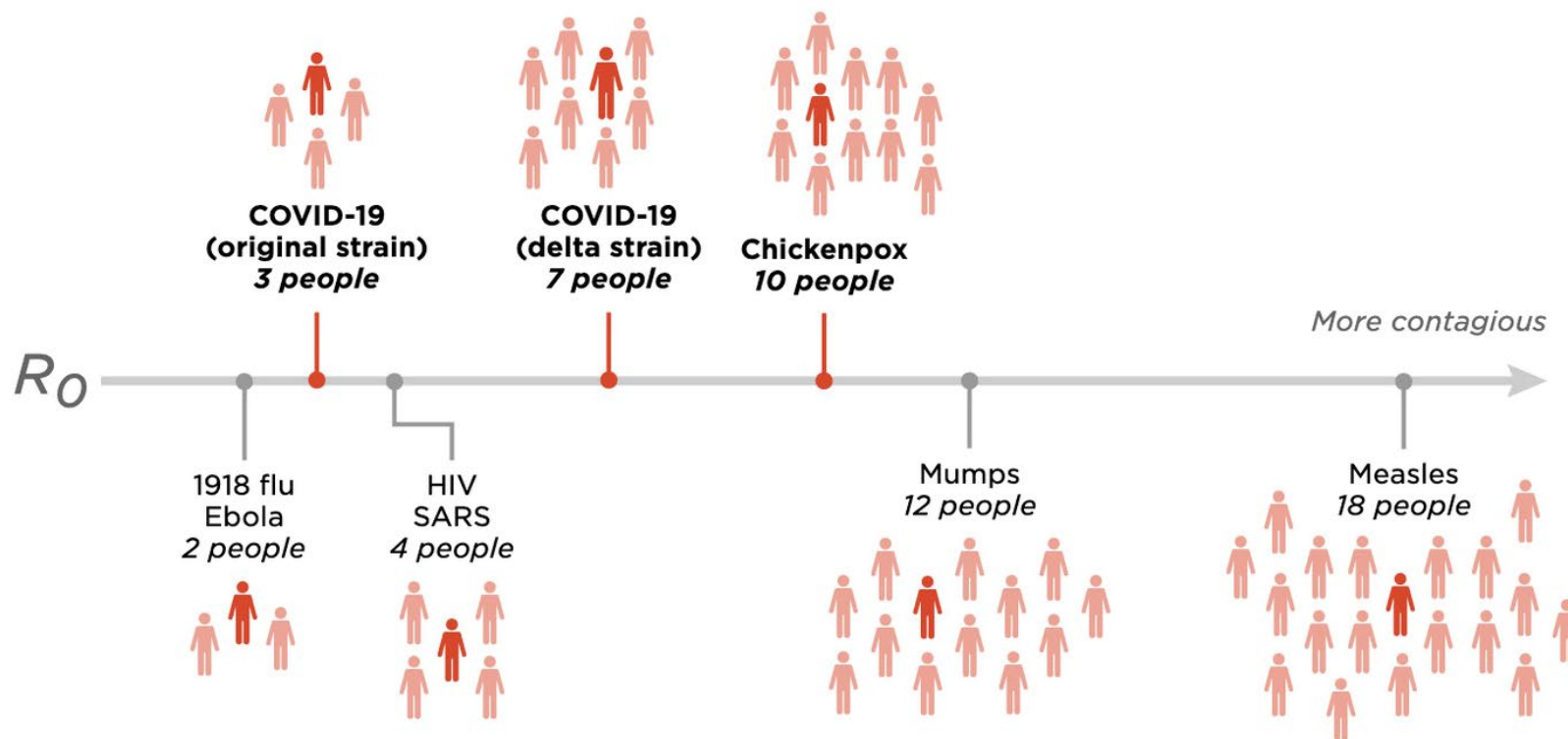
- Disease background
- 2025 U.S. measles activity
- Ongoing outbreaks in West Texas and New Mexico
- Public Health actions to date



