LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
HOSPITALS AND HEALTHCARE DELIVERY COMMISSION
Thursday, April 3, 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.		**X**
Laura LaCorte, J.D.	**X**	
Patrick Ogawa	**X**	
Elisa Nicholas, M.D.	**X**	
Margaret Farwell Smith		**X**
Stanley 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**	
County Counsel		
Natasha Mosley	**X**	
Members of the Public		

1. **Call to Order**
   The meeting was called to order at by Commissioner McCloud.

2. **Roll Call**
   Allen Gomez, Commission staff, called the roll. Quorum was met.

3. **Welcome and Introductions**
   Commissioner McCloud welcomed all members of the commission, staff, and guests.

4. **Action Item:**
   Approval of March Minutes: – Minutes unanimously approved

5. **Presentation – Discussion with Dr. Sameer Amin, Chief Medical Officer; Charles (Charlie) Robinson, Senior Director of Community Health; and Dr. Michael Brodsky, Medical Director for Behavioral Health from L.A. Care Health Plan (LA Care)**

The Commission requested a presentation from representatives of LA Care in connection with its CalAIM strategic priority. Specifically, LA Care is one of the managed care plans responsible for rolling out CalAIM's programs to its members, including Community Supports (CS) and Enhanced Care	

Management (ECM) and its experiences provide insights into the opportunities and challenges associated with implementation of the program.

Sameer Amin, Charlie Robinson and Michael Brodsky work within Community Health Programs department at LA Care

The following is a summary of the presentation and discussion:

The presenters focused their discussion on the housing initiatives within the Community health program.

LA Care is attempting to move from segmented initiatives to a more holistic / whole person approach to serve members experiencing homelessness.

Funding comes from many various avenues. A challenge is coordinating disparate funding to facilitate short term housing through permanent housing.

Priorities include:

- Short-term housing solutions
- Increasing access to permanent housing
- Finding housing & staying housed
- Access to healthcare and social services

LA Care is a significant player in healthcare and has established programs expected to leverage over $850 million investment through 2029 in assisting the unhoused. Most of the funding comes from CalAIM. Some of the community support services may not continue after the CalAIM program expires at the end of 2026.

In 2025 – approximately $130-135 million is being invested in helping LA Care members to find housing and stay housed. This can be attained via short-term housing and/ore permanent housing coupled with access to healthcare and social services intended to keep people housed.

Community Supports and other direct services improve member access to interim solutions until permanent housing can be secured.

The number of unhoused is plateauing and decreasing; this is because many persons experiencing homelessness are in interim housing, while waiting to secure permanent housing.

CalAIM Short-Term Post Hospitalization Housing and Recuperative Care services provided 95 individual grants planned through 2027 to support activities of daily living. Augmented services are available in interim housing sites and shelters across the service planning areas. LA Care coordinates directly with interim housing providers including Pathway Home, Inside Safe and others.

The housing system in LA is fragmented because so many agencies are working to resolve the complex issues around homelessness.

LA Care is working to coordinate disparate efforts into more cohesive effort to serve members experiencing homelessness. As part of this effort, LA Care has gone to interim housing sites to talk to members to inform them about the breadth of services available to them. Oftentimes people are not sure of what programs they are enrolled in. LA Care are currently focusing on working collaboratively with City and County services to identify members and fortify services. LA Care is making investments in unit acquisition/master leasing options to use housing subsidies. Up to 1,900 permanent housing units are planned though 2027. They are working on a transitional rent effort to add Medi-Cal funded subsidies to the housing options. LA Care's CalAIM housing services have supported over 6,600 move-ins into housing since 2022 when the program was established. The Commission members asked how LA Care is coordinating with other stakeholders, such as LA City and LA County. Dr. Amin stated that the MCP is getting data feeds to determine their member popsulation and driectly enroll members in services. The County has established a coordinating plan – by establishing regions via a new geographic approach that differs from the Service Planning Areas and the Supervisorial Districts. This is intended to tailor services for members experiencing homelessness using a population-based approach. The regions were created with feedback from field medicine providers based upon need. The Field Medicine Program includes DHS, LA County Emergency Centralized Response Center (ECRC), 11 Community Clinics, 4 standalone field medicine providers, 2 academic medical centers, and Health Net. Pasadena and Long Beach are included in Emergency Centralized Response Center (ECRC) regions. LA Care overlays their field medicine teams onto the County's centralized emergency response center so they can match providers and members based on the field area. ECRC can work with field medicine teams, which are contracted providers. The setting of care is generally in the street and can carry over to interim housing. The care delivery model is intended to allow for continuity of care as patients go through different housing scenarios. The patients also get supportive services throughout. Field-based providers are primary care providers who follow an LA Care member from the street to interim housing to permanent housing. The term "street medicine" in this context captures much more than the location where medical care is provided. With respect to aligning processes across health plans, LA Care also ensures has synched their regional maps described above with Healthnet so that they have a more coordinated operational processes	

