



Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

DATE: September 17, 2025

TIME: 9:30 a.m. – 11:15 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.

NOTICE OF CLOSED SESSION

9:00AM - CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION Government Code Section 54956.9(a)

Nancy Marie Hernandez vs. County of Los Angeles, et al.
Los Angeles Superior Court Case No. 22CMCV00461
Department of Mental Health

NOTICE OF CLOSED SESSION

9:15AM - CS-2 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION Government Code Section 54956.9(a)

Leslie Gilbert, et al. v. County of Los Angeles, et al.
United States District Court Case No.: 2:19-CV-08599
Department of Health Services

- I. Call to order
- II. **Information Item (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):**
 - a. **DPH:** Recommendation to Continue the Declared Local Health Emergency for the January 2025 Critical Fire Events (#08288)
- III. **Board Motion:**
 - a. **SD 4:** Contracting for State Hospital Beds
- IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
 - a. **DMH:** Contracting for DMH Network Needs (Presenter: Jaclyn Baucum, Senior Deputy Director)
- 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

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter☐ Board Memo☐ Other

CLUSTER AGENDA REVIEW DATE	9/17/2025	
BOARD MEETING DATE	10/7/2025	
SUPERVISORIAL DISTRICT AFFECTED	☒ All ☐ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th ☐ 5 th	
DEPARTMENT(S)	Department of Public Health	
SUBJECT	RECOMMENDATION TO CONTINUE THE DECLARED LOCAL HEALTH EMERGENCY FOR THE JANUARY 2025 CRITICAL FIRE EVENTS	
PROGRAM	Executive Office Services	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	☐ Yes ☒ No	
SOLE SOURCE CONTRACT	☐ Yes ☒ No If Yes, please explain why:	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	☐ Yes ☒ 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		
COST & FUNDING	Total cost: \$	Funding source:
	TERMS (if applicable):	
	Explanation: There is no fiscal impact related to the continuance of this local health emergency, but the proclamation of local health emergency could allow the County to seek recovery of eligible costs from the Federal Emergency Management Agency and State of California. The County will incur costs associated with the response to and recovery from the local health emergency.	
PURPOSE OF REQUEST	The local health emergency declared by the local health officer on January 10, 2025, was ratified by the Board on January 14, 2025, and initially extended on February 11, 2025, and continued thereafter, must be reviewed by the Board to determine the need for the local health emergency to remain in effect at least once every 30 days, until it is terminated; and (2) proclaim the local health emergency terminated at the earliest possible date that conditions warrant the termination. Public Health and the Los Angeles County Health Officer have reviewed the need for the proclaimed local health emergency referenced above to remain in effect and recommend that the local health emergency be continued.	
BACKGROUND	The January 2025 Windstorm and Critical Fire Events are an ongoing local health emergency in Los Angeles County, which has required an ongoing response to several	

(include internal/external issues that may exist including any related motions)	destructive and wind-driven fires, especially the Palisades and Eaton Fires. These fires have burned thousands of residences and structures and resulted in massive amounts of post-fire health hazards in the form of burned hazardous materials and hazardous ash, soot and fire debris remaining in the burn and surrounding areas. The recovery response to these catastrophic fire events requires the ongoing need for federal, State and local emergency response and recovery operations to implement and complete a large scale urban wildfire debris removal and disposal and evaluate related human health risks. <u>Board Motion</u> On January 14, 2025, via motion, the Board ratified the County Health Officer's Declaration of Local Health Emergency made on January 10, 2025, for the January 2025 Windstorm and Critical Fire Events, in the County of Los Angeles. The Proclamation of Local Health Emergency shall remain in effect until its termination is proclaimed by the Board.
EQUITY INDEX OR LENS WAS UTILIZED	☐ Yes ☒ No If Yes, please explain how:
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	☐ Yes ☒ No If Yes, please state which one(s) and explain how:
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: • Joshua Bobrowsky Director of Government Affairs, Public Health jbobrowsky@ph.lacounty.gov • Blaine D. McPhillips Senior Deputy County Counsel Health Services Division bmcphillips@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

