LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
HOSPITALS AND HEALTHCARE DELIVERY COMMISSION
June 4, 2026

Commissioners	Present	Absent
David Marshall, D.N.P., Chair	**X**	
William McCloud, M.H.A., F.A.C.H.E., Vice Chair	**X**	
Mark Marat Hay, Ph.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**	
Brad Selby	**X**	
DHS Staff		
Allen Gomez	**X**	
Connie Salgado-Sanchez	**X**	
County Counsel		
Lynette Clyde	**X**	
Members of the Public		
Jarrod Erdman	**X**	
Karen Morris	**X**	

1. **Call to Order**
   The meeting was called to order at 10:30 by Commission Chair David Marshall. Quorum was not met, and a fifteen-minute recess was called.

2. **Roll Call**
   Allen Gomez, Commission staff, called roll. Quorum was met and Dr. Ghaly proceeded with her presentation.

3. **Welcome**
   Commission Chair David Marshall welcomed all members of the commission, staff, and guests.

4. **Action Item:**
   - Approval of May 7, 2026 Minutes: Minutes approved unanimously.

5. **Presentation – General Discussion with Dr. Christina Ghaly, Director of Health Services**
   - Dr. Ghaly provided an overview of developments in the department.

Revenue

The Health Services Revenue side is waiting for various pieces to fall into place

- Measure ER – preliminary returns show this it will not pass – If it passes, funds will be used to set up a program to cover individuals who are not insured due to changes to Medi-Cal or those with unsatisfactory immigration status (UIS).
- Funding would be administered by Health Services – planning to implement the contracts by the end of the year.

- 1115 Waiver – was sent by CMS for a 30-day public comment period before it gets reviewed. Unclear if the federal government will support continuation of the existing waiver.
- Waiver is largely status quo but expires by December 31, 2026 – would allow for continuation of the CalAIM and Global Payment Programs, Continuation of global payment program (GPP), DSH alternative for drawdown for non-hospital-based sites – this is worth $750 Million net for Health Services
- Without GPP – would not be able to see uninsured in clinics/non-hospital locations
- Billionaires tax – going to ballot in November – 90% of one-time funding would help pay for healthcare
- It's not possible to accurately project with so many pending pieces; cuts will be inevitable, but cannot estimate until the implementation rules are finalized
- Also waiting on release of two proposed rules relating to state directed payments and Medi-Cal reenrollment eligibility. Medicaid eligibility – DPSS is lead on this although the requirement for physician documentation and assessment that someone is unable to work falls within healthcare. It is largely subjective and challenging for physicians to attest
- The rule regarding Sources of Intergovernmental Transfer (IGT) is still pending with OMB, which is how Health Services fund supplemental payments
- Working on rate structures with health plans – difficult to project impact
- Not making service reductions at this point, but cuts are inevitable
- Health care costs and labor costs increase every year

Cost savings

Hiring freeze still in effect

- Management hires are being denied
- Nursing and financial services have a hard hiring freeze
- Cut overtime
- Paused revenue cycle system procurement with Oracle; the pricing was not sustainable
    - Alternative plan would be a one-year delay – exploring other ways to implement revenue cycle management. There is an alternate "Plan B" that is going to the Board tomorrow and can be discussed at the next meeting.

Question – if measure ER passes, is the $220 million estimated, is that the full anticipated amount of the 45% that Is proposed or is there another percentage that would go to covering other costs of DHS?

- The Measure is anticipated to bring in about a billion dollars a year every year for 5 years
- DHS, as part of the spending plan, would receive 22% to support overall operations.
    - Approximately $220 million
- 45% of the spending plan would create an access program for uninsured individuals
- The money would go to community clinics to support access to care
- To the extent that community clinics can provide the patient needs, all the money will go to them minus administrative costs for claims, billing, IT, eligibility determinations, etc.
- If the community clinics cannot provide certain types of care, ie. specialty care, diagnostics, we will need to set up a network and part of the money would go to support those services

Question – regarding the work/volunteer requirement and medical exemption how many people will lose their Medi-Cal because of this? Have you done this calculation?

- Available data show estimates ranging from 400,000-1.3 million for LA County
- Other concerns relate to various HR 1 elements such as eligibility and redetermination requirement every 6 months, community engagement requirement is part of that

- The State proposed a $50 per month premium on UIS populations in the May revise – unclear if this will go through; freeze on UIS enrollment – collectively these factors will influence insurance coverage

Question – regarding the $1.8 billion fraud in California claim from Federal Government, what's the read on that?

- Not expected to affect DHS because the approximately $1.3 billion withheld from the State pertained to home health and hospice and we don't run those services

Question - from the May revise – is the county advocating to delay some of the proposed changes?

- DHS would prefer the state not increase the premium to $50 per month
- It may push more people off full scope Medicaid, coupled with the enrollment cap, that could limit coverage.

Question – are you involved in FIFA preparations?

- EMS Agency has been working with FIFA, the Olympics and the Super Bowl to ensure emergency plans are in place
- Advocating for more on-site medical care to reduce ambulance traffic and stress on local emergency departments

Question – Is there any update on efforts around philanthropy?

- No update on this (put on list for next HHCDC meeting)
- Considering different models for this effort
- Liz Jacoby is lead on this

Question – regarding work requirements and helping people get job training. How can we do that and get support to do that for the volunteering and work training requirements?

- DHS is getting certified as a Workfare Site through DPSS, so our facilities will have opportunities for people to perform various activities and use that paperwork through DPSS to get exempted

The Commissioners thanked Dr. Ghaly for her presentation.

