Transcript

March 19, 2025, 4:00PM

Room 140 0:06

Good morning, everyone.
I'm Jack are tune in with the chief Executive office and I'll call the meeting to order now. Please note that city will be muted for all you can unmute.
Yourself using the teams app or by dialing *6 if you're calling into the meeting. As a reminder, 2 minutes, we will now start with introductions in this room with abortion first of the district.
Hi everyone.
I'm Tyler Cash from supervisor barger's office, Yolanda from Holly Mitchell's office.
Hi LA from Supervisor Han's office.
District Alexandra's 4th district. Hi. Esther Lim, 4th District district.
I also do introductions in the room. Go ahead.
My name is Rachel Tatum, with the long Term Care Ombudsman.
Very young CEO budget.
You know, CEO budget Agnes Apani and CEO Raghur Sharia.
CEO budget Anup per our CEO budget CEO.
Budgetary CEO budget Erica Bonilla, CEO budget. Thank you.
Let me check on on virtual too.
We're gonna go virtual now.
Most of the CEO budget is here, so I'm not gonna ask if anyone else from Co is down here.
But we have representatives from the first district on the call.
We have representatives from the 2nd district on the call.
We have representatives from the third district on the call.

Fox, Aaron William 1:39

Aaron Fox, third district.

Room 140 1:40
OK.
Thank you.
We have representatives from the 4th district on the call.

Sulic, Ivan 1:48
I installed it from the 4th district.

Room 140 1:52
Thank you.
Do we have representatives from the district on the call?

Croxton, Sandra 1:58
Hi Sandra Croxen with SC5.

Room 140 2:02
You do.
We have representatives from County Council on the call.

Behnaz Tashakorian 2:11
Hi, this is benna Sasha Korean from County Council.

Room 140 2:17
Have representatives from public health on the call.

Ben G. Phan 2:21
Hi this is benfan from public health.

Robert Ragland 2:25
It's Robert Ragland from public health.

Sandy Song 2:30
And sadly, song from public health, substance abuse prevention and control.

Room 140 2:30
OK.

Azar Kattan 2:36
Azar, Ketan from public health Health Protection Bureau.

Room 140 2:44
Thank you.
Do we have any representatives from mental health on the call?

anonymous 2:52
Crystal tibby.

Room 140 2:56
Thank you.
Do we have representatives from health services on the call?

Ovsanna Thomas 3:00
Good morning, opsana, Thomas.

Richard Tadeo 3:03
Richard Tadeo from DHS Emergency medical services.

Jean Pallares 3:10
Gene Polaris from pharmacy services.

Beatriz Mejia 3:15
Beatrice Mechia from DHS contracts and grant.

Room 140 3:22
Thank you.
You have any representatives from any associations organizations on the call that like to introduce themselves.

Maura Gibney, CANHR 3:30
Hi Maura Gibney from California, advocates for nursing home reform.

Room 140 3:31
Thank you.
Hugh, do we have any members of the public on the call that would like to introduce themselves?
We had a couple of other folks from the board offices that joined.
Would you like?
Galesville County Council that just joined us, Randy Moore County Council.
Thank you.
We will now proceed with today's meeting. As noted on the agenda, we have one presentation, item 4 information items and two board motion to board motions.
We're going to begin today's meeting with the presentation item going first and the presentation will be with the health services presenting first.
Do we need to scroll that back?

Richard Tadeo 4:25
Good morning, deputies.

Jodi Kurata 4:26
All right.

Richard Tadeo 4:27
This is Richard. Today, the director for the Emergency Medical services. With respect to this resolution, the county.

Room 140 4:36
Sorry, Ricky.
Hi, this is Erica.
We're actually going to take the items out of order, so we're starting with the budget item first.

Richard Tadeo 4:41

Oh.
OK, sorry.

Room 140 4:46
Thank you.
He's ready to go.
I like it, OK.
So DHS, given the uncertainty over future federal funding, which you just described when briefing their fiscal outlook recently.

Jodi Kurata 4:53
Cool.