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

www.publichealth.lacounty.gov

DRAFT



BOARD OF SUPERVISORS

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Second District

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Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

October 7, 2025

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:

**RECOMMENDATION TO CONTINUE THE DECLARED LOCAL HEALTH
EMERGENCY FOR THE JANUARY 2025 CRITICAL FIRE EVENTS
(ALL AFFECTED) (3 VOTES)**

SUBJECT

The Department of Public Health (Public Health) is recommending that the Board of Supervisors (Board) continue the local health emergency declared on January 10, 2025, in response to the January 2025 Windstorm and Critical Fire Events impacting Los Angeles County (County).

IT IS RECOMMENDED THAT THE BOARD:

Adopt and instruct the Chair of the Board to execute the attached Resolution to Continue the Local Health Emergency due to the January 2025 Windstorm and Critical Fire Events.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The local health emergency declared by the local health officer on January 10, 2025, was ratified by the Board on January 14, 2025, and initially continued by the Board on February 11, 2025, must be reviewed by the Board to determine the need for the local health emergency to remain in effect at least once every 30 days, until it is terminated; and (2) proclaim the local health emergency terminated at the earliest possible date that conditions warrant the termination.

Public Health and the County Health Officer have reviewed the need for the proclaimed local health emergency referenced above to remain in effect and is recommending that the local health emergency be continued. This review included considerations of the extent to which the specified conditions for the proclaimed local health emergency, such as the continued existence of hazardous fire ash, soot, and debris remaining inside and near the burn areas; the ongoing need to complete a large scale urban wildfire debris removal and disposal response; the ongoing need for federal and/or State financial assistance; and the extent to which departments continue to engage in essential emergency-related activities that are dependent on the local health emergency remaining in effect.

The January 2025 Critical Fire Events are an ongoing local health emergency in the County, which has required an ongoing response to several destructive and wind-driven fires, especially the Palisades and Eaton Fires. These fires have resulted in massive amounts of post-fire health hazards in the form of burned hazardous materials and hazardous ash, soot and fire debris remaining in the burn and surrounding areas. These catastrophic fire events have caused the loss of life, displacement of thousands of residents, widespread damage and destruction to residential structures, businesses, and infrastructure. These conditions are beyond the control of the resources of the County and have continued to require the combined forces of federal, State and other political subdivisions to combat. To mitigate the risks to health created by the fires, post-fire health hazards must be removed from properties in accordance with federal and State standards for safe removal of hazardous materials and waste.

Given the current and ongoing risks posed by post-fire health hazards, Public Health recommends that the Board find that the local health emergency be continued.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: North Star 2 – Foster Vibrant and Resilient Communities, Focus Area A – Public Health, Strategy i - Population Based Health.

FISCAL IMPACT/FINANCING

There is no fiscal impact related to the continuance of this local health emergency, but the proclamation of local health emergency could allow the County to seek recovery of eligible costs from the Federal Emergency Management Agency and State of California. The County will incur costs associated with the response to and recovery from the local health emergency.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

California Health and Safety Code Section 101080 and Chapter 2.68 of the Los Angeles County Code requires the Board to review the need for a proclaimed local health emergency to remain in effect at least once every 30 days, until it is terminated.

California Health and Safety Code Section 101080 requires the Board to terminate a proclaimed local health emergency at the earliest possible date that conditions warrant.

ENVIRONMENTAL DOCUMENTATION

This action is not subject to the California Environmental Quality Act (CEQA) because it is excluded from the definition of project under section 15378(b)(5) of the State CEQA Guidelines.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

There is no impact on current services.

CONCLUSION

Upon approval by the Board, the Public Health requests that an executed, stamped copy of the attached Resolution be returned to Public Health.

