

**LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
HOSPITALS AND HEALTHCARE DELIVERY COMMISSION
Thursday, February 6, 2025**

<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	
Jennifer Sudarsky	X	
<u>DHS Staff</u>		
Allen Gomez	X	
Connie Salgado-Sanchez	X	
<u>Members of the Public</u>		
Commissioner Stacy Dalglish	X	
Lynette Clyde	X	

1. Call to Order

The meeting was called to order at 10:36 by Commissioner Marshall.

2. Roll Call

Allen Gomez, Commission staff, called the roll. Quorum was met.

3. Welcome and Introductions

Commissioner Marshall welcomed all members of the commission, staff, and guest. Commissioner Marshall advised that Commissioner Barbara Siegel from District 1 had resigned from the Commission. The Commissioners acknowledged her numerous contributions and expressed their gratitude for her service and dedication. She will be missed.

The group discussed the upcoming planning for the Annual Report. Several of the Commissioners stated that they shared the Annual Report with their respective health deputies, and that it was well received.

4. Action Item:

****Approval of Minutes: December 5, 2024 – Minutes unanimously approved****

5. Presentation – Discussion with Christina Ghaly, M.D., DHS Director

DISCUSSION/FINDINGS

Dr. Christina Ghaly –

The Commissioners welcomed Dr. Ghaly for her annual presentation regarding the state of the Department of Health Services and provided questions in advance.

Dr. Ghaly first addressed the uncertainty surrounding the recent Executive Orders. She stated that DHS is not directly impacted yet but there is concern about how the orders will play out in the future with CMS rulemaking budget reconciliation, and/or continuation of federal certain waivers, which the federal government can end on 90 days' notice without cause.

For example, the CalAIM Waiver is sunseting in 2026, and it is possible that it may not be renewed.

There is also some discussion about the possibility of lowering the Federal Medical Assistance Percentage (FMAP) floor from 50% (its current level) to 40%. Each state has an FMAP that describes how the cost is shared between State and Federal funding sources for Medicaid expenses. Dr. Ghaly said that this would result in a reduction of billions of dollars and would be "disastrous" for DHS, which already suffers from a structural budget deficit. With FMAP, federal funds pay for some of the associated costs of providing care, but DHS relies on subsidy pools like DSH to help to pay for the State portion. DHS is looking for new revenue streams. Lowering the FMAP likely would result in clinic closures, among other cuts.

Presently, there are many unknowns – for example regarding the provision of Gender affirming care for minors. Recent executive orders restricted it, but the Attorney General in California has asserted that if hospitals cease providing Gender Health care, they're in violation of California law.

In the meantime, Dr. Ghaly is asking staff to focus on taking care of patients, instead of focusing on the endless possibilities of what may happen.

DHS is disseminating red cards with information on individual rights for immigrant communities to be able to defend themselves. DHS is posting messages regarding sensitive locations, including healthcare facilities, although if Immigration and Customs Enforcement were to show up at a facility with a valid warrant, DHS would have to follow the law. Staff have been advised to escalate such matters to leadership, who have access to legal counsel as needed.

The Office of Immigrant Affairs is spearheading efforts with County Counsel to stay up to date on pertinent laws and information.

Someone asked about the overarching vision for DHS for 2025 and Dr. Ghaly directed them to the Strategic Plan that was provided at the meeting.

Dr. Ghaly spoke about Correctional Health Services and health care delivery in juvenile halls and camps. DHS provides primary care and there are contracts with the Department of Mental Health to provide mental health services. The Department of Public Health provides substance use disorder treatment services.

With respect to current housing initiatives, Dr. Ghaly stated that there is a proposal to the Board of Supervisors to centralize County housing initiatives within a new agency. If passed, Housing for Health as well as other supportive housing offered by DHS, would move under this new agency. DHS. The STAR clinic, as well as other pure clinical services, would stay with DHS. The motion is intended to centralize services and end silos.

With respect to DEI efforts, Dr. Ghaly notes that some of the federal grants have already been canceled. Many of them have been related to DEI, racial/ethnic disparities, equity, gender health and the like, because they are not priorities for the new federal administration.