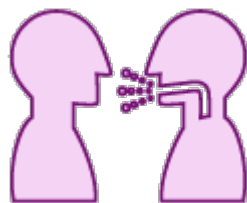
Measles Background



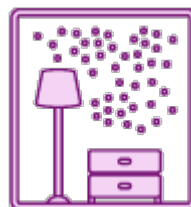
Measles is HIGHLY contagious



Measles Transmission



Spreads through air when infected person talks, breathes, coughs, or sneezes



Can stay in the air and live on surfaces for 2 hours after case has left



90% chance of becoming infected if exposed and not vaccinated

Classic Measles Presentation

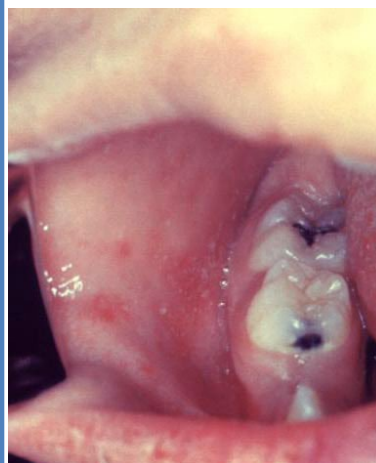
Fever & 3 C's

- Cough
- Conjunctivitis
- Coryza
- Fever starts low grades and progresses to high

2-3 days after
initial sx onset

Koplik Spots

- Tiny white spots in mouth



3-5 days after
initial sx onset

Rash

- Starts on face/hairline
- Spreads downward to neck, trunk, extremities
- Not itchy
- Small raised bumps may also appear on top of the flat red spots.
- Maculopapular - The spots may become joined together as they spread from the head to the rest of the body (maculopapular)

Possible Measles Complications

- Common:
 - Diarrhea: 1 per 10 cases
 - Ear infection: 1 per 10 cases
 - Pneumonia: 1 per 20 cases
 - Hospitalizations (14-25%)
 - Immune amnesia
- Rare but serious
 - Encephalitis 1 per 1,000
 - Subacute sclerosing panencephalitis (SSPE): rare, about 7 per 100,000
 - Death: 1-3 per 1,000



Measles Epidemiologic Characteristics

- Infectious up to 4 days before and 4 days after rash onset
- Average incubation period:
 - Exposure to rash onset: 10-14 days (range: 7 to 21 days)



2025 U.S. Measles Cases

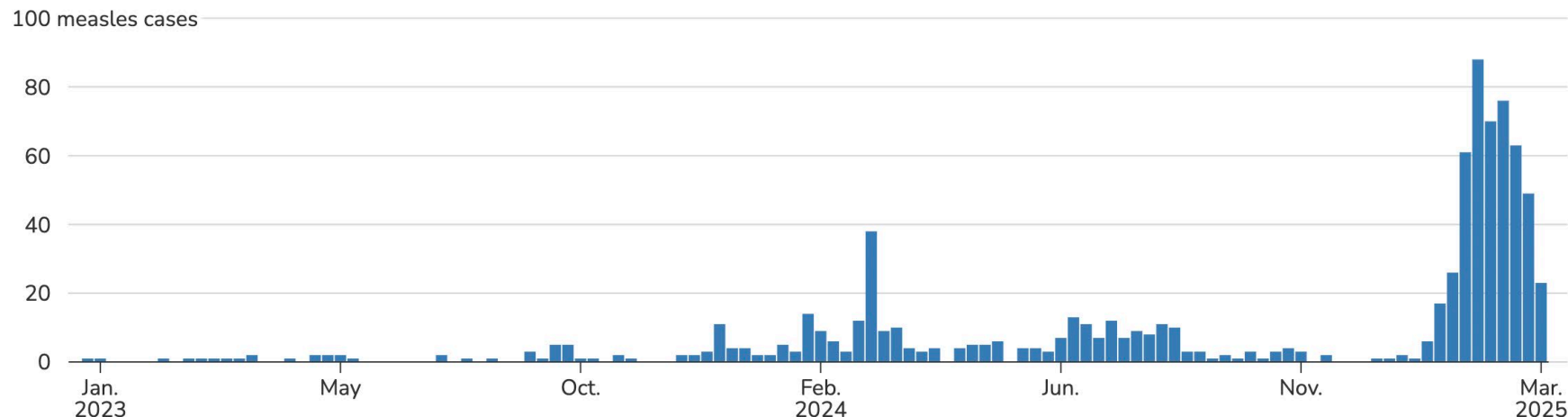




U.S. Measles Cases by Rash Onset Date and Year

Weekly measles cases by rash onset date

2023–2025* (as of March 27, 2025)