6. Presentation – General Discussion with Joshua Rutkoff, Director, Organizational Development, LA Health Services

- Mr. Rutkoff introduced himself
- Strategic Priority Goal 5A – Build a highly skilled, engaged and resilient workforce and equipping managers with skills needed to strengthen staff engagement and performance
    - Enhancing staff safety, wellness and resilience
- Mr. Rutkoff presented on two programs: Transforming the Organization Through People; and Breakthrough Senior Management Training.
- Transforming the Organization Through People (TOP) since 2018
    - Deeply engaged committed workforce helps organization meet its goals of providing excellent care
    - The format of training session required building relationships and interpersonal skills via in person discussion
- Prioritized new supervisors first

- Initially selected supervisors who supervised others and have expanded the definition thereafter to account for nuance
- Began with 2-day program and in 2025, added a third day in response to our work around equity, diversity, inclusion, and anti-racism to demonstrate what it means to be an equitable, inclusive leader
- The program includes both physicians and non-physician leaders
- Have resources available to managers so they can use them to help build teams
- Program participants overwhelmingly report using the skills learned in Top on a regular basis.
- Over 2,300 supervisors and managers have participated in program

Question – how do you identify supervisors? Who qualifies as a supervisor that would get into the program? Do you have a list of managers, or do you have to manage a certain number of people?

- Went through HR system, starting with anyone with direct reports
    - There is nuance, some do not have direct reports, but functionally they're leading teams.
- Training sessions mixed clinical and non-clinical leaders
- We wanted to create a speak-up culture when people can ask questions without being rebuked or punished
- 100% of alumni who responded to survey said they had seen positive results because of the TOP program
- Participants have access to ample resources for team building
- 64% of program alumni report using at least one transformational leadership skill often or very often

Question - How often is TOP offered?

- It was offered several times per month through the last calendar year and has now been paused
- Have now reached most of the leadership staff
- The program required 24 hours of engagement in person, and this is no longer feasible

Question – what kind of curriculum did you use?

- Developed our own, which was contextualized for health services

What's next – Breakthrough Senior Management Training Program

- Focused on senior leaders
- Managing budgets and finances
- Fiscal stewardship
- Resource Optimization
- Managing Performance
- How to run a team as a small business, this is a new approach
    - Ensuring leaders understand their situation and how to plan long term
- E- learning opportunities before attending the training
- Introducing expenditure caps

Question: Are there plans to work with new staff?

- Working with tier 1 first – those who work with ELT and sequentially reach next levels of managers

Question: What is the buy in?

- Early stage, but due to the fiscal crisis, we are responding by providing tools to navigate it
- Sponsored by ELT

Question: Does your unit report to HR or Dr. Ghaly?

- Organizational development team reports to Liz Jacobi

- Organizational development communicates regularly with other departments to share information

Question: How do we measure success for Goal 5?
- Data points (who is getting into financial systems; who is staying on budget)
- Press Ganey (employee engagement)
- Staying within or under expenditure gap

Question: How do you measure employee engagement and longevity?
- This is in progress
- In terms of wellness, work closely with Charmaine Dorsey who oversees employee wellness
  - Helping Healers Heal (H3) regarding secondary trauma for witnesses of adverse health outcomes

Question: Efforts to develop benchmarks to measure effectiveness? Will that be part of training? How will we know success in the organizational Goals?
- Measure people accessing online tools
- On performance side – ensuring only appropriate cases are escalated

The Commissioners thanked Mr. Rutkoff for his presentation.

7. Items for discussion and possible action:

	DISCUSSION/FINDINGS	**RECOMMENDATIONS, ACTIONS, FOLLOW-UP**
a. Discussion – Site Visits	Next Site Visit: • Rancho Los Amigos National Rehabilitation Center – June 18, 2026 10-12 • High Desert – October/November	
b. Discussion Guest Speakers	January – Canceled February – Caroline Balfour March – Dr. Phillip Gruber, Kevin Lynch, Christopher Rodriguez (Project Monarch) April – Canceled May – Dr. Lisa Wong (DMH) June – Joshua Rutkoff (Leadership Development) July – meeting dark August – Dr. Jackie Contreras (DPSS) September – Dr. Barbara Ferrer, DPH October – Sara Mahin November – Shari Doi December – Charmaine Dorsey or CHS – depending on who is available	Discussion on revenue cycle management implementation, contingency plan Invite Charmaine or Dr. Belavich; consider someone who can speak to Plan B of RCM implementation
c. Discussion – Annual Report	Responsibilities and divvying up the work	AG and CSS will update the last Annual report and Commission will review and discuss August
d. Hospital Commission	Population Health	

2026 Strategic Priorities	• Does DHS identify metrics used to measure success and can commissioners get access to that data or information? Clinical service excellence • Improve the patient experience of care Enrichment and Staffing Goal 5 – heard today Fiscal sustainability goal 8C • This may be reassessed to determine success considering new Revenue Cycle management process Consider thinking about goals across sites, systematically as opposed to thinking in terms of units. • What are the metrics? What is the data? How do we get access to it? How often can we obtain it? Consider adding a question to the site visit questionnaire to determine how the organizational strategic priorities trickle down to the facilities? What are the data metrics to meet the goals that ELT is using to assess their success in meeting strategic goals?	
e. Discussion – Department of Health Services Dashboard		Discussion tabled until 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.**

   This is the last meeting at 313 N Figueroa St. next meeting will be in Alhambra at the Department of Public Works.

8. **Public Comment – no public comment received.**

9. **Adjournment**

   The meeting adjourned at 12:22 p.m. next regular meeting is scheduled for June 4, 2026.