Board of Supervisors

Health and Mental Health Cluster Agenda Review Meeting

DATE: October 14, 2026
TIME: 11:30 a.m. – 1:30 p.m.
MEETING CHAIR: Jazmine Garcia-Delgadillo, 1ST Supervisorial District
CEO MEETING FACILITATOR: Kieu-Anh King/Gustavo Medrano

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: 330 628 704# or click here on a smartphone:
Tel:+13237766996,,330628704#

Click here to join the meeting on Microsoft Teams

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

Para solicitar interpretación al español, por favor envíen un correo electrónico con al menos 48 horas de anticipación a la reunión a ClusterAccommodationRequest@bos.lacounty.gov

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. One (1) minute is allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

I. Call to order

II. **Board Motion:**

a. **SD 2:** Preserving HIV Prevention Capacity in Los Angeles County

III. **Information Item (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices)**:

a. DPH: Approval to Execute 67 Sole Source Amendments to HIV and STD Prevention Services Agreements to Extend the Term through May 31, 2027 (08872)

IV. **Presentation Item:**

a. LAHS: Authorization to Accept a Grant Award from the California Department of Health Care Access and Information for the Medi-Cal Behavioral Health Recruitment and Retention Program
Speakers: Helen Sarkisyan, Manager, Contracts and Grants and Jacqueline Yu, Specialty Mental Health Services Director

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

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

VII. Public Comment

VIII. Adjournment

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

AGN. NO.

MOTION BY SUPERVISOR HOLLY J. MITCHELL October 20, 2026

Preserving HIV Prevention Capacity in Los Angeles County

For the past three decades, the federal Centers for Disease Control and Prevention (CDC) has invested in community-based HIV prevention as an essential complement to the work of State and local health departments. Beginning in 1996, CDC funding supported HIV testing, health education, and risk-reduction services in jurisdictions heavily impacted by HIV, including Los Angeles County (County). Over time, these investments expanded to include linkage to care, biomedical HIV pre- and post-exposure prophylaxis (PrEP and PEP), training, social marketing and capacity-building interventions.

Initially, CDC awarded HIV prevention cooperative agreements to states and a limited number of large urban jurisdictions most affected by the epidemic. Over time, CDC expanded its funding to additional State and local health departments, while also providing direct grants to nearly 100 community-based organizations (CBOs) nationwide. In federal fiscal year 2024, CDC awarded $40 million in core funding to 96 CBOs and their clinical partners, as well as an additional $14 million to 36 CBOs conducting targeted HIV prevention activities in disproportionately impacted communities. These direct federal investments complement HIV prevention services funded by the State and County, helping to sustain a critical network of community-based providers.

- MORE -

MOTION

MITCHELL _____

HORVATH _____

HAHN _____

BARGER _____

SOLIS _____

Rather than recompeting these CBO funding programs, CDC has begun shifting resources through State and local health departments. On July 14, 2026, CDC issued updated supplemental guidance for PS24-0047, which is the CDC's Notice of Funding Opportunity for High-Impact HIV Prevention and Surveillance Programs for health departments. This funding mechanism sets the rules and resources for how health departments nationwide carry out core HIV prevention and surveillance activities. The updated guidance announced noncompetitive supplemental funding for health department recipients. Under this approach, instead of continuing direct CBO awards, CDC intends to establish a supplemental pool of funding for which health departments may apply and, at their discretion, allocate resources to CBOs. This change could result in fewer resources than under the current direct funding model and would likely end the longstanding practice of CBOs receiving HIV prevention funding directly from CDC. The supplemental funding supports one-time expansions of HIV testing, surveillance improvements, and PrEP and PEP activities from June 1, 2026, through May 31, 2027. The Department of Public Health (DPH) received its supplemental award on September 11, 2026. The timing of the award, coupled with the fact that the supplemental funding was not initially intended to replace funding for formerly CDC-funded CBOs, has created challenges in determining how best to program these resources while preserving continuity of critical HIV prevention services.

To mitigate the risk of service disruptions, DPH intends to invest a portion of its High-Impact HIV Prevention and Surveillance supplemental funding in local CBOs that had previously been funded directly by CDC. This investment is intended as a temporary bridge, not a permanent replacement for federal CBO funding, to preserve critical HIV prevention capacity and maintain continuity of services while DPH conducts a competitive resolicitation of its broader HIV prevention portfolio. Bridge funding would continue through May 31, 2027, with new contracts anticipated to begin June 1, 2027, coinciding with the next CDC HIV Prevention Cooperative Agreement period for the County.

Maintaining this community-based infrastructure is particularly important given the growing intersection between HIV and homelessness in the County. Recent local

surveillance data indicate that the HIV rate among people experiencing homelessness increased from 23 per 100,000 in 2020 to 32 per 100,000 in 2024, a 39 percent increase. Among approximately 1,560 County residents newly diagnosed with HIV in 2024, 16 percent reported experiencing homelessness during the previous 12 months, compared with 11 percent in 2020. This represents a 45 percent increase in the proportion of newly diagnosed residents reporting recent homelessness. Many clients served by the programs proposed for bridge funding are themselves experiencing homelessness or are at risk of losing their housing.

Allowing these community-based services to lapse during the transition in federal funding could create a significant service gap at a time when the populations they serve are experiencing increasing vulnerability. Maintaining CBO capacity through May 2027 will help preserve access to HIV testing, PrEP and PEP, linkage to care, and other essential prevention services, while providing the County with sufficient time to establish a sustainable, competitively procured HIV prevention network for the next funding cycle.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Delegate authority to the Director of the Department of Public Health (DPH), or designee, to enter into nine new HIV prevention sole-source contracts, up to a total maximum obligation of $2,167,761, effective upon execution approval through May 31, 2027, utilizing Centers for Disease Control and Prevention (CDC) High-Impact HIV Prevention and Surveillance supplemental funds awarded to DPH on September 11, 2026. This authority includes permission for DPH to:
    a. Waive the County of Los Angeles' (County) open competitive solicitation and bidding requirements, the requirement to comply with the County's Sole Source Policy, and any other applicable County contracting requirements;
    b. Reallocate funds between contract budgets;
    c. Increase or decrease in funding above or below the annual base maximum obligation, based on the availability of federal resources, effective upon execution of an amendment; and
    d. Execute change notices to the contracts to:
        i. Authorize modifications to the budget with corresponding modifications

to the statement of work and/or scope of work, that are within the same scope of services, as necessary;

ii. Make modifications to Contractor's or County's administration;

iii. Change hours of operation and/or service locations; and

iv. Immediately suspend or terminate any contract upon written notice to the contractor for failure to perform and/or fully comply with contractual requirements, and terminate any contract for convenience, including cancellation without cause and/or in response to federal, State, or County budget reductions, upon written notice to the contractor, subject to review and approval by County Counsel and notification to the Board of Supervisors and Chief Executive Officer.

2. Delegate authority to the Director of DPH, or designee, to amend any of the 67 currently existing DPH funded HIV prevention service contracts listed in Attachment A, to add additional High-Impact HIV Prevention and Surveillance funding at any amount, as needed, to support expanded services. This authority will extend from the effective date of execution through November 30, 2026, and is subject to review and approval by County Counsel, and notification to the Board of Supervisors and the Chief Executive Officer.

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ATTACHMENT A

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
HIV AND STD PREVENTION SERVICES

No.	Contractor Name	Contract No.	Service Planning Area (SPA) Served	Supervisorial District Served
HIV TESTING (HTS) - STOREFRONT (STF)				
1	AIDS Healthcare Foundation	PH-004093	4	1, 3, & 5
2	Bienestar Human Services, Inc.	PH-004097	2, 3 , 4, 6, & 7	1, 2, & 3
3	Charles R. Drew University of Medicine & Science	PH-004098	6	2
4	Children's Hospital of Los Angeles	PH-004099	4, 6, & 8	1, 2, & 3
5	East Valley Community Health Center, Inc.	PH-004101	3	1
6	El Proyecto del Barrio, Inc.	PH-004102	2	3
7	JWCH Institute, Inc.	PH-004104	1, 4, & 7	1, 4, & 5
8	Los Angeles LGBT Center	PH-004106	4	1 & 3
9	Tarzana Treatment Centers, Inc.	PH-004109	1 & 2	3 & 5
10	The Wall Las Memorias Project	PH-004110	4 & 8	1 & 4
11	Venice Family Clinic	PH-004111	5	3
TOTAL HTS - STF = 11				
No.	**Contractor Name**	**Contract No.**	**SPA Served**	**Supervisiorial District Served**
HIV TESTING (HTS)- SOCIAL AND SEXUAL NETWORKS (SSN)				
12	Bienestar Human Services, Inc.	PH-004114	2, 3, 4, 6, & 8	1, 2, 3, & 4
13	Charles R. Drew University of Medicine & Science	PH-004115	4 & 6	1 & 2
14	Los Angeles LGBT Center	PH-004121	4	3
15	Realistic Education in Action Coalition to Foster Health d.b.a. REACH LA	PH-004122	4	1
16	St. John's Well Child & Family Center	PH-004123	6	2
TOTAL HTS - SSN= 5				
HIV TESTING & SYPHILIS TESTING IN COMMERICAL SEX VENUES (CSV)				
17	JWCH Institute, Inc.	PH-004125	2 & 4	1, 2, 3, 4 & 5
TOTAL HTS - CSV = 1				
COMPREHENSIVE HIV AND STD TESTING AND STD TREATMENT IN THE CITY OF LONG BEACH (CHSTST-LB)				
18	AIDS Healthcare Foundation	PH-003778	8	4
19	One in Long Beach, d.b.a. The Center	PH-003781	8	4
TOTAL HIV/STD-LB =2				

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
HIV AND STD PREVENTION SERVICES

