

**LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
HOSPITALS AND HEALTHCARE DELIVERY COMMISSION
Thursday, March 7, 2024**

<u>Commissioners</u>	Present	Excused	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			
Robert Broadbelt			

1. Call to Order

The meeting was called to order at 10:30 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 – February 1, 2024

February 2024 minutes were unanimously approved on March 7, 2024

5. Presentation –

General discussion with Board of Supervisor Health Deputies; Anthony Cespedes, District 1; Yolda Vera, District 2; Angelica Ayala, District 3; Julia Mockeridge, District 4; Anders Corey, District 5.

DISCUSSION/FINDINGS	RECOMMENDATIONS, ACTIONS, FOLLOW-UP
<ul style="list-style-type: none"> • What are the top priorities for the Board and how can the Commission does support policy development and implementation in those areas? <ul style="list-style-type: none"> ○ SD1 	

<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Housing/Homelessness – breaking down silos in the County ○ SD2 <ul style="list-style-type: none"> ▪ Mental Health Beds ▪ Looking at how we can do it in a way that we're doing a Care-first approach, given the boards stated goal of shutting down Men's Central Jail. ○ SD3 <ul style="list-style-type: none"> ▪ Homelessness & gender-based violence are top of mind. ▪ Coordination and transition to appropriate levels of care as we build out our system and our capacity is critical, especially with so many different policy changes that have been taken place over the last few years. ▪ Prioritizing more, deeper collaboration to ensure that people don't fall through the cracks, that we're able to actually transition people to where they need to be. ▪ SB-43 impact on our hospitals (Changes LPS conservatorship to not only focus on mental health, but also SUD and physical components) ○ SD4 <ul style="list-style-type: none"> ▪ healthcare workforce • Commissioner Siegal asked how the Commission can make more of a difference on the workforce issue. <ul style="list-style-type: none"> ○ No clear answer, but still trying to figure it out. ○ Commissioner Ogawa recommended the deputies look into the civil service commission to address workforce issues. • There have been issues for providers with regard to receipt of referrals for health plans. • Commissioner Stewart raised question about justice involved access to care and delayed enrollment in medi-cal. <ul style="list-style-type: none"> ○ Coming up in October, we will see the launch of the 90 day pre-release program. 	
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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"> • Overview of Hawkins <ul style="list-style-type: none"> ○ An acute psychiatric facility near LA General, designed for short-term stays. ○ Plays an essential role in stabilizing patients in acute crises. • Geographical Context <ul style="list-style-type: none"> ○ Restraint use during transportation, accounting for approximately 25% of all use. • Unique Patient Population 	

	<ul style="list-style-type: none"> ○ Includes individuals from Skid Row, jails, with a history of violence, homelessness, and severe mental illness. ● Impact of Policy Changes <ul style="list-style-type: none"> ○ Discussing how various policy changes over years affected the patient population and restraint usage. ● Lack of Available State Hospital Beds <ul style="list-style-type: none"> ○ Shortage of subacute beds and its impact on patient placement and restraint use. <p>Points of Clarity</p> <ul style="list-style-type: none"> ● Restraint as a Last Resort <ul style="list-style-type: none"> ○ Policies around restraint use emphasize that it's only used when medically necessary. ○ The need for continuous monitoring and documentation make restraints resource-intensive and time consuming. <ul style="list-style-type: none"> ▪ Nurses do not have an incentive to restrain patients because it increases their normal workload. ● Racial and Ethnic Breakdown <ul style="list-style-type: none"> ○ Data showing restraint use mirrors overall patient demographics ● Regulatory Oversight <ul style="list-style-type: none"> ○ Regular inspections and audits by various health and regulatory bodies, highlighting Hawkins' compliance and standards. ● Scenarios Leading to Restraint <ul style="list-style-type: none"> ○ Guests presenters detailed examples of self-harm, assault on other patients, and assaults on staff necessitating restraint. ● Medication Trials and Placement Timeline <ul style="list-style-type: none"> ○ Challenges in finding effective medication regimens and the lengthy, complex process of securing appropriate long-term placement for patients. 	
b. Discussion – DHS Dashboard		Continued to April
c. Discussion of Hospital Commissions 2024 Strategic Priorities		Continued to April
d. Discussion – Commission Guest Speakers		Continued to April

e. Discussion – Commission Site-Visits		Continued to April
f. Standing Committee on CalAIM		Continued to April

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.

8. Public Comment

- Ruth Roofless, a member of the public, provided the following comment:

I have called into the meeting but don't know how to indicate that I'd like to give public comment since it's not on Zoom (usually it's *9 to raise hand to speak when calling in on Zoom).

I would like to give a general public comment about SB43 and Prop 1's horrifying implications as a currently unsheltered homeless person in the City of L.A. who has lived experience of being placed in medical restraints by LAPD SMART & DMH during an unsubstantiated W & I § 5150 hold in 2018.

Being placed in restraints against my will for the non-crime of allegedly causing someone (who was not present) to feel "concern" was one of the most traumatizing and humiliating experiences of my life, and I first became homeless over 20 years ago when I was 13, so I haven't exactly been sheltered from the dark side of things that people get exposed to when living on the streets.

I'm not alone in suffering obvious trauma specifically from my unwanted contact with public psychiatry. It's caused an extreme aversion and deep mistrust of a system I had previously been optimistic about and had actually interacted with completely on my own initiative on a voluntary, walk-in basis about one year prior to my unwanted contact. I was assessed and determined to be in good mental health, albeit stressed about housing. I was referred to nonprofit clinics but none of the resources had solutions for the housing problem. I built my own under a bridge.

Then I was violently ripped out of the sustainably affordable home I made and handcuffed to a gurney. I was almost injected with a sedative against my will. I was denied my own clothing. I was interrogated for allegedly causing someone to "worry". I was transported involuntarily to a hospital I had never been to and released when the busses had stopped running without having any of my possessions and had to find my way back home in the middle of the night. I told everyone involved that they were giving me trauma unnecessarily as this was happening but no one seemed to care until the final psych evaluating doctor cut me loose and apologized. I'm worried with these new laws that the nightmare is determined to repeat itself and that I wouldn't be so lucky for it to end when it did this time.

I've thought about the violence of this experience nearly every day since it happened and still don't know how to protect myself from experiencing it again. None of this fear translates into being able to afford rent, although I've started earning a little money as a correspondent by writing and doing interviews as an advocate for other unhoused people and survivors of psychiatry. But I'm just as vulnerable, if not much more so than I was in 2018, and now the laws aren't on my side anymore AND I have a history of involuntary contact and a visceral aversion on top of it.

I'm not a criminal and I've survived outdoors for around 7 years continuously and 20+ years on/off so I don't feel like I should have to fear psychiatric detention as much as I do. However, my observations tell me otherwise. I'm a prime candidate for a "gravely disabled" label when, despite limitations I have, my

survival skills are probably better than everyone on this calls'. That won't be relevant, I fear, when it should be.

It is my opinion that L.A. needs to be restrained on its use of restraints until it has specialists who heal the specific traumas caused by their use of them.

It is my opinion that L.A. needs to be placed under a conservatorship until it has a process that allows people to prevent or escape conservatorship and preserve their autonomy.

These things do not currently exist. I've checked.

I don't know if there will be an opportunity to testify to my expertise on this call so if not, I am fine with having this email published in the minutes or transcript of the meeting unredacted.

9. Adjournment

The meeting adjourned at 12:24 p.m. The next regular meeting is scheduled for April 4, 2024.