Data as of March 6, 2025

U.S. Measles Case Counts, 2025

2025 2024

U.S. Cases in 2025

Total cases

483

Age

Under 5 years: **157 (33%)**

5-19 years: **204 (42%)**

20+ years: **111 (23%)**

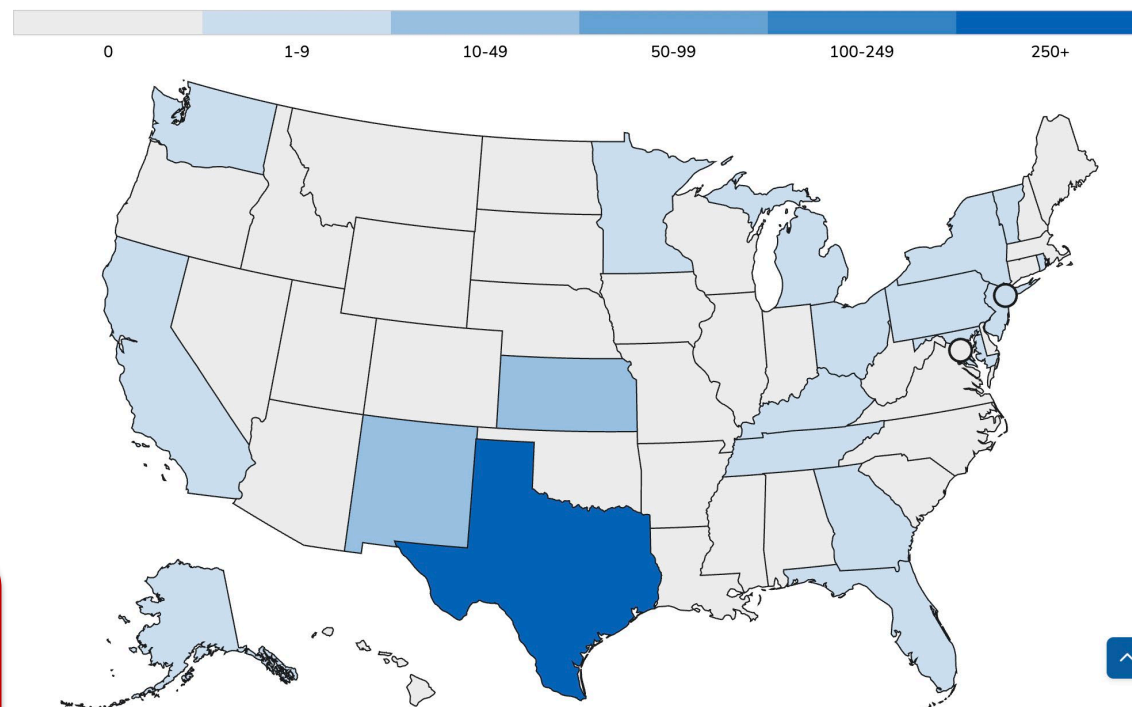
Age unknown: **11 (2%)**

Vaccination Status

Unvaccinated or Unknown: **97%**

One MMR dose: **1%**

Two MMR doses: **2%**



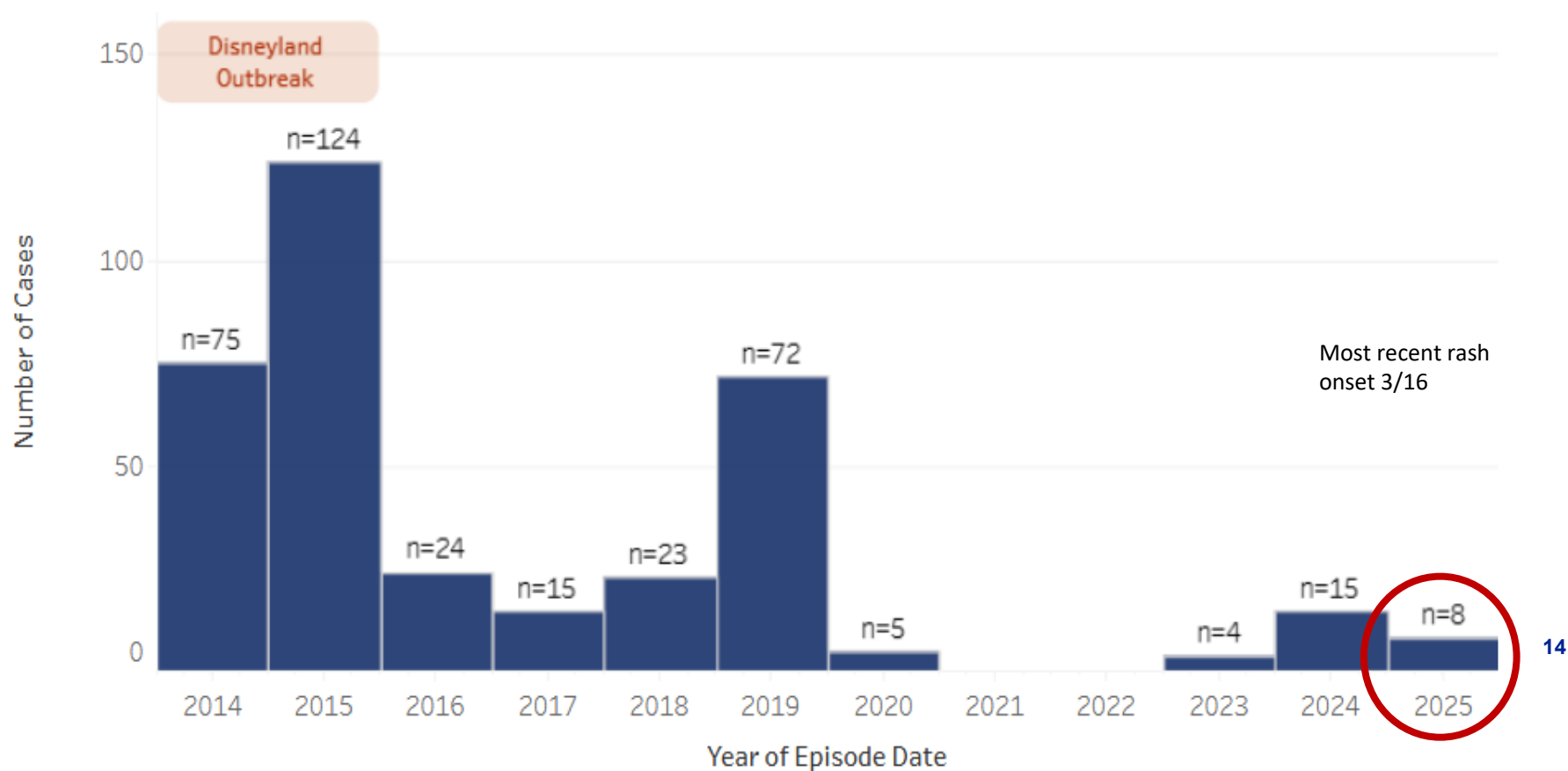
Situation Overview of Outbreak in Texas

- Ongoing measles outbreak with **470 confirmed** cases reported in Western Texas and New Mexico as of 4/1
 - 44 hospitalizations
 - 2 deaths
- Additional genetically-related cases reported in Oklahoma (10 cases) and Kansas (23 cases)
- Ohio with 10 cases (Ashtabula County), 9 which were linked to 1 unvaccinated adult



Confirmed Measles Cases by Year, CA, 2014-2025

CDPH Data, as of 3/20/2025



Measles Cases in California, 2025 YTD



- **8 confirmed** cases in 2025 in California
 - 7 had history of travel to Asian countries with measles outbreaks
 - 1 is a close contact to such a case
 - All **unrelated** to the ongoing outbreak in the Western Texas/New Mexico region
 - CA cases are genotype B3
 - Counties: Fresno, Los Angeles, Orange, Placer, San Mateo, Tuolumne
 - Vaccination Status:
 - Unvaccinated or Unknown: **7** (88%)
 - One dose: **0** (%)
 - Two doses: **1** (13%)