No.	Contractor Name	Contract No.	Service Planning Area (SPA) Served	Supervisorial District Served
STD, SCREENING, DIAGNOSIS AND TREATMENT SERVICES (STD-STDS)				
20	AIDS Healthcare Foundation	PH-004126	6	2
21	Central City Community Health Center	PH-004128	6	2
22	Children's Hospital of Los Angeles	PH-004129	4 & 6	2 & 3
23	JWCH Institute, Inc.	PH-004131	1, 4, & 7	1, 4, & 5
24	Los Angeles LGBT Center	PH-004132	4	3
25	Northeast Valley Health Corporation	PH-004133	2	3
26	Tarzana Treatment Centers, Inc.	PH-004134	2	3
27	Watts Healthcare Corporation	PH-004135	6	2
TOTAL STD-SDTS = 8				
SEXUAL HEALTH EXPRESS CLINICS (SHEx-C)				
28	AIDS Healthcare Foundation	PH-004155	4	3
29	APLA Health & Wellness	PH-004156	6	2
30	Men's Health Foundation	PH-004158	4 & 6	2 & 3
TOTAL SHEx-C=3				
STD INFERTILITY PREVENTION PROJECT (STD-IPP)				
31	Essential Access Health	PH-000749	6	2
TOTAL STD IPP = 1				

No.	Contractor Name	Contract No.	SPA Served	Supervisiorial District Served
HIGH IMPACT HIV PREVENTION (HIHP)				
32	APLA Health & Wellness	PH-001026	4 & 6	2 & 3
33	Asian American Drug Abuse Program, Inc.	PH-001027	6 & 8	2 & 4
34	Being Alive People w/HIV/AIDS Coalition	PH-001028	2, 4, & 5	3
35	Bienestar Human Services	PH-001029	2,3,4,6,7 & 8	1 through 5
36	East Los Angeles Women's Center	PH-001035	4 & 7	1
37	Tarzana Treatment Centers, Inc.	PH-001047	1	5
38	Tarzana Treatment Centers, Inc.	PH-001062	2 through 8	1,2,3, & 4
TOTAL HIHP =7				

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
HIV AND STD PREVENTION SERVICES

BIOMEDICAL HIV PREVENTION (BHP)- MASTER AGREEMENTS				
39	APLA Health & Wellness	PH-003079	N/A	N/A
40	Children's Hospital Los Angeles	PH-003081	N/A	N/A
41	City of Long Beach Department of Health & Human Services	PH-003082	N/A	N/A
42	Dignity Health d.b.a. St. Mary's Medical Center	PH-003083	N/A	N/A
43	JWCH Institute, Inc.	PH-003084	N/A	N/A
44	Los Angeles LGBT Center	PH-003085	N/A	N/A
45	Men's Health Foundation	PH-003078	N/A	N/A
46	Northeast Valley Health Corporation	PH-003086	N/A	N/A
47	St. John's Community Health	PH-003087	N/A	N/A
48	Tarzana Treatment Centers, Inc.	PH-003088	N/A	N/A
49	Via Care Community Health Center	PH-003898	N/A	N/A
50	Watts Health Care Corporation	PH-003973	N/A	N/A
TOTAL BHP MASTER AGREEMENTS = 12				
BHP MASTER AGREEMENT WORK ORDERS				
51	APLA Health & Wellness	PH-003079-W3	4, 6, & 8	2, 3, & 4
52	Children's Hospital Los Angeles	PH-003081-W3	4	3
53	City of Long Beach Department of Health & Human Services	PH-003082-W3	8	4
54	Dignity Health d.b.a. St. Mary's Medical Center	PH-003083-W3	8	4
55	JWCH Institute, Inc.	PH-003084-W3	1, 3, 4, 6, & 7	1, 3, 4, & 5
56	Los Angeles LGBT Center	PH-003085-W3	4	3
57	Men's Health Foundation	PH-003078-W3	4, 6, & 8	2 & 3
58	Northeast Valley Health Corporation	PH-003086-W2	2	3
59	St. John's Community Health	PH-003087-W2	6	2
60	Tarzana Treatment Centers, Inc.	PH-003088-W3	2	3
61	Via Care Community Health Center	PH-003898-W2	7	1
62	Watts Health Care Corporation	PH-003973-W2	6	2
TOTAL BHP MASTER AGREEMENT WORK ORDERS =12				
PROMOTING HEALTHCARE ENGAGEMENT AMONG AT-RISK POPULATION (PHEARP)				
63	Bienestar Human Services, Inc.	PH-003440	6 & 8	2 & 4
64	In the Meantimes Men's Group, Inc.	PH-003438	4 & 6	1,2, & 3
65	Los Angeles LGBT Center	PH-003437	4 & 6	1,2, & 3
66	Los Angeles LGBT Center	PH-003441	4 & 6	1, 2, & 3
67	Men's Health Foundation	PH-003439	6 & 8	2
TOTAL PHEARP CONTRACTS = 5				
GRAND TOTAL OF ALL CONTRACTS = 67				

COUNTY OF LOS ANGELES
Public Health

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BOARD OF SUPERVISORS

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November 10, 2026

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

Dear Supervisors:

APPROVAL TO EXECUTE 67 SOLE SOURCE AMENDMENTS TO HIV AND STD PREVENTION SERVICES AGREEMENTS TO EXTEND THE TERM THROUGH MAY 31, 2027
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Request approval to execute amendments to 67 sole source HIV and STD Prevention Services agreements to extend the term through May 31, 2027, and delegated authority to extend the term for up to seven additional months, as needed, through December 31, 2027.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and instruct the Director of the Department of Public Health (Public Health), or designee, to execute sole source amendments to 67 HIV and STD Prevention Services agreements, substantially similar to Exhibits I through VI, with contractors identified in Attachment A, to extend the term through May 31, 2027, at a total maximum obligation of $6,316,454, 100% funded by the Centers for Disease Control and Prevention (CDC) High Impact HIV Prevention and Surveillance (HIHPS) funds, Non-Drug Medi-Cal (NDMC) funds through the Bureau of Substance Abuse Prevention and Control (SAPC), Future of Public Health (FoPH) funds, and departmental resources. These sole source amendments cover the following 43 agreements: STD Screening, Diagnosis, and Treatment Services (STD-SDTS); STD Sexual Health Express Clinic (SHEx-C) Services; HIV Testing Services (HTS); Comprehensive HIV and STD Testing and STD Treatment Services in the City of Long Beach (HTS-STD LB); HIV/STD Screening Services in Commercial Sex

Venues (CSV); STD Infertility Prevention Project (STD IPP) Services; Promoting Healthcare Engagement Among At-Risk Populations (PHEARP) Services; and High Impact HIV Prevention (HIHP) Services, 12 Master Agreements (MA) and 12 Master Agreement Work Orders (MAWO) for Biomedical HIV Prevention (BHP) Services.

2. Delegate authority to the Director of Public Health, or designee, to execute amendments to the agreements that: a) extend the term up to seven additional months, as needed, through December 31, 2027, at amounts determined by the Director of Public Health, contingent upon the availability of funds and contractor performance; b) allow the rollover of unspent funds, if allowable by the grantor; c) allow reallocation of funds between budgets; d) provide an increase or decrease in funding above or below the annual base maximum obligation based on the availability of federal, State, and/or County resources, effective upon amendment execution; e) update the statement of work and/or scope of work, as necessary; and f) correct or update the agreements' terms and conditions, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).

3. Delegate authority to the Director of Public Health, or designee, to execute change notices to the agreements that: a) authorize modifications to the budget with corresponding modifications to the statement of work and/or scope of work, that are within the same scope of services, as necessary; b) make modifications to contractor or County administration; and c) make changes to hours of operation and/or service locations.

4. Delegate authority to the Director of Public Health, or designee, to immediately suspend or terminate any agreement upon issuing a written notice to the contractor if the contractor fails to perform and/or fully comply with contractual requirements and terminate any contract for convenience, including cancellation without cause and in response to federal, State, or County budget reductions by providing prior written notice to the contractor, subject to review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Los Angeles County (LAC) continues to experience the second largest HIV epidemic and among the largest STD epidemic in the United States. The prompt identification and treatment of persons with HIV and STD remains a public health priority. Community-based HIV and STD service providers are needed to facilitate access to high quality, client-centered HIV services with the goal of decreasing the impact of HIV and STD occurrence in LAC and addressing health disparities and inequities among sub-populations disproportionately impacted by these infections.

HTS, HTS-STD LB, and CSV Services

HTS provides HIV testing in storefront locations to individuals at high risk for HIV infection, as well as HIV risk assessment and counseling sessions for clients requiring more intense intervention. HTS also provides social and sexual network-based HIV testing to individuals at high risk for HIV infection by enlisting HIV-positive or HIV-negative high-risk persons from the community who are able and willing to recruit individuals at risk for HIV infection

from their social, sexual, or drug-using networks. HTS-STD LB services target individuals at high risk for HIV and STD infection within the city limits of Long Beach, with a focus on populations with a high burden of HIV and STD infection. CSV-based services provide HIV and syphilis testing at establishments that charge patrons or members a fee for admission or membership and are venues where sexual activity is permitted.

STD-SDTS, STD SHEx-C, and STD IPP Services

STD-SDTS serves individuals at high risk of infection by providing onsite treatment for individuals diagnosed with one or more STD(s), linkage to medical care for individuals diagnosed with HIV infection, Patient-Delivered Partner Therapy (PDPT), and education and referral to appropriate biomedical prevention programs.

STD SHEx-C services provide the same STD-SDTS but in a clinic setting designed for expedited services to reach more individuals.

STD IPP includes STD prevention and control services within LAC and South Los Angeles, in particular. Services include technical assistance and training for clinics, targeted community-based social marketing and outreach, and community engagement. STD IPP also supports expanded and enhanced case finding and treatment through continuation of the community-based public health investigation model utilizing a community-embedded disease intervention specialist, and the delivery of PDPT for chlamydia and gonorrhea control, including expansion of PDPT to new partner clinics.

HIHP Services

HIHP services provide education, awareness, and skill-building activities to increase knowledge about HIV risk behaviors, decrease the frequency of those behaviors, and ensure that individuals living with HIV reduce the probability of transmitting HIV to others.

HIHP services also link people at high risk for HIV, or people of unknown HIV status to available HIV counseling and testing services, medical care, Pre-Exposure Prophylaxis (PrEP), and Post-Exposure Prophylaxis (PEP) services.

PHEARP

HIV and STD prevention services to be provided under these contracts are intended to be holistic and address the social determinants of Health (SoDH) as a prevention strategy in order to improve the overall health and well-being of people at high-risk for HIV and STD in an effort to increase the likelihood that they will remain HIV negative and STD-free.

BHP Services

BHP services include PrEP, PEP, and biomedical prevention tools intended for targeting HIV-negative persons at high risk of acquiring HIV infection. PrEP treatment guidelines require the daily oral antiretroviral medication to be taken on a continuous basis to significantly reduce an individual's overall risk of HIV acquisition. PEP is also a biomedical prevention approach for HIV-negative persons, but it is taken after high-risk HIV exposure.