Workforce: A Commissioner asked if DHS is putting a hold on hiring. Dr. Ghaly noted that DHS is not doing a hard hiring freeze, but not expanding services. DHS also is trying to reduce the amount of registry staff to better use their resources.

Quality of care and QIP (Quality Incentive Program) – Dr. Ghaly stated that they are focusing on outcomes. She said that DHS has been successful in meeting benchmarks to meet QIP. A lot of the measures are outpatient – for health screenings, chronic disease management, etc. This is also under Federal Government reporting requirements

DHS is also working on publicly reported scores, i.e. Leapfrog, VIP, CMS STAR rating, etc. because it is what the public looks at to determine if a facility is high quality. LA General got an A in Leapfrog and the scores are also trending up at other facilities. She explained that there are other factors that impact these scores as well, such as how certain services are coded. She noted that there is a several year data lag in reported scores. Also, many of the measures are based on Medicare patients, which comprises a small population of DHS patients.

With respect to coding and in response to a Commissioner's question regarding DHS's financial strategic goals, Dr. Ghaly discussed "Project Monarch", which is a real time coding initiative, computer aided coding using real time dictation. Information can be lost on documentation and how it is ultimately coded. To improve the capture of information and ensure appropriate coding, steps are being taken to ensure accurate documentation. Phil Gruber, Chief Health Information Officer is the lead. The Commissioners were encouraged to meet with Dr. Gruber to learn more about this initiative.

A Commissioner inquired about ways to improve communications about the good work going on at DHS. Dr. Ghaly noted that DHS has a

Commission staff provided the link to the Office of Immigrant Affairs

Communications Director that is establishing communication strategies to reach members of the public, patients and staff members through publications like *The Pulse*, the *Workforce Weekly*, *Annual Report*, revamping the DHS website, proactive media and patient communications.

One of the goals of the communication strategy will be to establish one system. This falls under a branding effort to change the name of the department, which is officially "Health Services", not "Department of Health Services" or "DHS". Communications will be working on a unified logo for all to use. The department will also need to figure out what we want to call it. Dr. Ghaly encouraged the Commission to meet with the Communications Director to learn more about these initiatives and how they feed into the strategic goals.

Dr. Ghaly commented that referring to DHS providers as "safety-net" providers sometimes suggests a provider of "last resort" and it is not reflective of the changing nature of the California health care market, which is largely managed care. This gives patients choice. A safety net provider is not necessarily considered a high-quality provider, and this is under consideration when looking to unify services.

California offers full coverage to many and as of now, there are no overtures to end it.

A Commissioner asked how peers in other counties are handling the uncertainty and Dr. Ghaly reiterated that it is imperative to focus on the work.

Other departments like DMH also get funding from Medicaid. DPH is largely grant funded through the Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), but those and many others are under scrutiny by new federal administration.

She noted that so many of our community members depend on our care and if the funding were to end, people would likely end up at the Emergency Department and Urgent Care, which is not an ideal place to obtain care.

There are many variables at play, for example, Medicaid may have new work requirements. Some people may not want public charge documentation. And if less people want to sign up for Medicaid, it could affect healthcare delivery services.

There are currently ninety-one 911 receiving centers in Los Angeles County. Things will go awry quickly if they begin to close.

A Commissioner asked if the nomenclature would change for EDIA to keep the spirit but change the words. Dr. Ghaly affirmed that at DHS, we want to use inclusive language. "DEI" has become volatile and toxic in some circumstances and we don't want to lose people over how we use language. DHS is working to build a workplace where people feel they belong, where they're respected and valued. Similarly, we want our patients to feel welcomed and valued, so DHS will continue to focus on providing excellent

patient care and corresponding outcomes. She noted that sometimes complex problems require creative approaches. She affirmed that DHS does not have quotas on hiring and the goal is to create a fair work environment.

Dr. Ghaly thanked the Commission for advocating for efficiencies that enable DHS to recruit and hire talent. The Commissioners thanked Dr. Ghaly for her time and her dedication and service to DHS.

Commissioners expressed interest in possibly hearing from Phil Gruber, Chief Health Information Officer and Coral Itzcalli, Communications Director.