Respectfully submitted,

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

BF:db
#08288

Enclosure

c: Chief Executive Officer
County Counsel
Executive Office, Board of Supervisors
Public Works
CEO Office of Emergency Management

**RESOLUTION BY THE COUNTY OF LOS ANGELES BOARD OF SUPERVISORS TO
CONTINUE THE LOCAL HEALTH EMERGENCY FOR THE JANUARY 2025
CRITICAL FIRE EVENTS**

WHEREAS, pursuant to Section 101080 of the California Health and Safety Code, the existence of a local health emergency was declared by the County Health Officer on January 10, 2025, and ratified by the Board of Supervisors (Board) on January 14, 2025, due to conditions of disaster or of extreme peril to the safety of persons and property arising from the January 2025 Windstorm and Critical Fire Events, beginning on January 7, 2025, affecting areas throughout the County of Los Angeles (County); and

WHEREAS, the January 2025 Critical Fire Events, beginning on January 7, 2025, are an ongoing local health emergency in the County, whose conditions have included an ongoing response to a number of destructive and wind-driven fires, which include, among others, the Palisades Fire, Eaton Fire, Hurst Fire, Creek Fire, Lidia Fire, and the Kenneth Fire, and post-fire hazards in the form of burned common household hazardous materials and contaminated ash, soot and fire debris remaining in the burn zones and surrounding areas. These conditions are or will likely be beyond the control of the resources of the County and require the combined forces of other political subdivisions and the ongoing need for federal and/or State financial assistance. To the extent which departments continue to engage in essential emergency-related activities that are dependent on the local health emergency remaining in effect; and

WHEREAS, there continues to be conditions of disaster or of extreme peril to the safety of persons and property arising from the January 2025 Critical Fire Events in the County, and to mitigate the risks to health created by the fires and post-fire health hazards, which include the presence of extensive amounts of common household items burned in the wildfires that created contaminated ash and fire debris, must be removed, transported, and disposed of from properties in accordance with federal and State standards, which is an on-going effort; and

WHEREAS, Health and Safety Code Section 101080 and Chapter 2.68 of the Los Angeles County Code requires the Board to review the need for a declared local health emergency to remain in effect at least once every 30 days, until it is terminated by the Board at the earliest possible date that conditions warrant; and

WHEREAS, the Board has reviewed the need to continue the local emergency for the January 2025 Critical Fire Events, which was already ratified on January 14, 2025, and continued thereafter; and

WHEREAS, the Board determines that there continues to exist conditions of disaster or of extreme peril to the health and safety of people arising from the local health emergency for the January 2025 Critical Fire Events such that continuation of this local health emergency is warranted.

NOW, THEREFORE, BE IT RESOLVED AND ORDERED by the Board of Supervisors of the County of Los Angeles that the local health emergency due to the January 2025 Critical Fire Events in the County continues to exist and is hereby extended for thirty (30) additional days, unless sooner terminated by the Board.

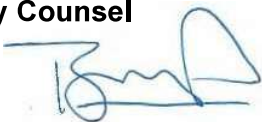
The foregoing resolution was on the *7th* day of *October 2025*, adopted by the Board of Supervisors of the County of Los Angeles and ex officio the governing body of all other special assessment and taxing districts, agencies and authorities for which said Board so acts.

EDWARD YEN
Executive Officer
Board of Supervisors

By _____
Deputy

APPROVED AS TO FORM:

DAWYN R. HARRISON
County Counsel

By  _____
BLAINE D. McPHILLIPS
Senior Deputy County Counsel
Health Services Division

MOTION BY SUPERVISOR JANICE HAHN

AGENDA NO.
September 30, 2025

Contracting for State Hospital Beds

The Department of State Hospitals (DSH) manages California's state hospitals in Atascadero, Coalinga, Metropolitan, Napa, Patton, and Sacramento, providing counties access to specialized mental health services. To meet the needs of Los Angeles County residents, the Department of Mental Health (DMH) provides access to a continuum of residential treatment settings. DSH facilities are a vital part of that continuum, primarily serving the treatment needs of relatively high acuity conserved patients needing long-term care.