PEP is comprised of a 28-day course of antiretroviral medication taken to reduce the chance of becoming HIV positive.

Approval of Recommendation 1 will allow Public Health to execute amendments to the existing agreements with the contractors identified in Attachment A, to extend the term for the continuation of critical HIV and STD prevention services to residents of LAC.

In addition, approval of Recommendation 1 will allow for services to continue while Public Health prepares to resolicit these services.

On December 3, 2024, Public Health released a Request for Proposals (RFP) to solicit proposals from qualified agencies to provide Prevention Services comprised of Clinic-Based Services (Category 1), Non-Clinic Based Services (Category 2), and HIPP (Category 3), replacing the current HIV and STD Services referenced above, except for STD IPP, which was not included as a category in the RFP, but remains part of the current STD services as a specialty component. Proposers were required to apply to Category 1 or 2 to be eligible to apply for Category 3. Successful proposers from this solicitation would have provided HIV and STD Prevention Services to replace the current agreements referenced above, except for STD IPP Services.

Due to delays in receiving federal funding from the CDC and reductions in local departmental funds available to the Division of HIV and STD Program to support HIV and STD prevention services, Public Health notified proposers in May 2025 that the selection and recommendation process had been paused. This action was necessary because funding for new agreements scheduled to begin July 1, 2025, could not be guaranteed.

Consequently, Public Health utilized its delegated authority to extend existing HIV and STD Services agreements through December 31, 2025. Due to the continued budget uncertainty, Public Health further extended these agreements through Board approval on December 2, 2025, for the period effective January 1, 2026, through May 31, 2026. This approval included delegated authority to extend these agreements for six additional months through November 30, 2026, which Public Health subsequently exercised. Because federal funding for HIV prevention services remained uncertain and the availability of alternate funding sources was still unclear, Public Health canceled the solicitation in May 2026 and notified all proposers.

Although there is still uncertainty beyond May 31, 2027, Congress passed a Continuing Resolution in August 2026 which allows for current funding levels for federal grant recipients to continue through December 2026. We expect Congress to continue this resolution again in December 2026 if there is not an approved Congressional budget passed. Public Health has not received any indication from CDC regarding discontinuation of funding that support these services.

Public Health is currently revising and refining a new solicitation for HIV and STD Prevention Services. Therefore, Public Health is requesting to further extend these 67 agreements an additional six months through May 31, 2027.

Approval of Recommendations 2 and 3 will allow Public Health to execute amendments to the current agreements to extend the term; rollover unspent funds; reallocate funds between budgets; increase or decrease funding above or below the annual base maximum obligation; update the statement of work and/or scope of work as necessary; correct or update the agreements' terms and conditions; execute change notices to the agreements that authorize modifications to the budget with corresponding modifications to the statement of work and/or scope of work, modify administration and/or changes to hours of operation and/or service locations.

Approval of Recommendation 4 will allow Public Health to immediately suspend or terminate any agreement if a contractor fails to perform and/or fully comply with contractual requirements, and to terminate any agreement for convenience, including cancellation without cause and in response to federal, State, or County budget reductions, by providing prior written notice to the contractor.

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan North Star 2 – Foster Vibrant and Resilient Communities, Focus Area A – Public Health, Strategy 1 – Population Based Health and Focus Area E-Economic Health, Strategy 1 – Community-Based Institutions & Organizations and Strategy 4 – Disadvantaged Communities.

FISCAL IMPACT/FINANCING

The total maximum obligation of the recommended HIV and STD Prevention Services amendments as detailed in Attachment A is $6,316,454 for the period of December 1, 2026 through May 31, 2027, consisting of $1,565,194 for HTS, $80,000 for CSV, $1,706,455 for STD-SDTS, $683,149 for STD SHEx-C, $213,334 for HTS-STD LB, $367,876 for HIHP, $732,534 for BHP, $752,500 for PHEARP, and $215,412 for STD IPP, 100% funded by the CDC HIHPS, NDMC through SAPC, FoPH funds, and existing departmental resources.

Current funding levels are included in Public Health's fiscal year (FY) 2026–27 Final Adopted Budget. Any changes to funding levels for future FYs will be updated, as necessary.
There is no additional net County cost associated with these actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

County Counsel has reviewed and approved Exhibits I through VI as to form. Attachment A is a list of the contractors whose agreements are being extended.

As required by Board Policy 5.100, your Board was notified on August 10, 2026, of Public Health's intent to extend the term of 67 HIV and STD prevention agreements as sole source. The six-month advance notification was delayed as Public Health was awaiting confirmation that sufficient resources were available to support the requested six-month extension. Historically, Public Health has relied on federal, State, and local departmental funds to support HIV and STD services. However, due to delays in receipt of federal

funding and uncertainty around local departmental funding, Public Health had to undergo a lengthy review and analysis of current FY commitments to confirm funding availability beyond the current expiration date of May 31, 2026. To avoid disruption in services, Public Health engaged in weekly budget exercises to ensure expenditures and encumbrances through June 30, 2026, could be finalized. In addition, efforts were focused on the extension of services effective June 1, 2026, through November 30, 2026.

As required by Board Policy 5.120, on August 10, 2026, your Board was notified of Public Health's intent to request delegated authority to increase or decrease the annual maximum obligation beyond the standard 10% for HIV and STD prevention services.

On June 1, 2026, the CDC released Notice of Funding Opportunity Number CDC-RFA-PS-24-0047, a non-competitive supplemental guidance on the availability of additional funding only for health departments currently funded by the CDC for High-Impact HIV Prevention and Surveillance (HIHPS) activities. The supplemental funding is to support activities for the current grant budget term of June 1, 2026, through May 31, 2027, and requires recipients to implement activities to expand HIV testing and improve HIV surveillance data reporting. Health departments that also receive Ending the HIV Epidemic (EHE) funding are required to implement expanded and/or enhanced PrEP activities that incorporate elements to increase non-occupational HIV PEP and Doxycycline PEP awareness and use. Recipients are also required to submit budgets to the CDC based on 25% of the current year's award and include a designated minimum of $100,000 to support surveillance activities and at least $250,000 to support PrEP activities. On September 11, 2026, Public Health received notification from the CDC of the supplemental award in the amount of $3,408,690. On October 8, 2026, I notified your Board that I was exercising delegated authority to accept those funds.

Given that the majority of Public Health's HIV and STD services are supported by CDC HIHPS funding, Public Health is requesting delegated authority from the Board to increase or decrease funding under the agreements detailed in Attachment A for the six-month renewal period ending May 31, 2027. This delegated authority to increase or decrease each agreement's base maximum obligation would allow Public Health to make necessary funding adjustments to use the additional federal resources. Public Health submitted a work plan to the CDC on June 2, 2026, in response to this funding; however, due to the anticipated non-renewal of several federal grants to local community-based organizations by the CDC, and final allocation to Public Health, the work plan and budget were revised and submitted to the CDC on October 6, 2026. The loss of funding for some providers for HIV and STD related activities will result in changes in staffing and program operations, which would require the investment of resources beyond the standard 10% delegated authority level. In addition, funding modifications are likely to go beyond the 10% level because the recommended renewal term is only for six months (to coincide with the end of the current HIHPS term). Therefore, an increased delegated authority will eliminate the need for multiple Board approvals and maximize the flexibility to invest the supplemental funding.

This recommendation has no impact on net County cost, as any increases to agreements will be 100% funded by federal resources. Public Health will continue to seek County

Counsel review and approval of all delegated authority actions, with notification to your Board and the CEO.

Attachment B is the sole source checklist for the 67 HIV and STD Prevention Services agreements signed by the CEO.

CONTRACTING PROCESS

Since the original award and execution of the 67 agreements, multiple amendments have been executed, including term extensions, adjustments to funding allocations, and revisions to the statements of work and scopes of work.

HTS, HIHP, BHP, CSV, HTS-STD LB, STD-SDTS, STD SHEx-C, STD IPP, and PHEARP

On December 2, 2025, your Board approved 67 amendments to extend the term of HTS, HIHP, BHP, CSV, HTS-STD-LB, STD-SDTS, STD SHEx-C, STD IPP, and PHEARP agreements from January 1, 2026 through May 31, 2026, and delegated authority to extend these agreements through November 30, 2026.

On May 21, 2026, Public Health exercised its delegated authority to extend 67 agreements through November 30, 2026.

Under this Board action, Public Health respectfully requests approval to extend the term of the 67 agreements through May 31, 2027, and delegated authority, as necessary, to further extend the agreements through December 31, 2027.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow Public Health to continue providing HIV and STD prevention services to help decrease HIV and STD infection and transmission rates in LAC, while revising and refining the solicitation process to establish new Prevention Services agreements.
Respectfully submitted,

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

BF:tr
#08872

Enclosures

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

ATTACHMENT A

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
HIV AND STD PREVENTION SERVICES