6. Items for discussion and possible action:

	DISCUSSION/FINDINGS	RECOMMENDATIONS, ACTIONS, FOLLOW-UP
a. Discussion – Commission Site visits	- Confirmed for Long Beach Community Health Center for February 20, 2025	
b. Discussion – Commission guest speakers	<p>January Johan Julian – from DHR came back to finish presentation</p> <p>February – Christina Ghaly March – Jennifer Hunt (ODR) April - Sara Mahin May - Clemens Hong June - Christopher Brown July - Dr. Ferrer August - Hospital CEO September - Hospital COO October - Aries Limbaga/Sylvia Martin November - Barbara Ferrer December - pending</p>	
c. Discussion – 2025 Strategic Priorities	<p>- CalAIM – Commissioner Cousineau – CalAIM Waiver will likely not be renewed. He reported that he had been contacted to appear before a Civil grand jury to speak on the Commission’s CalAIM strategic priority.</p> <ul style="list-style-type: none"> ○ County Counsel wants to ask about the Standing Committee. Meeting will occur next week. It is unclear if we want to sunset the CalAIM standing committee meeting. Spoke with Yolanda Vera and Barbara Siegel to 	

	<p>see why we don't seem to enroll more people into CalAIM. It is possible that moving housing out of DHS. Work requirements for CalAIM will affect revenue for PEH. Work requirements would have to go through federal rule making process.</p> <ul style="list-style-type: none"> - Quality of Care - deferred to next meeting - Workforce - deferred to next meeting 	
d. Standing Committee on CalAIM	<ul style="list-style-type: none"> • See above 	
e. Discussion – Department of Health Services Dashboard	<ul style="list-style-type: none"> • Deferred to next meeting 	
f. Discussion on State and Federal Legislative Policy Updates	<ul style="list-style-type: none"> • Deferred to next meeting 	

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 – Commission staff Allen Gomez read several public comments that were receive via email.

From: Shelby Eidson ste206@nyu.edu

Dear Allen and Robert,

I hope you are both well.

First, I just wanted to send a reminder that I am requesting a transcript for this Thursday's meeting. I also would like to request that I receive it timely (ideally within 5 days).

Second, I would like to submit the below statement to be read into the record at the meeting:

COMMENT:

As many of you know, I have been a Patient Advocate in the County system for twenty years. I am deeply concerned about the psychiatric treatment being provided to our mentally disabled population. DHS has been under scrutiny for some time now because of failings in its psychiatric wards at both LA General Hospital and Augustus Hawkins Mental Health Center. Specifically, these wards have been criticized for excessively restraining patients for long periods, sometimes leading to injury and death. As an advocate I have been investigating this matter for the last two years and have interfaced with patients, staffers and other stakeholders, including experts on psychiatric treatment. I have done my best to relay recommendations for reform to DHS leadership-for example myself and others suggested the formation of an

advisory council for psychiatric patients and their family members, so that they might have a voice in the reform process. Despite the fact that a generous donor offered \$75,000.00 to support this new project, DHS refused to allow it. DHS has also been unwilling to engage the local community in the reform process and has largely kept any plans shrouded in secrecy.

Last year I was approached by a concerned physician in the County system who shared with me that DHS has been closing clinics and eliminating physician positions without holding legally required public hearings. One of these closures, of our Outpatient Psychiatric clinic, was covered by the LA Times-patients were distraught and stated they were given no notice of the closure. Many faced extreme difficulties finding new providers-with some children facing waits of six months or more. I approached DHS in October to let them know they were required to hold hearings at least 3 months before closing any clinics or reducing services in County facilities, pursuant to the Beilenson Hearing Act. I also learned at this time that DHS was planning to shutter the entire Augustus Hawkins campus-leaving no inpatient psychiatric services in South LA, a community that already lacks access to such services. While DHS is opening a new psychiatric ward on the LA General campus-something I absolutely support-they will be eliminating a total of 18 beds from our psychiatric care system if Hawkins is closed. While 18 beds might not seem like a lot-it is. Our state and county are in the midst of a mental health crisis and already lack enough inpatient beds to accommodate patients in need. Eliminating another hospital in South LA will create a care desert-and also does not help to improve the problem of excessive restraints. Patients there will be restrained in transport vans and ferried to faraway hospitals, much like they are now from LA General.

