

**LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
HOSPITALS AND HEALTHCARE DELIVERY COMMISSION
Thursday, April 4, 2024**

<u>Commissioners</u>	Present	Absent
David Marshall, D.N.P., Chair	X	
William McCloud, M.H.A., F.A.C.H.E., Vice Chair	X	
Christopher Bui, M.D.		X
Michael Cousineau, MPH, Ph. D		X
Dr. Genevieve Clavreul, R.N., Ph.D.	X	
Phillip Kurzner, M.D.		X
Laura LaCorte, J.D.	X	
Patrick Ogawa	X	
Elisa Nicholas, M.D.	X	
Barbara Siegel, J.D.	X	
Margaret Farwell Smith		X
Stanly Toy, M.D.		X
Rosemary C. Veniegas, Ph.D.	X	
Tia Delaney-Stewart	X	
<u>DHS Staff</u>		
Allen Gomez	X	
Robert Broadbelt	X	
Ovsanna Thomas	X	

1. Call to Order

The meeting was called to order at 10:33 by Chair Marshall.

2. Roll Call

Allen Gomez and Robert Broadbelt, Commission staff, called the roll.

3. Welcome and Introductions

Chair Marshall welcomed all members of the commission, staff, and guest.

4. Action Item:

Approval of Minutes – March 7, 2024

March 2024 minutes were unanimously approved on April 4, 2024

5. Presentation –

General discussion with Dr. Jackie Contreras, Director of the Los Angeles County Department of Public Social Services

DISCUSSION/FINDINGS	RECOMMENDATIONS, ACTIONS, FOLLOW-UP
<p>Medi-Cal Enrollment/Renewals:</p> <ul style="list-style-type: none"> If DPSS was not able to get hold of participants, they would lose Medi-Cal so a waiver was put in place to keep them on enrolled in Medi-Cal. 	

<p>Since December 74% of people are renewing their Medi-Cal. DPSS is doing live tutorial and outreach showing individuals how to reenroll.</p> <ul style="list-style-type: none"> • There 2 kinds of waivers: <ul style="list-style-type: none"> ○ 0 income to 100% federal poverty level. ○ Stable income waiver, which allows for processing of renewals without requesting additional income verification. • The waivers are extended until December of this year. • DPSS hopes the waivers become permanent. <p>CalAIM:</p> <ul style="list-style-type: none"> • Prior to CalAIM, the departments have had various similar grant-funded projects, including Whole Person Care. CalAIM has provided more funding to provide services. • DPSS has had a longstanding relationship with the Sheriff Department. Those that are approved for Medi-Cal and in custody it is suspended until 90 days before release date. • DPSS staff checks the Sheriff’s Department website, and communicates via email and phone with Sheriff’s Department to find out release dates. Automated database is targeted for July 2024. • Receive about 212 referrals for Medi-Cal per month from adult correctional facilities, and a lesser number from youth probation facilities (due to the youth being under their parents). • Majority of people who wish to receive Medi-Cal do receive it. • For those with a case on file it is easier to get coverage. For a new client DPSS will connect with LASD to get the missing information to ensure a complete application is received. DPSS partners and trains LASD staff on the Medi-Cal application process. Inter-County transfers DPSS will connect with other county and process application. If they want to maintain Medi-Cal in the county of origin they will refer case back to that county. • A person targeted for release in 90 days, DPSS looks at the case on the 89th day to ensure the person has access to medical. Automated system will be key to ensure all individuals are captured. 	
---	--

6. Items for discussion and possible action:

	DISCUSSION/FINDINGS	RECOMMENDATIONS, ACTIONS, FOLLOW-UP
<p>a. Discussion – Los Angeles General Medical Center: Use of Restraint and Seclusion</p>	<ul style="list-style-type: none"> • The Commission discussed the Augustus Hawkins Mental Health Center visit. The current number of beds at Hawkins will not be duplicated at the LA General campus. They are going to be short approximately 17/18 beds. • 76 licensed beds, but only 30-40 staffed beds. 	<ul style="list-style-type: none"> • Commission would like an update from LA General regarding the 1989 EMS agreement and renegotiation.