No.	Contractor Name	Contract No.	Extended Term Annual Maximum Obligation 6/1/26- 5/31/27	Service Planning Area (SPA) Served	Supervisorial District Served
HIV TESTING SERVICES (HTS) - STOREFRONT (STF)		**FUNDING SOURCE(S): [CDC HIHPS]**			
1	AIDS Healthcare Foundation	PH-004093	$ 164,762	4	3 & 5
2	Bienestar Human Services, Inc.	PH-004097	$ 102,667	2, 3 , 4, 6, & 7	1, 2, & 3
3	Charles R. Drew University of Medicine & Science	PH-004098	$ 102,667	6	2
4	Children's Hospital of Los Angeles	PH-004099	$ 80,556	4	2
5	East Valley Community Health Center, Inc.	PH-004101	$ 122,666	3	1
6	El Proyecto del Barrio, Inc.	PH-004102	$ 102,667	2	3
7	JWCH Institute, Inc.	PH-004104	$ 107,855	1, 4, & 7	1, 4, & 5
8	Los Angeles LGBT Center	PH-004106	$ 139,836	4	3
9	Tarzana Treatment Centers, Inc.	PH-004109	$ 148,278	1 & 2	3 & 5
10	The Wall Las Memorias Project	PH-004110	$ 102,667	4	1
11	Venice Family Clinic	PH-004111	$ 58,292	5	3
TOTAL HTS - STF = 11			**$ 1,232,913**		
HTS- SOCIAL AND SEXUAL NETWORKS (SSN)		**FUNDING SOURCE(S) [CDC HIHPS]**			
12	Bienestar Human Services, Inc.	PH-004114	$ 53,333	2, 3, 4, 6, & 8	1, 2, 3, & 4
13	Charles R. Drew University of Medicine & Science	PH-004115	$ 66,667	4 & 6	1 & 2
14	Los Angeles LGBT Center	PH-004121	$ 97,777	6	2
15	Realistic Education in Action Coalition to Foster Health d.b.a. REACH LA	PH-004122	$ 53,333	4	1
16	St. John's Community Health (formerly St. John's Well Child & Family Center)	PH-004123	$ 61,171	6	2
TOTAL HTS - SSN = 5			**$ 332,281**		
HIV TESTING & SYPHILIS TESTING IN COMMERCIAL SEX VENUES (CSV)		**FUNDING SOURCE(S) [CDC HIHPS]**			
17	JWCH Institute, Inc.	PH-004125	$ 80,000	2 & 4	2, 3, & 5
TOTAL HTS - CSV = 1			**$ 80,000**		
COMPREHENSIVE HIV AND STD TESTING AND STD TREATMENT IN THE CITY OF LONG BEACH (HIV/STD-LB)		**FUNDING SOURCE(S) [CDC HIHPS]**			
18	AIDS Healthcare Foundation	PH-003778	$ 106,667	8	4
19	One in Long Beach, d.b.a. The Center	PH-003781	$ 106,667	8	4
TOTAL HIV/STD-LB = 2			**$ 213,334**		

ATTACHMENT A

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
HIV AND STD PREVENTION SERVICES

No.	Contractor Name	Contract No.	Extended Term Annual Maximum Obligation 12/1/26- 5/31/27	Service Planning Area (SPA) Served	Supervisorial District Served
STD, SCREENING, DIAGNOSIS AND TREATMENT SERVICES (STD-STDS)		**FUNDING SOURCE(S) [NCC and FoPH]**			
20	AIDS Healthcare Foundation	PH-004126	$ 346,545	6	2
21	Central City Community Health Center, Inc.	PH-004128	$ 64,000	6	2
22	Children's Hospital of Los Angeles	PH-004129	$ 32,371	4 & 6	2 & 3
23	JWCH Institute, Inc.	PH-004131	$ 91,781	1, 4, & 7	1, 4, & 5
24	Los Angeles LGBT Center	PH-004132	$ 986,282	4	3
25	Northeast Valley Health Corporation	PH-004133	$ 73,476	2	3
26	Tarzana Treatment Centers, Inc.	PH-004134	$ 48,000	2	3
27	Watts Healthcare Corporation	PH-004135	$ 64,000	6	2
TOTAL STD-SDTS =8			**$ 1,706,455**		
SEXUAL HEALTH EXPRESS CLINICS (SHEx-C)		**FUNDING SOURCE(S) [NCC and FoPH]**			
28	AIDS Healthcare Foundation	PH-004155	$ 200,000	4	3
29	APLA Health & Wellness	PH-004156	$ 229,017	6	2
30	Men's Health Foundation	PH-004158	$ 254,132	4 & 6	2 & 3
TOTAL SHEx-C=3			**$ 683,149**		
STD INFERTILITY PREVENTION PROJECT (IPP)		**FUNDING SOURCES(S) [NCC and FoPH]**			
31	Essential Access Health	PH-000749	$ 215,412	6	2
TOTAL STD IPP = 1			**$ 215,412**		
HIGH IMPACT HIV PREVENTION (HIHP)		**FUNDING SOURCE(S) [CDC HIHPS AND NDMC]**			
32	APLA Health & Wellness	PH-001026	$ 80,700	4 & 6	2 & 3
33	Asian American Drug Abuse Program, Inc.	PH-001027	$ 75,000	6 & 8	2 & 4
34	Being Alive People w/HIV/AIDS Coalition	PH-001028	$ 39,256	4	3
35	Bienestar Human Services, Inc.	PH-001029	$ 75,000	2, 3, & 4	1 & 3
36	East Los Angeles Women's Center	PH-001035	$ 36,000	7	4
37	Tarzana Treatment Centers, Inc.	PH-001047	$ 25,920	1	5
38	Tarzana Treatment Centers, Inc.	PH-001062	$ 36,000	2 through 8	1, 2, 3, & 4
TOTAL HIHP =7			**$ 367,876**		

ATTACHMENT A

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
HIV AND STD PREVENTION SERVICES

No.	Contractor Name	Contract No.	Extended Term Annual Maximum Obligation 12/1/26- 5/31/27	Service Planning Area (SPA) Served	Supervisorial District Served
BIOMEDICAL HIV PREVENTION (BHP)- MASTER AGREEMENTS		**FUNDING SOURCE(S)**	**[NOT APPLICABLE- N/A]**		
39	APLA Health & Wellness	PH-003079	N/A	N/A	N/A
40	Children's Hospital Los Angeles	PH-003081	N/A	N/A	N/A
41	City of Long Beach Department of Health & Human Services	PH-003082	N/A	N/A	N/A
42	Dignity Health d.b.a. St. Mary's Medical Center	PH-003083	N/A	N/A	N/A
43	JWCH Institute, Inc.	PH-003084	N/A	N/A	N/A
44	Los Angeles LGBT Center	PH-003085	N/A	N/A	N/A
45	Men's Health Foundation	PH-003078	N/A	N/A	N/A
46	Northeast Valley Health Corporation	PH-003086	N/A	N/A	N/A
47	St. John's Community Health	PH-003087	N/A	N/A	N/A
48	Tarzana Treatment Centers, Inc.	PH-003088			
49	Via Care Community Health Center, Inc.	PH-003898	N/A	N/A	N/A
50	Watts Health Care Corporation	PH-003973	N/A	N/A	N/A
TOTAL BHP MASTER AGREEMENTS = 12					
BHP MASTER AGREEMENT WORK ORDERS		**FUNDING SOURCE(S)**	**[CDC HIHPS AND NDMC]**		
51	APLA Health & Wellness	PH-003079-W3	$ 65,067	4, 6, & 8	2, 3, & 4
52	Children's Hospital Los Angeles	PH-003081-W3	$ 27,733	4	3
53	City of Long Beach Department of Health & Human Services	PH-003082-W3	$ 17,067	8	4
54	Dignity Health d.b.a. St. Mary's Medical Center	PH-003083-W3	$ 58,133	8	4
55	JWCH Institute, Inc.	PH-003084-W3	$ 133,067	1, 3, 4, 6, & 7	1, 3, 4, & 5
56	Los Angeles LGBT Center	PH-003085-W3	$ 133,067	4	3
57	Men's Health Foundation	PH-003078-W3	$ 33,600	4, 6, & 8	2 & 3
58	Northeast Valley Health Corporation	PH-003086-W2	$ 48,533	2	3
59	St. John's Community Health	PH-003087-W2	$ 52,267	6	2
60	Tarzana Treatment Centers, Inc.	PH-003088-W3	$ 80,000	2	3
61	Via Care Community Health Center, Inc.	PH-003898-W2	$ 42,400	7	1
62	Watts Healthcare Corporation	PH-003973-W2	$ 41,600	6	2
TOTAL BHP MASTER AGREEMENT WORK ORDERS =12			**$ 732,534**		
PROMOTING HEALTHCARE ENGAGEMENT AMONG AT-RISK POPULATIONS(PHEARP)		**FUNDING SOURCE(S)**	**[CDC HIHPS AND NDMC]**		
63	Bienestar Human Services, Inc.	PH-003440	$ 175,000	6 & 8	2 & 4
64	In the Meantimes Men's Group, Inc.	PH-003438	$ 87,500	6	2
65	Los Angeles LGBT Center	PH-003437	$ 175,000	4 & 6	2 & 3
66	Los Angeles LGBT Center	PH-003441	$ 256,667	4	2
67	Men's Health Foundation	PH-003439	$ 58,333	6 & 8	2
	TOTAL VP CONTRACTS = 5		**$ 752,500**		
GRAND TOTAL OF ALL CONTRACTS = 67			**$6,316,454**		

ATTACHMENT B

SOLE SOURCE CHECKLIST FOR HIV TESTING SERVICES (STOREFRONT) CONTRACTS

Department Name: Department of Public Health

☐ New Sole Source Contract

☑ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: 12-17-2019

Contracts:
1. **AIDS Healthcare Foundation PH-004093**
2. Bienestar Human Services, Inc. PH-004097
3. Charles R. Drew University PH-004098
4. Children's Hospital Los Angeles PH-004099
5. East Valley Community Health Center, Inc. PH-004101
6. El Proyecto del Barrio, Inc. PH-004102
7. JWCH Institute, Inc. PH-004104
8. LA LGBT Center, PH-004106
9. Tarzana Treatment Centers, Inc. PH-004109
10. The Wall Las Memorias Project PH-004110
11. Venice Family Clinic PH-004111

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 "*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*."
☐	➢ 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.
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☐	➢ 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.