LAC case

For Immediate Release:

March 11, 2025

Public Health Confirms Measles Case in Los Angeles County

- First confirmed measles case in a LAC resident in 2025
- Case had recent international travel
- Exposure locations (see press release for more details)
 - LAX, March 5
 - Nail Salon, North Hollywood, March 7
 - Grocery Store, El Monte, March 10
 - Monitoring period ended 3/31



Public Health Actions





Measles Outbreaks are Resource Intensive

Measles outbreaks can incur substantial costs for public health and individuals, and be hugely time consuming, interrupting many other critical public health functions

- Median outbreak size: 2 cases (range 1-58)
- Median contacts: 283 (range 44 – 8231)
- Median cost per outbreak: \$152,308 (range \$9,862 - \$1,063,936)
- Median cost per case: \$32,805 (range \$7,396 - \$76,154)
- Median cost per contact: \$223 (range \$81 - \$746)
- Approximate cost per day of investigation: \$4,000



Provider Readiness: Vaccination Guidance

- Routine MMR recommendations are still in place
 - Before international travel
 - All ages: 2 doses of MMR after 12 months of age
 - Ages 6-11 months, 1 dose before departure, then routine 2-dose series
 - Age 12 months and older: First dose now, 2nd dose 28 days later
- No specific recommendation for early dose vaccination for travel to domestic outbreak areas and best for those asking to have a discussion with their provider



Provider Readiness: Suspecting Measles

- Any patient with
 - febrile rash with cough, conjunctivitis, and/or coryza *especially* if they are
 - Unvaccinated
 - Have traveled, especially international or domestic through an international airport
 - Have exposure to a known or possible measles case



Actions for Providers

- 1. Prevent spread:** Mask and isolate the patient immediately in an airborne infection isolation room (AIIR), if possible
- 2. Promptly notify LACDPH**
Report immediately by telephone upon suspicion of measles **while the patient is in your facility**
- 3. Collect specimens for testing:**
 - The preferred test is a measles polymerase chain reaction (PCR) test
 - Throat or NP swab and urine ([Measles testing guidance](#))
 - Measles IgM testing is frequently falsely positive and is not recommended.
- 4. Submit specimens to a public health lab (PHL), this is the preferred option**



Provider Readiness: Communications



LAC DPH Health Advisory

Increase in Domestic Measles

March 3, 2025



Emergency Preparedness and Response

This message is intended for all healthcare providers.

Please distribute as appropriate.

Key Messages

- Measles cases are increasing in the U.S., with ongoing outbreaks in Mexico and New Jersey, along with continued increase in Texas.
- The first US measles death in a decade was reported in a young child in Texas.
- Healthcare providers in LA County are reminded to ensure they are up to date with measles-containing vaccines (MMR) and to immunize all children 12 months of age and older for whom there is no documentation of immunity. Suspect measles to Public Health. All healthcare providers should document [documentation of immunity](#) to measles.
- All LAC providers should be alert for measles, especially in children. Contact LAC DPH immediately for evaluation and testing.

Situation

The Centers for Disease Control and Prevention (CDC) are reporting a recent rise in domestic measles cases in the Plains region of [Texas](#), 9 cases in bordering Lea County, [New Mexico](#), and Bergen County in [New Jersey](#). Most of these cases are among adolescents who were not vaccinated against measles or had unknown status. In the current Texas outbreak, there have been 20 confirmed measles-related complications. In addition, one unvaccinated child [died](#) from measles-related complications. This marks the first time in a decade that a US resident has died from this vaccine preventable disease.

These measles outbreaks are occurring in areas of the country where MMR vaccination rates among kindergartners are low due to personal or religious exemptions. The Texas outbreak started spreading in a region where 82% of kindergartners were vaccinated against measles. A Mennonite community has been particularly affected. To prevent

Health Alert Network (HAN)

HAN Jurisdictions

HAN Message Types

Sign Up for HAN Updates

HAN Archive

| | |
|----------|---|
| 2025 | - |
| HAN00520 | |
| HAN00521 | |
| HAN00522 | |
| 2024 | + |
| 2023 | + |

Expanding Measles Outbreak in the United States and Guidance for the Upcoming Travel Season

[Print](#)



Distributed via the CDC Health Alert Network
March 7, 2025, 2:00 PM ET
CDCCHAN-00522

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) to notify clinicians, public health officials, and potential travelers about a measles outbreak and offer guidance for prevention and monitoring. As of March 7, 2025, Texas and New Mexico have reported 198 confirmed cases associated with this outbreak (198 in [Texas](#) and 10 in [New Mexico](#)). More cases are expected to continue to expand rapidly.

