LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
HOSPITALS AND HEALTHCARE DELIVERY COMMISSION
Thursday, March 5, 2025

Commissioners	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.		
Laura LaCorte, J.D.	**X**	
Patrick Ogawa	**X**	
Elisa Nicholas, M.D.	**X**	
Margaret Farwell Smith	**X**	
Stanly Toy, M.D.		**X**
Rosemary C. Veniegas, Ph.D.	**X**	
Tia Delaney-Stewart	**X**	
Jennifer Sudarsky	**X**	
DHS Staff		
Allen Gomez	**X**	
Connie Salgado-Sanchez	**X**	
Members of the Public		
Commissioner Stacy Dalgleish	**X**	
Lynette Clyde	**X**	

1. **Call to Order**

   The meeting was called to order at 10:30 a.m. by Commissioner Marshall.

   Quorum was not met at 10:30 and a 15-minute recess was called.

   Quorum met at 10:40 and meeting resumed.

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.

4. **Action Item:**
   Approval of Minutes: February 6, 2025 – Minutes unanimously approved

5. **Presentation – Discussion with Dr. Jennifer Hunt, Office of Diversion and Reentry Director**

The Office of Diversion and Reentry (ODR) was established in 2015 by the Board of Supervisors Dr. Hunt is the second Director of the unit. The Honorable Pete Espinoza was the first. Dr. Hunt began in this role in May 2024. Prior to joining ODR, she worked at the Department of Mental Health (DMH), including at Augustus Hawkins. She worked on Care Court and other initiatives before coming to DHS. This has provided a good segue to understand the overlap of services between DMH and the Department of Health Services (DHS). She is a psychologist by training and a former LA Unified School District teacher. The mission of ODR is to create programs to work with those contending with substance use disorders and who have criminal justice involvement to provide effective means to divert individuals from the criminal justice system to community-based care, housing and treatment ODR has over 150 personnel with an annual budget of $433 million. The unit is under the leadership of Clemens Hong and functions as a complementary program to Housing for Health. The Housing Program works in partnership with the court system to provide supporting housing to persons exiting the criminal justice system. Felony Incompetent to Stand Trial (FIST) and Misdemeanor Incompetent to Stand Trial (MIST) programs are for individuals deemed incompetent to assist in their own defense and are diverted to receive care and treatment through community-based organizations. The Maternal Health program focuses on maintaining family units intact, as much as possible while extending supportive services to mothers with substance use disorders (SUD) and other challenges. LEAD is a harm reduction program that works in partnership with law enforcement. It is intended to keep people with minor infractions from further involvement with the criminal justice system. Some participants are individuals in sex work or who have SUD issues. ODR, Housing, FIST, MIST, Maternal health has served 13,391 individuals in 10 years. The programs have created pathways to ensure permanent housing and care to support those who need it.	

Within the criminal justice system, they refer to the Sequential Intercept Model (SIM). This model addresses the various spaces where programs can strategically intervene to offer critical support individuals. At intercept zero – individuals in the community with no contact with criminal justice system can seek low level help before their problems escalate. A 988 call or crisis intervention service could be activated or a referral to LEAD / Harm Reduction may be enough to keep the situation from escalating. At Intercept 1-2 – there is often law enforcement contact through court adjudication. Intervention in each interception is intended to offer relevant, timely support, such as the MIST / FIST and Maternal Health programs that work in partnership with law enforcement. Pregnant women in CDRF, the women's jail, are referred to ODR to maintain family structure, when practicable. FIST provides individuals with support for their mental health crisis and pauses their court procedures. Reentry Release & Community Support (ODR Housing) supports those with criminal justice involvement by offering SUD treatment, field-based primary care, psychiatry and nursing including medication assisted treatment (MAT), enhanced care management (ECM), Flexible Housing subsidy voucher, and contingency management. Within ODR, this is where CalAIM work is focused. Housing is intended to help people reenter the community in a healthy and functional way. ODR has acute beds at Olive-View UCLA Medical Center for acute medical needs. There are also subacute settings for those with less severity. A segue to supportive housing enables a true continuum of care. Individuals can move between the step-up and step-down levels of care more efficiently because the services are offered within the same department. There are also concurrent levels of support for ODR clients: 1. Integrated healthcare services – delivered by ODR program personnel and community-based organizations, 2. Social services network 3. Supervision court, legal partners, ODR programs, community based organizations, partnerships and social service providers A Commissioner asked about the delayed start of the forecasting to behavioral health connection. Staff is working on discharge planning now with those in the criminal justice system. Someone inquired about the pre-release work flow with ECM. Pre-release coordination of care can tap into 90-day transition to connect needs with	