Kieu-Anh King
Chief Executive Office

09/30/2026
Date

SOLE SOURCE CHECKLIST FOR HIV TESTING SERVICES (SOCIAL AND SEXUAL NETWORK CONTRACTS

Department Name: Department of Public Health

Contracts:
12. Bienestar Human Services, Inc. PH-004114
13. Charles R. Drew University PH-004115
14. LA LGBT Center PH-004121
15. Reach LA PH-004122
16. St. John's Community Health PH-004123

☐ New Sole Source Contract

☑ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: 12-17-2019

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS **Identify applicable justification and provide documentation for each checked item.**
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Kieu-Anh King
Chief Executive Office

09/30/2026
Date

SOLE SOURCE CHECKLIST FOR HIV TESTING & SYPHILIS TESTING IN COMMERICAL SEX VENUES CONTRACT

Department Name: Department of Public Health

Contract
17. JWCH Institute, Inc. PH-004125

☐ New Sole Source Contract

☑ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: 12-17-2019

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Kieu-Anh King
Chief Executive Office

09/30/2026
Date

SOLE SOURCE CHECKLIST FOR COMPREHENSIVE HIV AND STD TESTING AND STD TREATMENT IN THE CITY OF LONG BEACH CONTRACTS

Department Name: Department of Public Health

Contracts:
18. AIDS Healthcare Foundation PH-003778
19. One in Long Beach dba The Center PH-003781

☐ New Sole Source Contract

☑ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: 04-02-2019

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS **Identify applicable justification and provide documentation for each checked item.**
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Kieu-Anh King
Chief Executive Office

09/30/2026
Date

SOLE SOURCE CHECKLIST FOR STD SCREENING, DIAGNOSIS AND TREATMENT CONTRACTS

Department Name: Department of Public Health

☐ New Sole Source Contract

☑ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: 11-20-2018

Contracts:
20. AIDS Healthcare Foundation PH-004126
21. Central City Community Health Center, Inc. PH-004128
22. Children's Hospital Los Angeles PH-004129
23. JWCH Institute, Inc. PH-004131
24. LA LGBT Center PH-004132
25. Northeast Valley Health Corporation PH-004133
26. Tarzana Treatment Centers, Inc. PH-004134
27. Watts Healthcare Corporation PH-004135

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Kieu-Anh King
Chief Executive Office

09/30/2026
Date

SOLE SOURCE CHECKLIST FOR SEXUAL HEALTH EXPRESS CLINIC SERVICES CONTRACTS

Department Name: Department of Public Health

Contracts:

28. AIDS Healthcare Foundation PH-004155
29. APLA Health & Wellness PH-004156
30. Men's Health Foundation PH-004158

☐ New Sole Source Contract

☑ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: 12-17-2019

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Kieu-Anh King
Chief Executive Office

09/30/2026
Date

ATTACHMENT B

SOLE SOURCE CHECKLIST FOR STD INFERTILITY PREVENTION PROJECT CONTRACT

Department Name: Department of Public Health

Contract:
31. Essential Access Health PH-000749

☐ New Sole Source Contract

☑ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: 8-11-2009

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS **Identify applicable justification and provide documentation for each checked item.**
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☐	➢ 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.

Kieu-Anh King
Chief Executive Office

09/30/2026
Date

ATTACHMENT B

SOLE SOURCE CHECKLIST FOR HIGH-IMPACT HIV PREVENTION SERVICES CONTRACTS

Department Name: Department of Public Health

☐ New Sole Source Contract

☑ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: 09-09-2009

Contracts:
32. APLA Health & Wellness PH-001026
33. Asian American Drug Abuse Program PH-001027
34. Being Alive People w/ HIV/AIDS Coalition PH-001028
35. Bienestar Human Services, Inc. PH-001029
36. East Los Angeles Women's Center PH-001035
37. Tarzana Treatment Centers, Inc. PH-001047
38. Tarzana Treatment Centers, Inc. PH-001062

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 "*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*."
	➢ 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.

Kieu-Anh King
Chief Executive Office

09/30/2026
Date

SOLE SOURCE CHECKLIST FOR BIOMEDICAL HIV PREVENTION MASTER AGREEMENTS

Department Name: Department of Public Health

☐ New Sole Source Contract

☑ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: 1-5-2016

Master Agreements:

39. APLA Health & Wellness PH-003079
40. Children's Hospital Los Angeles PH-003081
41. City of Long Beach PH-003082
42. Dignity Health PH-003083
43. JWCH Institute, Inc. PH-003084
44. LA LGBT Center PH-003085
45. Men's Health Foundation PH-003078
46. Northeast Valley Health Corporation PH-003086
47. St. John's Community Health PH-003087
48. Tarzana Treatment Centers, Inc. PH-003088
49. Via Care Community Health Center - PH-003898
50. Watts Health Care Corporation PH-003973

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 "*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*."
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☐	➢ Services are needed to address an emergent or related time-sensitive need.
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Kieu-Anh King
Chief Executive Office

09/30/2026
Date

ATTACHMENT B

SOLE SOURCE CHECKLIST FOR BIOMEDICAL HIV PREVENTION MASTER AGREEMENT WORK ORDERS

Department Name: Department of Public Health

☐ New Sole Source Contract

☑ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: 1-5-2016

MAWOs:

51. APLA Health & Wellness PH-003079-W3
52. Children's Hospital Los Angeles PH-003081-W3
53. City of Long Beach PH-003082-W3
54. Dignity Health PH-003083-W3
55. JWCH Institute, Inc. PH-003084-W3
56. LA LGBT Center PH-003085-W3
57. Men's Health Foundation PH-003078-W3
58. Northeast Valley Health Corporation PH-003086-W2
69. St. John's Community Health PH-003087-W2
60. Tarana Treatment Centers, Inc. PH-003088-W3
61. Via Care Community Health Center PH-003898-W2
62. Watts Health Care Corporation PH-003973-W2

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 "*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*."
	➢ 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.
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Kieu-Anh King
Chief Executive Office

09/30/2026
Date

SOLE SOURCE CHECKLIST FOR PROMOTING HEALCARE ENGAGEMENT AMONG AT-RISK POPULATIONS

Department Name: Department of Public Health

63. Bienestar Human Services, Inc. PH-003440
64. In the Meantimes Men's Group, Inc. PH-003438
65. Los Angeles LGBT Center PH-003437
66. Los Angeles LGBT Center PH-003441
67. Men's Health Foundation PH-003439

☐ New Sole Source Contract

☑ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: 11-14-2017

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 "*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*."
☐	➢ 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.
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☐	➢ It is more cost-effective to obtain services by exercising an option under an existing contract.
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Kieu-Anh King
Chief Executive Office

09/30/2026
Date

BOARD LETTER/MEMO
CLUSTER FACT SHEET

☒ Board Letter ☐ Board Memo ☐ Other

CLUSTER AGENDA REVIEW DATE	10/14/2026
BOARD MEETING DATE	11/10/2026
SUPERVISORIAL DISTRICT AFFECTED	☒All ☐ 1st ☐2nd ☐3rd ☐ 4th ☐5th
DEPARTMENT(S)	Los Angeles Health Services (LAHS)
SUBJECT	**AUTHORIZATION TO ACCEPT A GRANT AWARD FROM THE CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FOR THE MEDI-CAL BEHAVIORAL HEALTH RECRUITMENT AND RETENTION PROGRAM**
PROGRAM	Specialty Mental Health 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	The grant will need to be accepted December 2026.
COST & FUNDING	Total cost: Grant award for $13,600,000 Funding source: California Department of Health Care Access and Information (HCAI) Grant TERMS (if applicable): Explanation:
PURPOSE OF REQUEST	To accept funding from the California Department of Health Care Access and Information (HCAI) for the Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP) to strengthen LAHS' existing behavioral health services by expanding recruitment, retention, licensure advancement, supervision capacity, and evidence-based practice training for providers serving Medi-Cal and uninsured patients.
BACKGROUND (include internal/external issues that may exist including any related motions)	In December 2024, the Centers for Medicare & Medicaid Services approved the Department of Health Care Services' Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Medicaid Section 1115 demonstration project authorizing up $1.9 billion in funding across five distinct workforce programs over a five-year period. MBH-RRP is part of the BH-CONNECT Workforce Initiative. The BH-CONNECT Workforce Initiative allows California to use federal matching funds to support efforts that increase the number of behavioral health professionals helping Medi-Cal members and people without insurance. MBH-RRP strengthens LAHS' existing behavioral health services by expanding recruitment, retention, licensure advancement, supervision capacity, and evidence-based practice training for practitioners serving Medi-Cal and uninsured patients. The grant does not create new programs; instead, it provides targeted, time-limited incentives including additional recruitment bonuses up to $20,000, retention bonuses up to $4,000, student recruitment bonuses up to $50,000, licensure support up to $1,500, supervision funding up to $35,000 per year, and backfill for evidence-based practice training, to stabilize and grow the current workforce. LAHS will apply as a single organizational applicant so all eligible behavioral health sites, including Los Angeles General Medical Center, Olive View-UCLA Medical Center, Harbor-UCLA Medical Center, and the Office of Diversion & Reentry, can participate under one coordinated structure, while sites that do not meet Medi-Cal safety-net or behavioral-health-service criteria will be excluded.
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: Health Integration – Enables LAHS to expand recruitment, retention, licensure advancement, supervision capacity, and evidence-based practice training for practitioners serving Medi-Cal and uninsured patients
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: - Julio Alvarado, Director Cont. Admin & Mntr., (213) 288-7819, jalvarado@dhs.lacounty.gov - Jacqueline Yu, Specialty Mental Health Services Director, (213)905-1680, JYu4@dhs.lacounty.gov

November 10, 2026 **DRAFT**

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

Dear Supervisors:

AUTHORIZATION TO ACCEPT A GRANT AWARD FROM THE CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION FOR THE MEDI-CAL BEHAVIORAL HEALTH RECRUITMENT AND RETENTION PROGRAM (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Request for approval of delegated authority to the Director of the Los Angeles County Department of Health Services (LA Health Services), or authorized designee, to accept funding from the California Department of Health Care Access and Information (HCAI) for the Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP) to strengthen LA Health Services' (LAHS) existing behavioral health services by expanding recruitment, retention, licensure advancement, supervision capacity, and evidence-based practice training for providers serving Medi-Cal and uninsured patients.

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize and instruct the Director of LAHS (Director), or authorized designee, to accept the MBH-RRP grant award and to execute a grant agreement, substantially similar to the sample MBH-RRP Grant Agreement (Exhibit I) from HCAI. The MBH-RRP Grant Agreement (Grant Agreement) will be effective when executed, through December 31, 2033, for an estimated amount of $13,600,000. Acceptance of the MBH-RRP grant award is contingent upon HCAI's approval of the LAHS' grant application.

2. Delegate authority to the Director, or authorized designee, to execute future amendments to the Grant Agreement in Recommendation 1, as applicable to: (1) extend the Grant Agreement; (2) reflect revisions required by HCAI and/or revisions requested by either party to the terms and conditions, including the Scope of Work (SOW); (3) allow for budget revisions and reallocation of grant

funds within the approved budget, subject to HCAI approval; and (4) accept additional grant funding, subject to review and approval as to form by County Counsel, and notification to the Board of Supervisors (Board), and Chief Executive Office (CEO).

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Background

In December 2024, the Centers for Medicare & Medicaid Services approved the Department of Health Care Services' Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Medicaid Section 1115 demonstration project authorizing up $1.9 billion in funding across five distinct workforce programs over a five-year period. MBH-RRP is part of the BH-CONNECT Workforce Initiative. The BH-CONNECT Workforce Initiative allows California to use federal matching funds to support efforts that increase the number of behavioral health professionals helping Medi-Cal members and people without insurance.