Room 140 4:58
Consequently, the budget request here you see here before you is represents very, very modest increases to a few programs bulk of their cost increases are related to salaries and expens.
Es, which largely can't be evoked.
With that, we'll go through each item.
OK. For the first item, we have the Kurt Hellman for DHS. And this curtailment is for the juvenile health.
Now court Health Services unit and this reflects a reduction of three positions and some overtime and this position has been vacant for over 3 three years and the reduction will not have a major impact on health services.
Heading into the new expanded program section, the first item reflects what should be the last major piece of big General's transition from the old MSAA.
To reflect the last piece of LA General's vision from the old MSAA with with C providing these physician services in house.
Recently spoke with LA General Management yesterday and they are very close to finalizing the new MSAA with USC at a reduced level services.
Has questions as we as we go or at the end. Were you in the end? OK, got it. Thank you.
Yeah. The next adjustment is for the Office of Diversion and RE entry.
So this adjustment reflects an increase in $18.368 million.
Along with 14 positions and this is fully offset with revenue.

This adjustment will support the incompetent stand trial program with 12 positions and contract services appropriation.
Also, this will include realignment of existing resources to fund 2.
Harm reduction position.
The next adjustment is for the SCH recruitment and retention bonus.
This adjustment reflects a 5 million ongoing NCC funding for to right size the recruiting and retention bonuses for ICHS for select ichs positions and this became effective May of 2023. The adjustment would bring the budget to match the actuals.
Before his other program changes, this adjustment reflects an increase of nine positions to partially offset by the deletion of eight positions, expand services in areas such as psychiatry, gender affirming care, data analytics and leadership development.
Moving on to other changes, items one through 4 are all finance targets related to salaries and employee benefits.
And number item number 5.
These are pharmaceutical costs, so these adjustment reflects an increase in pharmaceutical costs based on anticipated utilization trends as well as an estimated 5 1/2% inflation in price.
Moving on to item 6 for capital projects, can you move it up a little bit?

+12*****76** 8:13
Answers.

R1 **Room 140** 8:15
Item 6 reflects a decrease in appropriation.

+12*****76** 8:16
I think so.

R1 **Room 140** 8:19
This is based on projections from our CAP projects team and CEO that some of the projects for DHS will be closing out this fiscal year.
Item 7 for lanes reflects a $2,000,000 onetime funding to support the operation of lanes.
Item 8, onetime funding.

This reflects the removal of prior year funding that was provided on a one time basis for the housing per health programs OBR and there is other programs in DHS.
The bulk of this adjustment is what we call finance targets Plan Z funding, AB109 funding and other funds for housing for health programs item 9.
The ministerial changes this reflects increases in insurance costs, judgments and damages, utility costs and other border contracts.

+12*****76** 9:02
Yes.

R1 **Room 140** 9:09
Lastly, item 10 reflects the revenue changes, operating adjustments and some miscellaneous items revenue wise.
Overall, Ddts is reflecting an additional revenue this budget cycle and just as operating such the adjustments are to balance the budget and the miscellaneous items, there is additional NCC for.
Participation of the AB 85 M OE as well as take away from DHS for their portion of the Ihss Moe.

+12*****76** 9:40
DHS sex.

R1 **Room 140** 9:40
Without worrying.
Right. With that, we're happy to answer any questions.
OK, I will go start with a second and I just interrupted those joining us with the telephonically.
Can you please mute yourselves on your end in case you need to unmute to speak?
I if I mute, you might not be able to unmute.
Yanda, what positions were deleted from juvenile health?
Suicide Pre clinical vocational nurse positions. They currently have 11 budget positions and nine are currently vacant and read that were deleting have been vacant for over three years.
There's just no applicants for those, or they haven't been able to fill the positions for awhile.