	<ul style="list-style-type: none"> • It will take 18-months to bring the LA General beds online. Commission was happy that LA General team provided the statistics without the transportation, and this would make the number comparable to other hospitals. • Hawkins’s facility despite being old is very well run and staff is very supportive of patients. • Commission discussed the EMS agreement and would like to follow-up. • Staff is very proud of working at Hawkins, but worker safety is also an important discussion. Hawkins has contracted out for extra security. • Commission discussed the issue of mental health beds. • Commission noted transport van is not the same style that the Sheriff’s department uses. 	<ul style="list-style-type: none"> • Commission will be sending a letter of support to Hawkins to thank them for the hard work that they do and copy to DHS Director and the Board of Supervisors.
<p>b. Discussion – Commission Site-Visits</p>	<p>El Monte Comprehensive Health Center on March 21, 2024.</p> <ul style="list-style-type: none"> • ACNs rely on cluster hospitals for facility support. They suggested that the Commission request a facility person appointed to the ACN. • Challenges with amount of time for onboarding and civil service banding. However, this is an issue across the County HR system. • They also suggested to look at QIPs on the dashboard. ACN facilities are currently lumped together vs. individual sites. 	<ul style="list-style-type: none"> • When ACN Director visits Commission, discuss issue of ACN facilities management. • The commission will follow up with the appropriate County representative regarding El Monte’s request for a facilities person devoted to ACN providers.

c. Discussion – DHS Dashboard	<p>There was a discussion on the individual items on the dashboard, including the following items:</p> <ul style="list-style-type: none"> • Portal enrollment is low, but medical director at El Monte had comment about the portal being only in English and making it in Spanish would help. • Specialty care: Questions - is there a way to find out from the referrals made, the actual visits completed? Are the reasons for visits not completed based on capacity, or something else? Can ask Dr. Giboney during his upcoming Commission visit. • ED: “left before treatment completed” might just mean the nurse didn’t communicate. Commission would like to know how this is calculated. May be a good question for hospital CEOs. • Pg. 18, how is each institution performing against the benchmark? Can be asked of Dr. Patel. 	<ul style="list-style-type: none"> • Follow-up on language of Dashboard being only in English. • Follow-up on separating out data for each ACN site.
d. Discussion of Hospital Commissions 2024 Strategic Priorities	Stated in action items in third column.	
e. Discussion – Commission Guest Speakers	<ul style="list-style-type: none"> • Allan Wecker will be speaking at next Commission meeting. • Quentin O’Brien will be speaking in December. 	
f. Discussion – Annual Report	Brief discussion regarding Commission members each drafting their portion of the report.	
g. Standing Committee on CalAIM	April 4, 2024 meeting was cancelled.	

7. Items not on the posted agenda for matters requiring immediate action because of an emergency, or where the need to take immediate action came to the attention of the Commission after the posting of the agenda.

Brief discussion was held on article in LA Times by doctor previously employed at DHS regarding Hepatitis C in County Jails. Someone from DHS is responding to the Board. The article says we are

not only not screening enough, but not treating enough. Commission would like more information regarding who are tested? How many are not?

Action item: When DHS responds, Commission would like a copy of the response.

8. Public Comment

- Shelby Eidson, provided the following comment via the Commission email:

I remain deeply concerned about the excessive use of restraints at LA General and Augustus Hawkins. I appreciated Dr. Spellberg's presentation and found some parts compelling. For example, how a lack of sub acute beds being provided by both LA County and the state leads to unnecessary long stays in the hospital's psychiatric wards. Last week Disability Rights California, a nonprofit that advocates for the mentally disabled, released a searing report on 'Los Angeles County's abuse and neglect' of psychiatric patients. I urge the Commission to read this report. This is a complex problem that will take time to repair. In the meantime however patients at LA General are being exposed to excessive restraints and we cannot simply point fingers. We must decrease restraint use immediately. There has been a culture of restraint at LA General and this is something the facility has been cited for by Centers for Medicare Services. I will provide copies of these reports to the Commission. I urge the Hospital to begin providing hard data to the Commission via the dashboard to report restraint usage and racial breakdown of restraint usage so we can see in real time whether the Hospital is making improvements. I also urge the Commission to get information on what the facility is doing to decrease restraint use. Failure to address this will not only lead to preventable patient injuries and death but also costly litigation as Disability Rights California pointed out. Now that we know what the problems are what are we doing to fix them?

- Kathleen Crowley – Exec. Director of Recovery Institute:
 - Spoke against restraint issue.

The Commission acknowledged and thanked the individuals for their comments and perspectives.

9. Adjournment

The meeting adjourned at 12:28. The next regular meeting is scheduled for May 2, 2024.