The key objectives of the MBH-RRP are to increase the number of behavioral health providers practicing in Medi-Cal safety net settings and to develop the cultural and linguistic competence of these practitioners to reflect and respond to the needs of the Medi-Cal population. MBH-RRP enables LAHS to expand, sustain, and support the behavioral health workforce.

MBH-RRP strengthens LAHS' existing behavioral health services by expanding recruitment, retention, licensure advancement, supervision capacity, and evidence-based practice training for practitioners serving Medi-Cal and uninsured patients. The grant does not create new programs; instead, it provides targeted, time-limited incentives including additional recruitment bonuses up to $20,000, retention bonuses up to $4,000, student recruitment bonuses up to $50,000, licensure support up to $1,500, supervision funding up to $35,000 per year, and backfill for evidence-based practice training, to stabilize and grow the current workforce. LAHS applied as a single organizational applicant so all eligible behavioral health sites, including Los Angeles General Medical Center, Olive View-UCLA Medical Center, Harbor-UCLA Medical Center, and the Office of Diversion & Reentry, can participate under one coordinated structure, while sites that do not meet Medi-Cal safety-net or behavioral-health-service criteria will be excluded. This funding opportunity directly advances LAHS' strategic priorities in workforce development and retention, expanding access to behavioral health care, promoting equity through culturally responsive services, and supporting operational stability across LAHS.

Recommendations

Approval of the first recommendation will allow the Director, or authorized designee, to accept the grant funding from HCAI for MBH-RRP in an estimated amount of $13,600,000

effective upon execution of the grant award through October 31, 2029, and to execute any necessary documents to accept the funding.

Approval of the second recommendation will allow the Director, or authorized designee, to execute future amendments to the Grant Agreement to extend the term; reflect revisions required by the HCAI and/or revisions requested by either party to the terms and conditions, including modifications to the SOW and budget, reallocations of grant funds within the approved budget, and accept additional grant funding.

Implementation of Strategic Plan Goals

The recommended actions support North Star 1: "Make Investments That Transform Lives, Area Goal A - Healthy Individuals and Families" and North Star 2: "Foster Vibrant and Resilient Communities, Area Goal A - Public Health," of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The estimated total grant award is $13,600,000. HCAI will disburse grant funds effective upon execution of the grant award through October 31, 2029, contingent upon satisfactory completion of the SOW and deliverables outlined in the Grant Agreement.

Upon Board approval, LAHS will incorporate the projected appropriation needs and the associated grant revenue into each respective fiscal year's annual budget process. There is no net County cost impact associated with the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On July 15, 2026, LAHS submitted an application to HCAI for MBH-RRP grant funding. HCAI is expected to announce grant awards in October 2026. If awarded, LAHS will enter into the Grant Agreement with HCAI in November 2026.

Under the Grant Agreement, LAHS will be responsible for administering the program in accordance with HCAI requirements, including verifying participant eligibility, administering individual awards, monitoring recipient compliance with service obligations, maintaining financial and programmatic records, submitting required financial and program performance reports, participating in audits and site visits, and ensuring compliance with all applicable State and grant requirements.

As outlined in the Grant Agreement, HCAI will release grant funds upon satisfactory performance outlined in the SOW and deliverables, including timely submission of the Annual MBH-RRP Financial and Activities Reports.

Attachment I, the sample MBH-RRP Grant Agreement, has been approved as to form by County Counsel. The State will not consider modifications to the Grant Agreement, and submission of the grant application constitutes acceptance of all Grant Agreement terms

and conditions, including the County's requirement to indemnify, defend, and hold harmless the State, its officers, agents, and employees from all claims and losses resulting from the performance of the Grant Agreement.

CONTRACTING PROCESS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow LAHS to accept grant funding from HCAI and utilize the MBH-RRP funding to strengthen LAHS' existing behavioral health services by expanding recruitment, retention, licensure advancement, supervision capacity, and evidence-based practice training for practitioners serving Medi-Cal and uninsured patients in Los Angeles County.

Respectfully submitted,

Christina R. Ghaly, M.D.
Director

Enclosure

CRG:kc

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

Exhibit I: Sample MBH-RRP Grant Agreement

**GRANT AGREEMENT BETWEEN THE
DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION
AND
[GRANTEE NAME], [PROGRAM NAME]
GRANT AGREEMENT NUMBER [GRANT AGREEMENT NUMBER]**

THIS GRANT AGREEMENT ("Agreement") is entered into on [Agreement Start Date] ("Effective Date") by and between the State of California, Department of Health Care Access and Information (hereinafter "HCAI") and [Grantee Name], [Program Name] [Specialty] (collectively the "Grantee").

WHEREAS, state and federal funds are available under the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 Medicaid waiver to increase the educational capacity to train fellows in child and adolescent psychiatry, addiction psychiatry, and/or addiction medicine.

WHEREAS, the purpose of BH-CONNECT is to provide services to persons with or at high risk for significant behavioral health conditions, inclusive of mental health conditions and substance use disorders, in Medi-Cal safety net settings.

WHEREAS, HCAI supports health care accessibility through the promotion of a culturally and linguistically competent workforce while providing analysis of California's healthcare infrastructure and coordinating healthcare workforce issues.

WHEREAS, HCAI supports engaging in activities that promote the employment of consumers with behavioral health disorders and family members of consumers of behavioral health disorders.

WHEREAS, recruiting and retaining the behavioral health workforce to serve individuals in the Medi-Cal safety net setting is a priority strategy.

WHEREAS, the Grantee applied to participate in the Medi-Cal Behavioral Health Recruitment and Retention Program, by submitting an application in accordance with the Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP) Grant Guide for Grant Year 2026.

WHEREAS, the Grantee was selected by HCAI to receive Grant Funds through procedures duly adopted by HCAI for the purpose of administering such grants.

NOW THEREFORE, HCAI and the Grantee, for the consideration and under the conditions hereinafter set forth, agree as follows:
A. Definitions:

1. "Application" means the grant application submitted by an organization applying for the MBH-RRP Program.

2. “Deputy Director” means the Deputy Director of Health Workforce Development of HCAI.

3. “Director” means the Director of HCAI or his/her designee.

4. “Grant Agreement/Grant Number” means Grant Number **[Grant Agreement Number]** awarded to Grantee.

5. “Grantee” means the fiscally responsible entity in charge of administering the Grant Funds and includes the Program identified on the Application.

6. “Grant Funds” means the money provided by HCAI for the Project, as defined.

7. “Grant Guide” means the instructions provided to applicants for application for this grant, which is hereby made a part of this Grant Agreement by reference thereto.

8. “Other Sources of Funds” means all cash, donations, or in-kind contributions that are required or used to complete the Project beyond the Grant Funds provided by this Grant Agreement.

9. “Program” means the Medi-Cal Behavioral Health Recruitment and Retention Program.

10. “Program Director” means the Director of Grantee’s Medi-Cal Behavioral Health Recruitment and Retention Program for which Grant Funds are being awarded.

11. “Project” means the activity described in the Application and Agreement to be accomplished with the Grant Funds.

12. “Service Obligation” means the activities and terms described in Section D of this Grant Agreement.

13. “State” means the State of California and includes all its Departments, Agencies, Committees and Commissions.

14. “Supplantation” refers to the act of replacing or taking the place of funds from federal, state, local, and private resources.

B. Term of the Agreement: This Agreement shall take effect on **[Agreement Start Date]** and shall terminate on **[Agreement End Date].**

C. Scope of Work:

1. Grantee agrees to the following Scope of Work as set forth herein within the Agreement. In the event of a conflict between the provisions of this section and

the Grantee's Application, the provisions of this Scope of Work Section shall prevail.

2. Grantee shall perform some or all of the following as appropriate:

    a. Make recruitment and retention bonuses to individuals working in Medi-Cal safety net settings

    b. Make recruitment bonuses for students completing their education, to work in Medi-Cal safety net settings

    c. Make licensure/ certification achievement or maintenance payments to individuals working in Medi-Cal safety net settings

    d. Supervision support for pre-licensure or pre-certification hours to individuals working in Medi-Cal safety net settings

    e. Training support and backfill payments to individuals working in Medi-Cal safety net settings

    f. Licensure/ certification related expenses to individuals working in Medi-Cal safety net settings

3. Grantee shall:

    a. Submit annual reports within 30 days of the end of each report year using the online forms that HCAI provides, located at https://fundingportal.hcai.ca.gov/.

    b. Ensure individual fund recipients fulfill Service Obligations in compliance with requirements set forth by HCAI in Section D of the Grant Agreement.

    c. Not conduct lobbying activities as part of this Agreement or use Grant Funds for lobbying activities.

    d. Not use Grant Funds under this Agreement for any purpose other than the Project, including but not limited to for capital construction and/or remodeling, indirect expenses, galas, alcohol, or any other purpose not permissible when making an agreement with the State of California.

    e. Credit HCAI in all publications resulting from this Agreement.

    f. Notify HCAI of any press releases and allow HCAI advance notice to review press releases, in accordance with Section J. Media and Press Engagements.

g. Provide HCAI with Financial Reports and Activities Reports on an annual basis, as specified in the MBH-RRP annual report instructions.

h. Notify HCAI in writing 90 days in advance of any changes in the Grantee's annual budget.

4. Annual Financial Report Schedule by Calendar Year (CY):

Report	Reporting Period	Report Due Date
Financial Report 1	**January 1, 2027 – December 31, 2027 (Prospective Budget for CY 2027)**	**January 31, 2027**
Financial Report 2	**January 1, 2027– December 31, 2028 (Expense Report for CY 2027 Prospective Budget for CY 2028)**	**January 31, 2028**
Financial Report 3	**January 1, 2028 – December 31, 2030 (Expense Report for CY 2028 Prospective Budget for CY 2029)**	**January 31, 2029**
Financial Report 4	**January 1, 2029 – December 31, 2029 (Expense Report for CY 2029**	**January 31, 2030**

5. Annual Activities Report Schedule:

Report	Reporting Period	Report Due Date
Activities Report 1	**January 1, 2027 – December 31, 2027**	**January 31, 2028**
Activities Report 2	**January 1, 2028 – December 31, 2028**	**January 31, 2029**
Activities Report 3	**January 1, 2029 – December 31, 2029**	**January 31, 2030**
Activities Report 4	**January 1, 2030 – December 31, 2030**	**January 31, 2031**
Activities Report 5	**January 1, 2031 – December 31, 2031**	**January 31, 2032**
Activities Report 6	**January 1, 2032 – December 31, 2032**	**January 31, 2033**

6. All requests for amending the term of this agreement shall comply with the amendment requirements stated in Section J of this Agreement.

