



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.
Director

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

Rimmi Hundal, M.A.
Chief Deputy Director

July 18, 2025

Dear Prospective Applicant:

REQUEST FOR APPLICATIONS FOR UNITED MENTAL HEALTH PROMOTER SERVICES DMH RFA SOLICITATION NO. 07242023B1

ADDENDUM NUMBER SEVEN (7)

On July 24, 2023, the Los Angeles County Department of Mental Health (DMH) released a Request for Applications (RFA) solicitation for the United Mental Health Promoter Services.

Pursuant to the RFA, Section 5.4 County's Right to Amend Request for Applications, DMH has the right to amend the RFA by written addendum. This Addendum Number Seven is being issued to make modifications to the RFA to accept Applications for all Supervisorial Districts. The revised RFA language is in red for easy reference.

The following revisions are being made to the RFA:

- 1) **RFA Section 4 (APPLICANT'S MINIMUM QUALIFICATIONA) Subsection 4.3** shall be modified as follows:

4.3 Applicant must have a physical provider site in **the** Supervisorial Districts ~~4-4~~ and Service Area where Applicant will provide services if awarded. This shall correspond to site identified in the Application Form – see paragraph 8.6.5 of this RFA.

- 2) **RFA Appendix B (Required Forms) - Exhibit 8 (Application Form)** shall be deleted in its entirety and replaced with **Exhibit 8 (Application Form)** attached to this Addendum No. 7 to modify the following:

Number 6. Supervisorial District ~~(one thru four only)~~ of provider site in #5 above:

Except for the revisions contained in this Addendum Number Seven, there are no other revisions to the RFA. All other terms and conditions of the RFA remain in full force and effect.

RFA FOR UNITED MENTAL HEALTH PROMOTER SERVICES
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Thank you for your interest in contracting with the County of Los Angeles.

Sincerely,

Yanira Yeh

Yanira Yeh
Contract Development and Administration Division

c: Robert Byrd, Psy.D.
Keri Pesanti
Stella Krikorian
Otilia Holguin

Attachments (1)

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
REQUEST FOR APPLICATIONS DMH#07242023B 1
UNITED MENTAL HEALTH PROMOTERS

If you are applying for more than one provider site, that must be submitted in a separate and distinct application.

1. Full Business Name of Applicant:	
2. Applicant's Business Address:	
3. Name and e-mail of Contact for this Application <i>(must be able to legally bind the agency in a contract)</i>	
4. Mental Health Services Act (MHSA) Master Agreement Number:	
5. Provider site address:	
6. Supervisory District of provider site in #5 above:	
7. Service Area of provider site in #5 above:	
8. List the populations that you have the capacity to serve: <i>Must be one or more of those listed in Statement of Work Section 1.1 - Target Population</i> <i>*Rank the target populations you have indicated you are able to serve in order from number one, which is the population you would most like to serve, to the least.</i>	