Yeah. How many make offers?
There's there's nine making positions I'm not.
What the hiring process has been, but they have been using a lot of registry nurses to fill in those positions. So they've gone that route as far as filling.
I think so.
The position is completely being deleted.
They're not reclassifying it. No, no.
I was curious.
The total cost of the MSAA and LA general and the total number of positions created.
Yeah, I I had that.
I can e-mail it to you if it's easier, but for now we're adding the total of 277 positions. Old MSA was valid at 145,000,000. The new one might be in the 50 range, but do an apples apples comparison. It's hard to note that.
Time since USC canceled.
Essentially canceled this NSA.
You know our accounting positions have gotten increases in their salaries and if we had stayed with the old MSA.
Those positions likely would have gotten similar pay Bops, so it's hard to do apples Apple's comparison.
New MSAA should be roughly around 110 fte's worth.
So we had 277 on our end.
Msaa roughly around 100.
Mentioned that there was a projected increase in retirements.
What is the budget increase of retirements? Didn't this?
$26 million in appropriation.
It's 20.
Yeah.
So it was in the changes on sale.
Retirement number two other changes.
#2 the 26,000,026 million.
What's the projected increase in retirement rates?
Oh, that's that's you're talking about, like percentage wise? Yeah. Is it did, meaning that more employees are retiring at a faster rate.
Is that what the?

I'm just curious about the word increase.
What? Yeah, we have to connect with our CEO finance folks.
You know, they're the ones who made these projections, OK?
So we have the detail there county wide adjustment though I'll say.
So every department that comes in, you'll see their commensurate portion of retirement cost increase.
And there is a a significant component embedded here related to pre funding county retirement benefits.
So there was a multi year plan to ensure that we were fully funded with the retirement benefits for county employees when they retire.
So there is a staged like whatever it was like a 10 year plan where somewhere in that range of the 10 million should be in the 10 year plan.
We're somewhere in that range.
With prefunding that so that we're not, so that we're fully.
Up to date.
With that funding.
But you'll see that this adjustment is gonna be presented for all of the other budgets.
It's the typical central finance adjustment to match the budget to existing retirement costs.
I was curious because when I when I saw the work increase, I didn't know if it meant an increase in the rate of employees or retiring increase in cost. OK, got it.
Questions for now. Thank you.
1.
No other questions for me.
SD4.
Thanks. I'll start if that's OK. I have some questions.
So for the for the odr, once you said they're offset with revenue, is that state revenue for the if it's Department of State hospitals revenue? OK, I thought. And then the number three, this recruitment and retention bonus right sizing you said, can you explain what that means to?
Right size. The recruitment and retention bonuses.
Is that because they were offered and then CHS hired so many people that now they need to?
Pay more in the bonuses.
Yeah. So the originally the retention.

Bonus way to effect in 2324?
So let's see if it aside, $20 million to finance that since that we've had.
Increase in retention of employees and recruitment.
So there's worked right?
That's what the data shows, so we're just trying to right size the funding that they have, the budget that they have to be able to absorb the cost.
So you put aside 20 million, the bonuses worked. We hired and retained more people.
So now we need to add more money, right? Exactly right.
OK.
Thank you. And then?
My last question is about this eight, this one time funding removal, right?
It's a lot of money being removed.
I understand it's one time funds everyone on 9 plan C but removing this one time funding now is that gonna have any impact on programs with that one time money only used for capital things or is removing all this funding?
Programs. So for the plan Z, most of the money like 100 over $100 million for permanent supportive housing.
And some of the funding is also for capital improvement like a 50 million is for capital improvement intermediary projects. So one time project this this adjustment is usually in the recommended budget when we remove the one time funding and then at the supplemental budget we carry all the.
Way didn't spend, so you'll see.
How's this Monday going back in the budget for the next year, OK.
Thank you. But some of it was for capital projects, OK, that is being removed. OK.
Thank you.
Those are my questions on add a piggyback on to that for the one time funding you just talked about, was any of that for permanent housing sourced from like the major HR major, a sales tax revenue or was this completely separate as well?
OK.
That's my question.
Anyone else from SC4?
Yeah, actually just on the retention piece.
So you know, to kind of point, right?
Obviously the retention thing worked.