7. All funds are intended to be distributed to individuals by Grantee for the purposes of recruitment and retention bonuses, student recruitment bonuses, supervision support for pre-licensure and pre-certification practitioners, and certification/ licensure and training supports.

8. Grantee agrees to award funds only to those individuals who have completed an Individual MBH-RRP Application and have been verified as eligible, and subsequently selected by Grantee, through the Individual MBH-RRP Application process.

9. HCAI will make an award based on the expectation that the Grantee will carry out the award of funds on an annual basis for recruitment and retention bonuses, student recruitment bonuses, supervision support for pre-licensure and pre-certification practitioners, and certification/ licensure and training supports.

10. Should the Grantee fail to fill the agreed upon recruitment and retention bonuses, student recruitment bonuses, supervision support for pre-licensure and pre-certification practitioners, and certification/ licensure and training supports, HCAI reserves the right to reduce the amount awarded.

11. Funds shall only be used for Medi-Cal safety net settings as listed in Grantee's application, or those approved in writing by HCAI.

12. Funds shall not be used to supplant existing federal, state, local, or private funds.

13. Funds shall not be paid to third party contractors or service providers for any reason. Funding is not available for grantee administrative expenses.

14. Program funds shall only be used for the six categories of direct grant expenditures described in the grant guide.
15. Grantee shall not use program funds for administrative expenses.

16. HCAI will not make the first payment to Grantee until HCAI has approved the prospective budget and associated documentation that is consistent with Section C above.

17. HCAI will be the primary contact for any requests regarding agreement extensions, amendments, or breaches.

D. MBH-RRP Individual Service Obligation Terms

1. Recruitment Bonus Service Obligations

   Individuals receiving recruitment bonuses must commit to practicing full-time at a Medi-Cal safety net setting at the funded organization issuing the payment, based on the amount awarded:

   a. $20,000 recruitment bonus: Four-year full-time service obligation.

   b. Between $10,000 and $19,999: Three-year full-time service obligation.

   c. Less than $10,000: Two-year full-time service obligation.

2. Retention Bonus Service Obligations

   Practitioners receiving retention bonuses must commit to a two-year service obligation at a Medi-Cal safety net setting at the funded organization issuing the payment.

3. Student Recruitment Bonus Service Obligations

Individuals receiving student recruitment bonuses must commit to practicing full-time at a Medi-Cal safety net setting at the funded organization issuing the payment, based on the amount awarded:

a. $20,000 recruitment bonus: Four-year full-time service obligation.
b. Between $10,000 and $19,999: Three-year full-time service obligation.
c. Less than $10,000: Two-year full-time service obligation.

4. Licensure/Certification Achievement or Maintenance Payments: Practitioners receiving licensure/certification payments must commit to a two-year service obligation at a Medi-Cal safety net setting at the funded organization issuing the payment.

5. Organizations must ensure that individual awardees begin their service obligation within 6 months of individuals receiving award funds or by the Start Date listed in the table below, whichever is earlier.

   In the case of student recruitment bonuses, individuals must begin their service within six months of graduating or by the Start Date listed in the table below, whichever is earlier.

   Due to program timeline requirements, some award categories will close prior to December 31, 2029, as listed in the table below.

Funding Category	Service Obligation Length	Last Award Date	Last Start Date for Service Obligation
Recruitment Bonuses of $20,000	4 years	Jun 30, 2029	Jul 1, 2029
Recruitment Bonuses of $10,000 to $19,999	3 years	Dec 31, 2029	Jul 1, 2030
Recruitment Bonuses of less than $10,000	2 years	Dec 31, 2029	Jul 1, 2031
Retention Bonuses	2 years	Dec 31, 2029	Jul 1, 2031
Student Recruitment Bonuses of $20,000 to $50,000	4 years	Aug 31, 2028	Jul 1, 2029
Student Recruitment Bonuses of $10,000 to $19,999	3 years	Aug 31, 2029	Jul 1, 2030
Student Recruitment Bonuses of less than $10,000	2 years	Dec 31, 2029	Jul 1, 2031
Licensing/Certification	2 years	Dec 31, 2029	Jul 1, 2031

6. Full-time Service Obligation Requirement

   Individual awardees must provide full-time services while delivering direct client care. In accordance with section 6.1 of the BH-CONNECT Special Terms and Conditions, individual awardees are not permitted to work less than full-time during the fulfillment of their service obligation.

   For purposes of the service obligation, the following definitions are used:

   a. Full-Time Service: Defined as a minimum of 32 hours per week providing direct client care at an approved practice site or 30 hours per week providing direct client care at an approved practice site that is in a school setting.

   b. Direct Client Care: Defined as face-to-face care, telehealth-based care, and first-line supervision. This includes behavioral health services such as prevention, early intervention, assessment, treatment, counseling, procedures, patient self-care, patient education, and documentation relating to encounters with patients being treated with, or suspected of needing, behavioral health services.

   c. First-line Supervision: Defined as providing direct supervision over staff providing direct client care.

   Individual awardees may have up to four weeks a year away from their MBH-RRP approved practice site for vacation, holidays, continuing professional education, illness, or any other reason as approved by their site. This provision shall not apply to school vacations during which the individual awardee is practicing at an approved practice site that is in a school setting.

   Should the individual awardee take more than four weeks a year as stated above and the organizational grantee agrees to this, the individual awardee must extend their service obligation. The grantee's service obligation will be extended for each day of absence over the allowed four weeks per year. No service obligation may be extended beyond December 31, 2033, and the grantee's service obligation must be completed by December 31, 2033.

7. Provisions for Suspension, Waiver, Cancellation or Voluntary Termination of Service

   An individual awardee may seek a waiver of their service obligation on the basis of an extraordinary circumstance. All requests for a waiver must be documented by organizational grantees. HCAI may request applicable documentation and may deny a waiver decision if documentation is not provided.

The following extraordinary circumstances may result in the waiver of a service obligation:

a. Disability or Serious Illness: An individual awardee experiences a documented long-term medical condition or disability that renders them unable to fulfill their service obligation.

b. Death of individual awardee: In the event of an individual awardee death, all service obligations are considered null and void.

c. Military Deployment or Activation- An individual awardee is called to active duty in the United States Armed Forces, including activation if the individual awardee is a reservist or the drafting of the individual awardee into active service, and the length of time in the armed services renders them unable to fulfill their service obligation. This does not include circumstances where the individual awardee voluntarily enlists into the armed forces.

d. Loss of Immigration or Legal Residency Status- An individual awardee loses lawful immigration or legal residency status thereby preventing the individual awardee from legally working in the state.

Individual awardees may request that the fulfillment of their service obligation be suspended. All requests for a suspension must be documented by organizational grantees. HCAI may request applicable documentation for review and may deny a suspension decision if documentation is not provided.

The following circumstances may result in the suspension of a service obligation:

8. Natural Disaster, Act of God, or Declared Emergency: A major natural disaster, catastrophic event, or declared local, state, or federal emergency significantly disrupts the individual awardee’s ability to fulfill their obligation.

9. Institution or Site Closure or Program Disruption: The assigned service site, educational institution, or program closes or becomes non-operational, and an alternative placement is not immediately available.

10. Temporary Disability: The individual awardee experiences a disability that is temporary in nature and temporarily precludes them from fulfilling their service obligation.

11. Military Deployment or Activation: The individual awardee is called to active duty in the United States Armed Forces, including activation if the individual awardee is a reservist or the drafting of the individual awardee into active service, and the length of time in the armed services renders them temporarily unable to fulfill their service obligation. This does not include circumstances where the grantee

voluntarily enlists into the armed forces.

Individual awardees who are granted a suspension will be given six months to become reemployed in an eligible setting. The organizational grantee may extend the suspension period on a case-by-case basis. Notwithstanding any provision in this Agreement, the Service Obligation must be completed on or before December 31, 2033, or the individual awardee may be held in breach.

If the individual awardee plans to be away from his/her approved practice site(s) for paternity/maternity/adoption leave, the individual awardee is required to inform the organizational grantee at least 60 calendar days before taking the leave. HCAI allows individual awardees to be away from their approved practice site(s) within the timeframes established by either the Family Medical Leave Act (up to 12 weeks), or other federal and state law; however, the individual awardee must adhere to the leave policies of his/her approved practice site.

E. Reports and Deliverables:

1. Grantee shall submit all the deliverables for Grant Number **[Grant Agreement Number]** no later than the due dates stated above in Section C. Scope of Work. Grantee will submit deliverables, including annual MBH-RRP financial reports and activities reports, using HCAI's web-based Funding Portal.

F. Invoicing:

1. For services satisfactorily rendered in accordance with the Scope of Work, and upon receipt and approval of each annual report as specified in subsection (3) hereunder, HCAI agrees to compensate Grantee in accordance with the rates specified herein.

2. HCAI will release the annual prospective payments upon receipt and review of annual Financial Reports 1-3.

3. There will be no payment associated with Annual Report 4.

4. Annual reports shall include the Agreement Number and shall be submitted electronically. HCAI or its designee will make payments to the Grantee under this Agreement after all required reports are submitted and approved by HCAI or its designee. Additional information may be requested by HCAI or its designee during the term of the Grant Agreement. HCAI or its designee will notify the Grantee of approval in writing.

G. Budget Detail and Payment Provisions:

1. HCAI and/or its designee will make annual prospective payments to Grantee in the years of 2027 through 2029, once the specified Financial and Activity Reports

have been reviewed and approved by HCAI and/or its designee for quality and accuracy.

2. Under no circumstances shall HCAI make payments after October 31, 2029.

H. Recoupment Provisions

1. HCAI shall recoup any funds used by the Grantee for purposes outside the Scope of Work detailed in Section C of this agreement.

2. Grantee shall return to HCAI any unspent funds issued to the Grantee. Unspent funds must be returned to HCAI within two months following the end of the calendar budget year for which funds were provided.