services. Behavioural Health connect works in partnership with DMH. Some staff work with different departments and know how to navigate various programs to meet the complex needs of the individuals transitioning out of the criminal justice system and into the community. A Commissioner inquired about the Care act. Dr. Hunt noted that Connie Draxler is over the reentry programs at DMH and recent legislation affected the FIST to ensure better care coordination and work with the Public Guardian's office to ensure that the referrals get processed appropriately. The bill is SB 1323 (Menjivar: Criminal Procedure: Competence to Stand Trial; Chapter 646 – Chaptered September 27, 2024). The Commissioners noted that they had met with Correctional Health Services (CHS) and one procedure that was unclear was the handoff between DPSS at discharge and assessing for Medi-Caid eligibility. Within CHS, psychiatric services are rendered and inmates can transition to continue receiving services outside of prison, as needed. Individuals who prescribe psychotropic or other medications can work with a pharmacy that works with the centralized discharge team to ensure medication access continues upon discharge. Dr. Hunt noted that there used to be a shortage of beds and the bed capacity has been built up over time to meet the need. Other more practical impediments can make individuals miss critical court dates, which affects their eligibility to participate in programs. Unreliable transportation or bus schedules can cause individuals to miss court dates. ODR is partnering with the sheriff's department and the courts to mitigate some of these challenges and ease the transition out of the courts and into the community. She noted that all justice partners have this challenge. She also noted that Judges often choose to work around some of the issues in partnership with legal justice partners. The new District Attorney has created a task force to address fentanyl issues and is working through the issues identified by the task force. Overall, efforts are in place to foster safety and health. She noted that the safer our communities are – the better things are for everyone. Healthier people lead to safer communities. A Commissioner inquired about funding sources. Ms. Hunt indicated that the funding sources include federal, State and local sources. There was an inquiry about how the cities of Long Beach Pasadena, who have own public health departments, work with ODR. One of the LEAD programs is based in Long Beach and works closely with law enforcement. There was an inquiry about how to measure the impact of ODR. How does ODR follow-up with participants? What metrics are used to measure success?	

Dr. Hunt noted that initially the metrics were around housing because it was tied to Housing for Health. ODR now gathers and posts data publicly quarterly. The expand on available data regarding the clients who were charged and went to court and were subsequently released to the community. Regarding the definition of success – ODR can report on housing status and community impact. It is difficult to capture data on intangible gains. For example, how can one report on a sense of purpose and effective management of chronic conditions? A consulting firm has been secured to determine what is success for ODR and what type of metrics should be measured. The Commissioner requested additional information on the quantitative and qualitative measures of success. Jennifer will share slides with commission.	

6. Items for discussion and possible action:

	DISCUSSION/FINDINGS	**RECOMMENDATIONS, ACTIONS, FOLLOW-UP**
a. Discussion – Sunset of the CalAIM Standing Committee of the Hospital and Healthcare Delivery Commission	- Commission staff met with County Counsel to discuss the CalAIM Standing Committee. It was noted that the Standing Committee was having attendance issues, it was recommended that the Standing Committee be folded back into the general Commission meeting. - A motion was called to consider the recommendation - Motion passed.	
b. Discussion – Commission DHS site visits	- Commissioner LaCorte discussed the site visit to Long Beach Comprehensive Health Center (LBCHC). - Shari Doi is the new CEO of the Ambulatory Care Network (ACN), which includes LBCHC and was in attendance - LBCHC is part of the ACN Coastal Health Center Group, which includes the Bellflower Health Center, Torrance Health Cetner and Wilmington Health Center. LBCHC is the largest clinic. - One of their strengths is stable leadership - Another strength is their ability to cross train	

	- The clinic staff are interested in offering professional development to encourage growth and advancement - One of the identified weaknesses is county structure, which counters some of the flexibility within LBCHC - i.e. the inability to offer a part-time position within the LBCHC, despite a desire to do so - A challenge is difficulty recruiting nurses - Another identified challenge is that demand exceeds available resources - Some identified opportunities include: the availability of telehealth and technological advances (i.e. Project Monarch) - Immigration enforcement is having an impact on healthcare access because undocumented patients are not coming in for care - Another challenge is unstable funding; there are opportunities to apply for grants, but there is no infrastructure to administer and support the grants - transportation for patients can be unreliable even though it is a Medicaid requirement - access to specialty care has improved with eConsult - weakness – getting assistance with facilities is difficult - LBCHC has an Urgent Care Center - There are also challenges with getting patients in need of medication assisted treatment (MAT) to come in. The next visit scheduled for May will be the Mid-Valley Comprehensive Health Center. Commissioner LaCorte offered to revisit the site visit list and make recommendations for 2025. The Commissioners suggested considering MLK, Jr. Outpatient Center, Hubert Humphrey, LA General, Glendale. The Commissioners discussed revisiting the site visit form. Commissioner LaCorte offered to redraft the site visit form because the current form asks about Covid-19. There was some discussion about who the subject matter expert would be who could speak about	

	creating part-time positions. It appears that would be Johan Julian.	
c. Discussion – Commission guest speakers	January Johan Julian – from DHR coming back to finish presentation February – Christina Ghaly March – Jennifer Hunt (ODR) April – Martha Santana-Chin, LA Care May – Dr. Clemens Hong June – Sarah Mahin, Director of Housing for Health July – NO meeting August – Barbara Ferrer, Director of DPH September - Hospital CEO October - Aries Limbaga, November – Aries Limbaga, Sylvia Miller-Martin December – Coral Itzcalli, Director of Communications DHS	The Commissioners expressed interest in talking with Dr. Gruber, Dr. Guillermo Diaz, Dr. Nina Park, someone over Operating Room (OR) scheduling to learn more about the availability of OR, surgical cancellations, or delays. Commission staff will follow up to set up calls with up to 7 Commissioners.
d. Discussion – 2025 Strategic Priorities	• CalAIM • Quality of Care – ACN – access to gender affirming care • Workforce	
e. Discussion – Department of Health Services Dashboard	• The meeting time was reached and Commissioner Marshall encouraged Commissioners to review the Dashboard and notify staff if there are other areas if concern.	Question on page 5 – what is difference between eVisit submitted and monthly video visit volume?
f. Discussion on State and Federal Legislative Policy Updates	• Tabled 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 – There were no comments from the public.**

9. **Adjournment**

   The meeting adjourned at 12:30 p.m. next regular meeting is scheduled for April 3, 2025.