With spring and summer travel season approaching in the United States, CDC emphasizes the importance of clinicians and public health officials play in preventing the spread of measles. They should ensure they are up to date on their own measles vaccination status and share effective measles prevention guidance for international travelers.

The risk for widespread measles in the United States remains low due to robust U.S. measles vaccination coverage.



CDC Health Advisory

Expanding Measles Outbreak in Texas and New Mexico and Guidance for the Upcoming Travel Season

March 7, 2025

The Centers for Disease Control and Prevention (CDC) have issued a [Health Advisory](#) about the Expanding Measles Outbreak in Texas and New Mexico and Guidance for the Upcoming Travel Season. As of March 7th, 2025, there have been 198 confirmed measles cases in Texas and 30 in New Mexico, with 2 deaths.

There have been no reports of confirmed measles cases in LA County residents in 2025 to date. LAC DPH issued a [Health Advisory](#) on March 3, 2025, about rising domestic measles cases, reminding providers to make sure that patients and healthcare staff are up to date on their measles vaccinations and to follow protocols for suspected cases.

Report suspected measles cases to Public Health by phone IMMEDIATELY.

- **Los Angeles County Department of Public Health:**
 - Weekdays 8:30 am–5:00 pm: call 213-351-7800.
 - After-hours: call 213-974-1234 and ask for the physician on call.
- **Long Beach Health and Human Services:**
 - Weekdays 8:00 am–5:00 pm: call 562-570-4302.
 - After hours: call the duty officer at 562-500-5537.
- **Pasadena Public Health Department:**
 - Weekdays 8:00 am–5:00 pm: call 626-744-6089.
 - After hours: call 626-744-6043.

[Read the CDC Health Advisory](#)

<https://www.cdc.gov/han/2025/han00522.html>

To view this and other communications or to sign-up to receive LAHANs, please visit ph.lacounty.gov/lahan



Communication with Health Care Facilities

Refer to DPH measles webpage

- ph.lacounty.gov/vaccines
- ph.lacounty.gov/measles
- Contains important provider information
 - When to suspect measles
 - Clinical presentation
 - Isolation of suspected cases
 - Reporting
 - Diagnostic testing
 - Vaccine recommendations
 - FAQs

Get your COVID-19 and Flu Vaccines
These vaccines can be administered at the same visit!

Everyone ages 6 months and older should get the 2024–2025 COVID-19 & flu vaccines to protect you & your family against respiratory diseases.

[Click here for more information](#)

The best way to ensure a safe and healthy fall season is by getting vaccinations for both you and your children. Vaccines are really important in stopping infectious diseases from spreading, and they help our community stay healthy and strong.

PRIORITY POPULATIONS | VACCINE PREVENTABLE DISEASES | GET VACCINATED

RESPIRATORY ILLNESS DATA | COVID-19 VACCINE DATA | SCHOOL IMMUNIZATION COVERAGE

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Measles

Information for Public & Providers

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What is Measles? (Updated 9-19-2023)

- Measles is a serious respiratory disease caused by an airborne virus.
- Measles is one of the world's **most contagious** diseases.
- One infected person can spread the disease to 9 out of 10 unvaccinated persons who come into close contact with the infected person.
- Measles can be prevented by the [measles-mumps-rubella \(MMR\) vaccine](#).

Measles: Symptoms and Complications

Common symptoms for measles include:

- High fever (higher than 101° F)
- Cough
- Runny nose
- Red and watery eyes
- Tiny white spots (Koplik spots) that may appear inside the mouth 2-3 days after symptoms begin.
- Rash 3-5 days after other signs of illness. The "measles rash" typically starts at the face and then spreads down to the rest of the body.