I. Breach Provisions

1. Grantee shall return to HCAI any funds paid to individuals who fail to fulfill required service obligations detailed in Section D of this agreement. Grantees shall require individuals to return the full amount of their award to the Grantee so that the Grantee can return these funds to HCAI within eight months of the date of breach. If an organization grantee is unable to recoup partial or complete funds from the individual, the organization will be responsible to repay any and all funds to HCAI within eight months of the date of breach.

2. HCAI may request supplemental reports and monitor expenditures throughout the grant year to verify whether any funds must be recouped by HCAI or HCAI's designee.

3. Any funds HCAI is entitled to recoup under this Section I must be repaid by the Grantee within eight months of breach notification.

J. Accounting Records and Audits: Grantee shall comply with the following reporting requirements:

1. Accounting: Accounting for Grant Funds will be in accordance with the Grantee's accounting practices based on generally accepted accounting principles consistently applied regardless of the source of funds. Supporting records must be in sufficient detail to show the exact amount and nature of expenditures.

   Organizations may elect to commingle Grant Funds received pursuant to the Agreement with any other income available for operation of the Program provided that the institution maintains such written fiscal control and accounting procedures as are necessary to assure proper disbursement of, and accounting for, such commingled funds, including provisions for:

a. The accurate and timely separate identification of funds received.

b. The separate identification of expenditures that cannot be paid with Grant Funds.

2. An adequate record of proceeds from the sale of any equipment purchased by funds.

3. Expenditure Reporting: Reports on Program expenditures under the Agreement must be submitted as requested by HCAI for purposes of program administration, evaluation, or review.

4. Records Retention and Audit:

   a. The Grantee shall permit the HCAI Director, or the California State Auditor, or the State Controller, or their authorized representatives, access to records maintained on source of income and expenditures of its fellowship program for the purpose of audit and examination.

   b. The Grantee shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this grant (hereinafter collectively called the “records”) to the extent and in such detail as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this Agreement.

   c. The Grantee agrees to make available at the office of the Grantee at all reasonable times during the period set forth in subparagraph (d) below any of the records for inspection, audit or reproduction by an authorized representative of the State.

   d. The Grantee shall preserve and make available its records (a) for a period of three (3) years from the date of final payment under this Agreement, and (b) for such longer period, if any, as is required by applicable statute, by any other clause of this Agreement, or by subparagraph (i) or (ii) below:

      i. If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three (3) years from the date of any resulting final settlement.

      ii. Records which relate to (1) litigation of the settlement of claims arising out of the performance of this Agreement, or (2) costs and expenses of this Agreement as to which exception has been taken by the State or any of its duly authorized representatives, shall be retained by the

Grantee until disposition of such appeals, litigation, claims, or exceptions.

K. Budget Contingency Clause:

1. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the HCAI shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.

2. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this grant program, the HCAI shall have the option to either cancel this Agreement with no liability occurring to the HCAI or offer an agreement amendment to Grantee to reflect the reduced amount.

L. Budget Adjustments:

1. Budget adjustments consist of a change within the approved budget that does not amend the total amount of this Agreement or any other terms of the Agreement.

2. All requests for budget adjustments shall be submitted in writing for HCAI approval and shall include an explanation for the reallocation of funds by the Grantee. An accounting of how the funds were expended will also be submitted with the last annual report.

M. Media and Press Engagements:

1. Media Engagement: Before undertaking or responding to any media inquiries or initiating any press engagement regarding this Grant Agreement or the subject matter herein, Grantee shall contact the HCAI Program Officer to request HCAI's written approval.

2. Requirement to Wait for HCAI/California Department of Health and Human Services (CalHHS)/Governor's Office Announcement: Grantees who plan to issue their own press release, shall contact the HCAI Program Officer to request HCAI's written approval. If HCAI, CalHHS, or the Governor's Office plans to issue an official announcement regarding the award, the Grantee may only issue its own press release after that official announcement is published—and only after receiving HCAI's review and approval.

3. HCAI Approval Required Before Publication: All press releases drafted by the awardee organization related to this Agreement or the subject matter herein must be submitted to the assigned HCAI program officer at least two weeks prior to the

intended publication date. Release of any materials is prohibited until HCAI has completed its review and granted approval.

4. Use of Awardee Materials by State Entities: Awardee organizations acknowledge that portions or the entirety of their submitted press release may be used, modified, or incorporated by HCAI, CalHHS, or the Governor's Office without prior notice.

N. Executive Order N-6-22-Russia Sanctions:

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. The State shall provide Contractor advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

O. General Terms and Conditions:

1. Timeliness: Time is of the essence in this Agreement. Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.

2. Final Agreement: This Agreement, along with the Grantee's Application, exhibits, and forms constitutes the entire and final agreement between the parties and supersedes any and all prior oral or written agreements or discussions.

3. Ownership and Public Records Act: All reports and the supporting documentation and data collected during the funding period which are embodied in those reports, shall become the property of the State and subject to the California Public Records Act (Gov. Code § 7920.000 et seq.).

4. Audits: The Grantee agrees that HCAI, the Department of General Services, the State Auditor, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated by the State. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of

any employees who might reasonably have information related to such records. Further, the Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. Tit. 2, Section 1896).

5. Site Visits: The Grantee agrees to allow HCAI to schedule a site visit during the term of the grant agreement to meet program faculty and conduct trainee interviews. The purpose is to evaluate the training and training site to ensure alignment with HCAI's objectives.

6. Independence from the State: Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

7. Non-Discrimination Clause: (See Cal. Code Regs., Title 2, § 11105):
During the performance of this Agreement, Grantee and its subcontractors shall not deny the Agreement's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, reproductive health decision making, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Grantee shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination.

8. Grantee and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code § 12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, § 11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§ 11135-11139.8), and any regulations or standards adopted by HCAI to implement such article.

9. Grantee shall permit access by representatives of the Civil Rights Department and HCAI upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or HCAI shall require to ascertain compliance with this clause.

10. Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

11. Grantee shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under this Agreement.

12. Independence from the State: Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

13. Waiver: The waiver by HCAI of a breach of any provision of this Agreement by the Grantee will not operate or be construed as a waiver of any other breach. HCAI expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.

14. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.

15. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or agreement not incorporated in the Agreement is binding on any of the parties.

16. Assignment: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of the State in the form of a formal written amendment.

17. Indemnification: Grantee agrees to indemnify, defend, and hold harmless the State, its officers, agents and employees (i) from any and all claims and losses accruing or resulting to any and all Grantee's, subcontractors, suppliers, laborers, and any other person, firm, or corporation furnishing or supplying work services, materials, or supplies resulting from the Grantee's performance of this Agreement, and (ii) from any and all claims and losses accruing or resulting to any person, firm, or corporation who may be injured or damaged by the Grantee in the performance of this Agreement.

18. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:

19. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, to the Deputy Director stating the issues in dispute, the basis for the Grantee's position, and the remedy sought. Grantee shall include copies of any documentary evidence and describe any other evidence that supports its position with its submission to the Deputy Director.

20. Within ten (10) working days after receipt of the written grievance from the Grantee, the Deputy Director or their designee shall make a determination and shall respond in writing to the Grantee indicating the decision and reasons for it.

21. Within ten (10) working days of receipt of the Deputy Director's decision, the Grantee may appeal the decision of the Deputy Director by submitting a written appeal to the Chief Deputy Director stating why the Grantee does not agree with the Deputy Director's decision.

22. Within ten (10) working days after receipt of appeal, the Chief Deputy Director or their designee shall respond in writing to the Grantee with their decision. The Chief Deputy Director's decision will be final.

23. Termination for Cause: HCAI may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided. Grantee shall return any Agreement Funds that were previously provided to Grantee for use within 60 days of termination.
    If all Grant Funds have not been expended upon completion of the Agreement term, HCAI will request the remittance of all unexpended funds. If HCAI determines that improper payments have been made to Grantee, HCAI will request disgorgement of all disallowed costs. Grantee may dispute disallowed costs in accordance with Section J, Paragraph 12. Grantee will submit a check or warrant for the amount due within 60 days of the Grantee's receipt of HCAI's disgorgement request or 30 days from the Grantee's receipt of HCAI's last Dispute decision. If Grantee fails to remit payment, HCAI may withhold the amount due from any future grant payments.

24. Grantee's Subcontractors: Nothing contained in this Agreement shall create any contractual relationship between the State and the Grantee or any subcontractors, and no subcontract shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to be as fully responsible to the State for any and all acts and omissions of its subcontractors and of persons either directly or indirectly employed by the Grantee. The Grantee's obligation to pay its subcontractors is an independent obligation from the State's obligation to disburse funds to the Grantee. As a result, the State shall have no obligation to pay or to enforce the payment of any money to any subcontractor.

25. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.

26. Survival: The right of HCAI to recoup Grant Funds provided to Grantee under this Agreement shall survive termination of this Agreement.

27. Use of Funds: These funds shall not be used to supplant existing federal, state, local, or private funds to support this program.

28. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

29. Incorporation by Reference: The Medi-Cal Behavioral Health Recruitment and Retention Program Grant Guide for Grant Year 2026 (Grant Guide) is incorporated by reference into this Agreement. In the event of conflict between any term and condition contained within the four corners of this agreement and any term and condition of the Grant Guide, the language in this Agreement shall prevail.

P. Project Representatives:

The representatives of HCAI and the contact information for each party during the term of this Agreement are listed below. Direct all inquiries to:

State Agency: Department of Health Care Access and Information	Grantee: [Organization Name]
Section/Unit: Health Workforce Development/ MBH-RRP	Program Name: [Training Program Name]
Name: [Enter Program Officer Name]	Program Director Name:
Address: 2020 West El Camino Avenue, Suite 1222 Sacramento, CA 95833	Address:
Phone: [Enter Program Officer Phone Number]	Phone:
Email: MBHRRP@HCAI.ca.gov	Email:

Direct all grant inquiries to:

State Agency: Department of Health Care Access and Information	Grantee: [Organization Name]
Section/Unit: Health Workforce Development/ MBH-RRP	Program Name: [Training Program Name]
Name: [Enter Program Officer Name]	Name of Representative:
Address: 2020 West El Camino Avenue, Suite 1222 Sacramento, CA 95833	Address:
Phone: [Enter Program Officer Phone Number]	Phone:
Email: MBHRRP@HCAI.ca.gov	Email:

IN WITNESS WHEREOF, the parties here to have executed this Agreement.

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION	GRANTEE
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____