Welfare and Institutions Code (WIC) Section 17601 requires cities and counties to reimburse the State for their use of State hospital beds. WIC Sections 4330 through 4335 allow counties, including those counties acting jointly, to contract with the DSH for use of State hospital facilities. Under California Government Code Section 6500 et seq, the California Mental Health Services Authority (CalMHSA) is a Joint Powers Authority formed in 2009 to jointly develop and fund mental health programs on a Statewide, regional, and local basis.

On May 11, 2010, the Board authorized the DMH to sign the CalMHSA Joint Exercise of Powers Agreement in order to exercise powers jointly with other participating CalMHSA members, which currently includes 58 counties, including Los Angeles County. Through this agreement, CalMHSA has helped counties reduce administrative overhead by centralizing compliance with State reporting requirements, negotiating cost-effective rates with subcontractors, and maximizing group purchasing power for products and services. CalMHSA also provides a mechanism for counties to jointly develop requests

for proposals, establish contracts with providers, and achieve mutual goals.

In addition, CalMHSA facilitates the development of annual joint purchase agreements with DSH for statewide utilization of State hospital beds, and is responsible for fiscal accountability, ensuring quality of care, and supporting the development of alternative placements. CalMHSA has recently negotiated a new Purchase of State Hospital Beds Memorandum of Understanding (MOU) with DSH for Fiscal Years (FYs) 2025-26 and 2026-27. The new MOU outlines the responsibilities of CalMHSA, DMH, and DSH; covered hospital services; admission and discharge procedures; bed rates; and other terms and conditions.

It is not unusual for State-related agreements to be submitted late to the County due to the coordination required in the negotiations between CalMHSA and DSH regarding bed rates and MOU terms. As such, DMH received the Participation Agreement extension amendment and the new MOU from the State after the intended execution date. To allow for execution of the new MOU, the term of the CalMHSA Participation Agreement must be amended to extend through June 30, 2027. Execution of both the Participation Agreement amendment and the new MOU will ensure DMH's continued access to State hospital beds.

Both the Participation Agreement amendment and the new MOU have been reviewed and approved as to form by County Counsel. In order to access the State hospital beds in the DSH facilities, this contract must be executed. Given the scale and scope of the mental health crisis in Los Angeles County, it is vital to act urgently to sign and execute the Participation Agreement amendment and MOU with CalMHSA for access to DSH facilities and beds. The Director of Mental Health continues to serve on

CalMHSA's Board of Directors but is not compensated and does not benefit financially from that role, and did not participate in the approval process for the agreement amendment or the MOU.

I, THEREFORE, MOVE that the Board of Supervisors:

1. Approve and authorize DMH's Chief Deputy Director (Chief Deputy Director), or designee, to sign the Purchase of State Hospital Beds MOU (Attachment I) with DSH and CalMHSA for Fiscal Years (FYs) 2025-26 and 2026-27, effective July 1, 2025 through June 30, 2027, to purchase and utilize State hospital beds at rates negotiated by CalMHSA. There is no cost associated with the MOU. The FY 2025-26 Final Adopted Budget for State hospital bed usage, totaling \$78.9 million, is fully funded by Sales Tax Realignment revenue;
2. Approve and authorize the Chief Deputy Director, or designee, to sign and execute an amendment to the sole source Participation Agreement (Attachment II) with CalMHSA to continue participation in the State Hospitals Program. The Participation Agreement authorizes CalMHSA to negotiate and contract DSH on behalf of participating counties for the procurement of State hospital beds. The term of the CalMHSA Participation Agreement amendment is effective July 1, 2025 through June 30, 2026, with an option to extend for one additional FY, through June 30, 2027. The CalMHSA Participation Agreement is fully funded by Sales Tax Realignment revenue with an annual Total Contract Amount (TCA) of \$298,626 for FY 2025-26. The TCA of the Participation Agreement with CalMHSA does not include the cost of State hospital beds;
3. Delegate authority to the Chief Deputy Director, or designee, to prepare, sign, and execute amendments to the MOU in Recommendation 1 and/or execute future MOUs