Measles can cause several [health complications](#). Common complications include ear infections and diarrhea. About 1 in 5 people who are not vaccinated in the United States who get measles will be hospitalized. Serious complications include lung infection (pneumonia), dehydration, or swelling of the brain. Before widespread vaccines in the United States, hundreds of people died from measles.

Those who are more likely to have serious complications due to measles are:

- Children younger than 5 years of age
- Pregnant people
- People with weakened immune systems

How does Measles Spread?

Guidance for Clinicians

Check List: Managing Patients Suspected of Having Measles

The purpose of this checklist is to provide clinicians with step-by-step guidance for evaluating patients suspected to have measles, helping to reduce the spread of measles and facilitate Public Health investigations.

Step 1. Immediately isolate patients with an acute febrile rash, using Airborne Transmissible Diseases (ATD) precautions.^{1,2}

- 1a. Airborne precautions should be followed in healthcare settings.
- 1b. Regardless of prior immunity status, all healthcare staff entering the room should use respiratory protection consistent with airborne infection control precautions (use of an N95 respirator or a respirator with similar effectiveness in preventing airborne transmission).

* **Note:** The preferred placement for patients who require airborne precautions is in a single-patient airborne infection isolation room (AIIR) or negative air pressure room. To prevent possible exposure of measles, the patient should remain completely isolated from other patients, and the exam room should not be used for 2 hours after the patient has departed.

Step 2. Determine if the patient has measles-like symptoms.

- 2a. Assess if patient has had any of the following symptoms and obtain onset and resolution dates:
 - Prodrome of fever, cough, coryza (runny nose), conjunctivitis.
 - Fever AND maculopapular rash; determine location of rash onset and progression on body. If patient is unvaccinated, fever and rash on face, hairline, or behind ears are typically present concurrently.

Common differential diagnoses:

- Kawasaki, rubella, scarlet fever, enteroviruses, and other febrile rash exanthems

The following factors increase the probability of measles:

- Reporting an exposure risk factor for measles (see 3a)
- Lacking immunity: unvaccinated or unknown vaccination, immunocompromised, IgG negative.

* **Note:** If patient is vaccinated or immunocompromised, symptoms of fever and rash can vary in presentation and timing. See the CDC Clinical Overview of Measles: Diagnosis, Laboratory Testing, and Outbreak Response (Web on Demand) - W04728

Step 3. Assess for measles immunity and ask about exposure risk-factors.³

- 3a. Determine whether patient has one of the following to indicate probable measles immunity:
 - At least 2 documented MMR doses that were administered in the U.S. at ≥12 months of age.
 - Documented IgG (+) test for measles.
- 3b. Ask about exposure risk-factors. Have they had, in the past [4 weeks](#):
 - Contact to a known measles case or with an ill international visitor
 - Traveled internationally or through an international airport
 - Visited an outbreak community or venues where a confirmed measles exposure occurred.

Step 4. Immediately call and report suspect measles to Public Health while the patient is still at the facility. Public Health will advise which of steps 5-8 are indicated.⁴

- Report immediately by telephone for both confirmed & suspected cases upon suspicion of measles. Consultation is required before sending specimens to the Public Health Laboratory
 - Weekdays 7:30 am – 5:00 pm: Call 213-351-7800 – Epidemiologist on Duty
 - Non-business hours/weekends: Call 213-351-1234 – Administrative Officer on Duty

Los Angeles County Dept. of Public Health, Vaccine Preventable Disease Control Program (LACVPDCP)
<http://ph.lacounty.gov/vpd/measles/index.html#providers> Page 1 of 2
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Public Messaging


- Office of Communications and Public Affairs (OCPA) has developed a Measles Awareness Toolkit
 - Urging residents to get vaccinated before spring break and summer travel
 - Educating them on measles symptoms and complications.
- VPDC's School Support Team is distributing resources to schools, with direct outreach to those where kindergarten immunization rates are below 95%.



MEASLES
IS HIGHLY CONTAGIOUS

9 IN 10 

persons not protected against measles (by vaccine or prior infection) will get it if they come into contact with someone infected.

 **+** Protect yourself and your family from measles by making sure you are fully immunized with an MMR (Measles-Mumps-Rubella) vaccine.





Questions