As a health plan, LA Care views itself as the coordinating force within a continuum of care that works with supportive services, case management, etc. The patient population is comprised of: 1. LA Care members, which currently has 60-70% market share 2. Health Net members, which have synched their processes with LA Care with same providers 3. Uninsured who have never applied for Medi-Cal – fall under presumptive eligibility, and may be assisted through the process to apply for Medi-Cal Permanent Stable housing – there are limits to how LA Care money can be used – money cannot be used to subsidize housing or pay someone's rent – but they can work with other existing groups to support overtures to enable permanent supportive housing. County and City resources can be leveraged to prevent evictions due to a lack of ability to pay rent. As an insurance agent, they work within their scope to facilitate healthcare services with the end goal of supporting folks to obtain and stay in housing. Investments in unit acquisition have enabled the expansion of options for individuals with subsidies. Coordinating with DHS, and other field medicine providers like Healthcare in Action (HIA) that may or may not have a brick-and-mortar clinic they operate out of, has enabled the expansion of reach and services. LA Care works with groups to fund new field medicine teams, which expand the number of people in the field The mission of LA care stays the same, not matter what Medicaid cuts come around. LA care intends to continue being mission-driven. LA Care works with the Department of Mental Health (DMH) for those who need mental health services for inpatient and outpatient behavioral health care. Carelon is the coordinating entity for DMH and DHS to enable field based behavioral health services. Michael Brodsky, Psychiatrist at LA Care – coordinates behavioral health services for LA Care. Dr. Brodsky noted that long-term injectables are proving to be effective. 38% of PEH have substance use disorder (SUD) issues, some have mental health (MH) needs (slightly less than ½ of PEH have MH and or SUD needs) DMH works with the HOME Team, which offers a broad range of services and – can even create on-the-street conservatorships that can provide long term injectables for psychiatric care, as needed.	

Of the total number of PEH in the area, which is estimated at 70,000-80,000 PEH, approximately 50,000 are under LA Care. Approximately 18,700 LA Care members receive ECM sustaining services and navigation services. The data is difficult to ascertain because much information is not collected for health insurance purposes. The Medicaid program is large and there are many ways to cut it and make it more efficient to ensure programs are effective. LA Care will commit to working with State and Federal programs to maintain the integrity of care for patients. Dr. Brodsky noted that LA Care social workers meet with Recuperative care for discharge planning for care coordination. LA Care, as a provider of healthcare, can advocate for what is needed in healthcare and they take the responsibility of coordinating care for the patients to ensure their members don't fall through the cracks. The Commission members thanked the presenters and reiterated the need for the critical stakeholders in CalAIM to continue to coordinate their efforts and reduce existing silos to providing care to this population.	

6. Items for discussion and possible action:

	DISCUSSION/FINDINGS	**RECOMMENDATIONS, ACTIONS, FOLLOW-UP**
a. Annual report	Commissioner McCloud led discussion on the Hospital Commission Annual Report. The commission discussed responses to last year's annual report.	
b. Discussion – Commission Site visits	Commissioner LaCorte submitted recommendations for site visits for 2025-2026. The list includes facilities in each Supervisorial District. Commissioner Cousineau suggested adding a Housing for Health provider.	Commissioner McCloud suggesting reviewing the list and discussing it at next meeting. CSS will send out list to Commissioners for review and recommendations and

	Commissioner Cousineau suggested a ride along with street medicine team	share findings with Commissioner La Corte Commissioners LaCorte & Delaney-Stewart are revisiting the site visit form for further discussion.
c. Discussion – Commission guest speakers	January - Johan Julian from DHR February – Christina Ghaly March – Jennifer Hunt (ODR) April – LA Care May – Clemens Hong June – Sara Mahin July – NO MEETING August – Barbara Ferrer September - Hospital CEO October – Hospital COO November – Aries Limbaga, Sylvia Miller-Martin December – Coral Itzcalli A standalone call has been scheduled call with the physician in charge of operating room scheduling, Dr. Sener, for May 5.	Commissioner Cousineau wants to hear from MH and SUD SME – maybe Dr. Tsai or Dr. Wong. CSS will send questions to Commissioners for questions for Dr. Hong. Scheduling call with Dr. Gruber
d. Discussion – 2025 Strategic Priorities	Tabled to next meeting discussion	
e. Discussion – Department of Health Services Dashboard	Tabled to next meeting discussion	
f. Discussion on State and Federal Legislative Policy Updates	Tabled to next meeting discussion	Commissioners discussed the reordering of the agenda to discuss the fast-moving changes at the State and Federal level.

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 May 1, 2025.