We forecast that it would work and then we were eventually gonna have to add more, is that not?
I'm assuming that we were, so we do track.
Yeah, we're aware that there is a maximum exposure.
That's much higher than what we're actually investing financially in the budget and we're tracking to that.
I think what we try to avoid is overfunding it savings. You know you have extra money in your bank account.
You can quickly, you know, think.
That is readily available.
So it is programmed as needed.
33 I do have a few questions, so going back to the juvenile Court Health Services unit, you mentioned that you are using registry or DHS is using registry nurses to fill that.
So is there a reciprocal service delivery mechanism to make sure that we're continuing these services or do we are we, are they planning on sunsetting it?
What's the plan?
As far as the services that they provide goes, they are able to provide the services at the current level without having.
Essentially, the staff involved, they've had savings in the prior couple of years where they've shown the financial ability to absorb.
Curtailment here so.
We were thinking is that they are able to carry on with their services needed.
Without essentially having this component present.
Yes, so so the the registry nurses that are currently filling those roles, they're not actual positions. They're not actual positions they come from.
From where they they come from their SNS budget?
So they contract those out.
So is a plan for DHS to continue to contract these services moving forward?
Yeah. With the they've had challenges with hiring and so they've.
They've kind of pivoted from their employment plan where their contract, a lot of staff out, registered costs have ballooned over the years.
OK.
That's really helpful.
So the the services are being provided at the capacity, OK, at the capacity needed.

Thank you.
And my next question is on #2.
So there's 14 positions to come stat trial. You said. Twelve of those are for that and then two for harm reduction.
What are the harm reduction positions?
So the harm reduction positions.
Well, there's one position for a drop in center.
And then there's one opposition for health clubs.
So these are kind of the administrative oversight kind of positions.
They do physical management.
They implement the programs.
They coordinate with the group, so that's kind of the administrative purpose for.
Will this lead to increased service delivery? Is there more support?
This is more support that will that could lead to increased service.
Delivery because they'll they'll have better coordinations. The actual direct service providers don't have to.
Each of these administrative duties.
My next question on #4.
I'm so glad to see expansion of gender affirming care.
Can you provide more info on what that is so that LA general they added an additional physician like a six year physician for their plastic surgery residency program?
So they went from 18 physicians in that program to 19. That's wonderful.
One more question, sorry.
Yes, on #7 for lanes is that the has that been the consistent annual cost for DHS we have been providing one time there was a commitment of three-year and that ended this fiscal year.
So this is a new commitment for another city year to provide 2 million each year and this year this 2,000,000 reflects.
One of that three-year new commitment.
Has it always been 10 million? Yes.
Now this is the start, the start of another three years. Mm hmm.
I wanna ask the colleagues online and then I'll end with even myself.
Folks board offices online have any questions for health services?
Do you have any questions, Ethan?

I just have one question. Under the capital projects, again, going back to that you have unless I missed an attachment here like a list of what those capital projects were.
Yes, we do have a list, OK.
It's a bunch of them.
I can you have an estimate like how many there was?
Who at La general?
But it's like parking structure for medicine.
I can send you a list, that'd be helpful.
That was my only question.
For follow up on the incompetent to stand trial, I don't ask the positions are those for the new facility that we're putting it in, general.
No, these are.
These are for the FIST program. The felony confidence stand trial program.
So it's it's not in a new facility.
Any other questions?
I think we're good then.
HS budget.
Thank you. Thank you.
And unless my colleagues want to say, I'd like to say, oh, we need to dmh next.
I was like, I wanted to do the DHS at first, so that way.
But hey.
How can we go to the?
So we'll start with the new and expanded programs for dmh.
The first adjustment here reflects the addition of 13 positions.
This is to support the forthcoming transition from MHSA to bhsa.
The positions will support various areas, including program administration, community engagement, reporting and data.
2nd adjustment here reflects the addition of eight positions. This will support dmhs housing programs.
Which will support the management and administration of Dmhs growing number of housing resources.
The adjustment also reflects the addition of funding to support about 180 additional housing subsidies that are provided through DHS.
3rd adjustment here reflects the addition of 13 positions and funding for a psychiatry