through June 30, 2030 to ensure continuous utilization of State hospital beds on terms negotiated by CalMHSA, provided the amendments and future MOUs will be subject to prior review and approval as to form by County Counsel, with written notice to the Board and Chief Executive Officer (CEO);

4. Delegate authority to the Chief Deputy Director, or designee, to prepare, sign and execute amendments or modifications to the Participation Agreement in Recommendation 2 and/or execute future Participation Agreements with CalMHSA through June 30, 2030, including amendments that extend the term; add, delete, modify, or replace Exhibit A – Program Description and Funding; reflect federal, State and County regulatory and/or policy changes; and increase the TCA provided that sufficient funds are available to continue participation in the State Hospitals Program. These amendments will be subject to prior review and approval as to form by County Counsel, with written notice to the Board and CEO; and
5. Delegate authority to the Chief Deputy Director, or designee, to terminate the MOU described in Recommendation 1 and/or terminate the Participation Agreement described in Recommendation 2. The Chief Deputy Director, or designee, will notify the Board and CEO in writing of such termination action.

#

JH:kc

DMH Contracting Health Cluster

September 3, 2025



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

▶▶ Health Plan Provider Network Contracting

- DMH operates the Mental Health Plan for covered specialty mental health services for MC members. DMH also provides services for uninsured.
- DMH has different types of contracts to support the MHP/Department, such as:
 - ◀ Legal Entity agreements
 - ◀ 24-hour, inpatient, and FFS contracts
 - ◀ Master Agreements
- DMH/MHP forecasts the need and then contracts with third parties to ensure that resources are available to meet the need. DMH forecasts anticipated need for services and opens or closes solicitations based on those forecasts to ensure that contracted services are available as needed.
 - ◀ For example: 24-hour contracts have been designed as an open/continuous RFA to ensure growth of the treatment bed network; while outpatient services has not been open because we did not have a need (*met network adequacy*).
 - ◀ As we transition into BHSA and BH-CONNECT, DMH will open solicitation opportunities for new MC services to meet the projected need of its members.

▶▶ Pathway to Contracts

- As DMH puts out solicitations for various services, vendors will have an opportunity to apply. When/if solicitations are posted all requirements and instructions to submit a response are included. All solicitations come with their own requirements and instructions.
- Solicitations: DMH publicly posts open solicitations for funded and unfunded contracts on DMH and ISD public facing websites.
- Timeline: Solicitations are posted on a flow basis, based on the needs of the Department and funding availability. Each solicitation follows the County's guidelines on timelines and contains the submission timelines within the solicitation documents.

▶▶ MHSA to BHSA Contracting

- In addition to running the MHP, DMH also oversees MHSA/BHSA funding.
- Historically, there have been providers who have qualified to provide services for DMH under a MHSA Master Agreement (MA).
- Under new rules for BHSA, all services will be MC eligible and moving to MC contracts. For non-MC services, there will be a new BHSA MA.
 - ◀ The MA is where most of our prevention providers have been contracted.

▶▶ Pathway for Prevention or Non Medi-Cal services Contracts (*MHSA to BHSA*)

- There is no more prevention funding to the County under BHSA.
- Existing prevention providers that provide *qualifying* early intervention services may transition over to an early intervention contract.
- DMH will secure technical assistance and support for the eligible providers to help them with the transition.
- DMH will close the MHSA Master Agreement list. The BHSA Master Agreement list will only include programs and services that qualify for BHSA funding.
- Providers interested in becoming legal entity providers will receive guidance on obtaining a Legal Entity Agreement.