Most troubling at all, DHS has attempted to make these seismic changes in secret-without notifying the local community or holding legally required hearings with the public. It is a sad reminder of the way the County mismanaged and then shuttered King Drew Hospital in South LA-Augustus Hawkins is the last remaining part of this campus. It took three lawsuits and three injunctions to force the County to hold Beilenson Hearings for the closure of King Drew. And here we are again.

I urge the Commission to look closely at this matter and encourage DHS to follow state and federal law. They must include patients and community members, particularly those in South LA, as they make extremely consequential decisions about our health system. It is likely the County will face costly litigation if they continue to flout the law and neglect this vulnerable population. At the very least DHS must hold a Beilenson Hearing to determine this is actually what the community wants and needs.

From: Max Singer maxsingeresq@gmail.com

Good afternoon Mr. Gomez,

Please see below my public comment for the Hospital Commission meeting on February 6th, 2025:

My name is Max Singer, and I am an eviction defense attorney. I represent clients across LA County, including many who live in South Los Angeles. Many of my clients face housing instability due to the lack of affordable housing in this city, but also due to untreated or under-treated mental health conditions that make it extremely challenging to make ends meet. I am deeply concerned by the closure of Augustus Hawkins Mental Health Center, as this will affect an area of Los Angeles that is already severely lacking in care, resources, and support.

Respectfully,

Max Singer, Esq. (SBN 339131)

From: Elisabeth Gustafson elisabeth.elin@gmail.com

Dear Commissioner Gomez,

Thank you for the opportunity to provide a statement. My name is Elisabeth Gustafson. I am a Registered Nurse and an advocate for the unhoused. I work independently and with organizations such as Northeast Neighborhood Outreach and LA Street Care. I work with extremely vulnerable, high-risk patients, most of whom live in encampments in the Northeast LA and downtown area. Many of these patients suffer from multiple conditions; mental illness and addiction are common afflictions. We regularly face challenges getting care for our patients within the County system. Recently, I had to submit a report on behalf of a male patient who left the LA General ER after waiting 14 hours without being seen - this patient suffers from addiction, anxiety, and a multitude of medical conditions. In my work, I have witnessed LA's mental healthcare crisis firsthand. I see how difficult it is for our neediest patients to get the care they deserve. This is why I was shocked to learn that the County is planning to eliminate 18 psychiatric beds, which will exacerbate an already crisis-level situation. Please reconsider this decision.

Thank you,

Elisabeth Gustafson, BSN, RN

elisabeth.elin@gmail.com

907-891-3422

From: Cynthia Anderson-Barker cablaw@hotmail.com>

Hello Mr. Gomez:

Attached please find my public comments for the County Hospital Commission Meeting on Thursday.

My name is Cynthia Anderson Barker. I am a civil rights attorney who works with many mentally disabled County residents. I have also been an advocate for family members with psychiatric disorders.

I understand that the County is planning to close Augustus Hawkins Psychiatric Hospital in South Los Angeles. This planned closure will have severe consequences for a community that

is already without the mental health resources it needs. We are in the middle of a mental health crisis, and we should not abandon South LA by leaving the community without any inpatient psychiatric care. The homeless crisis has many individuals with severe mental illness living on the streets. When residents call 911 for help Augustus Hawkins Psychiatric Hospital physicians can determine whether the homeless individual is a danger to him or herself and others in the community. That individual then becomes subject to a 5150 hold, taking the individual off the streets for treatment. Without this resource, where do residents turn for help? The County should address improving the treatment it provides rather than depleting more resources from a historically disadvantaged community. Litigation is costly and wasteful of County dollars. Hopefully, litigation is not the only way to stop the planned closure of Augustus Hawkins Psychiatric Hospital in South Los Angeles.

Cynthia Anderson-Barker

Attorney at Law

Advisory Board Member – National Lawyers Guild – Los Angeles Chapter

County Counsel clarified that public comments do not require a response. Nonetheless, Commission staff sent messages acknowledging receipt to the writers.

9. Adjournment

The meeting adjourned at 12:25 p.m. next regular meeting is scheduled for March 6, 2025.