fellowship, and this is to improve outcomes for children and adolescents.
This will support efforts to have directly operated programs that have child components.
Function as fully developed. Child clinics enable appropriate access to resources and allow DMH to invest in doctors that are trained in this specialty field.
#4 reflects the addition of 17 positions to support six additional psychiatric mobile response teams or what we call PMR TS. This will support the reduction of response times for the alternative crisis response, field intervention teams, and it's needed to reduce dmh's current response time of about.
Two hours as the state's benchmark is one hour for urban areas.
This adjustment also reflects additional funding for contracted respite and recovery services.
#5 here reflects the addition of 27 positions to support direct mental health services.
This includes 19 positions for pharmacy, laboratory and other services that are provided through DMHS directly operated mental health clinics. Positions for public guardian and two positions to support other direct services.
Moving on to other changes.
For one, here reflects the addition of 49 positions for program support.
Includes 22 positions to support a full recurring disorders program.
11 positions to support pay and child outpatient programs.
10 positions to support health access and six positions to support various other programs.
2nd adjustment here reflects the addition of 22 positions.
This is for central admin support.
This primarily includes additional it positions and funding to support the recognition of completed reclasses for human resource and finance positions.
3rd adjustment here reflects the reversal of one time funding for Dmhs alternative crisis response program.
This is primarily one time off 109 funding. We'd expect any unspent funds from the current fiscal year to be carried over to next fiscal year as part of the supplemental budget process.
Us.
4th adjustment reflects various ministerial changes to better align Dmhs budget with anticipated funding and expenditure levels.
You'll notice this is a negative adjustment as it primarily captures Dmh's initial

attempt to right size their SNS budget, which is part of a multi phase effort to right size their operating budget as a whole.
Finally, the last four adjustments 5 through 8 finance targets that are related to salary and employee benefits.
That are county wide.
And with that, I will take any questions for DME.
Sorry, didn't get here.
I'll let Elizabeth start real. Thank you.
I think my first question is there's a a large shift in positions that are being funded. How is dmh funding the 140 positions?
Yeah. So there's a mix of funding, but with dmh in general, they're primarily funding sources with the medical state realignment funds and MASA funds.
So those are the three primary sources that we use for the positions.
But it really depends like direct services positions are funded with a different mix of those funding and say the admin positions, but those are three primary.
There a breakdown that we can get seeing where those kind of buckets come from.
Of course we can give you a a listing of all the positions and what the funding source is.
My second question is on the behavioral Health Services Act planning the oppositions.
I'm curious to hear what that community engagement looks like, and specifically how many positions for that.
Yeah, I think from what we've heard from Dmh, they're still kind of in the planning process to figure out exactly what will be needed to implement phase. In general, Bhsa requires a lot more stakeholder engagement.
So this is really like a first phase.
Of the positions that they'll they'll need for this.
Let me see if I have.
So mostly these positions are being added to their mhsa administration and oversight division.
So they have about 40FT es there and they're requesting 10 more for the phase implementation and it's really to to kind of meet all of the needs of the HSA, including the community engagement and the reporting and data piece, which is also very different. Just say that.
As for the housing resources, I was wondering if there's gonna be 180 additional

housing subsidies provided.
Do we have a current forecast of where those subsidy?
Or select which ball areas you wouldn't have those yet because they once they receive the funding, they'd work with housing for health where they work with brilliant corners to get.
Basically, permanent housing across the county based on the need of of the person that would be in the program.
So it's not like they determine where it would be and then find someone it. It goes based on client need.
And there's no current like wait list with those.
Housing subsidies.
That's kind of tricky because there's all types of different different housing types that I'm sure some of them have wait lists, while others kind of maybe have beds that are not being used.
It's really being looked at.
I would say the image as a whole and the county as a whole to try to maximize the utilization of that. But these would essentially be a federal subsidy that could be used for a specific dmh client.
That would then get a permanent supportive housing through a brilliant.
This is what these hundreds may be.
And final question specifically for the alternative crisis response.
Positions. Where are those being housed within DMA?
Yeah. So these will actually be mobile teams that are county wide for the mid shift area.
So Dmh does have specific teams by SPA, but they've also seen a need that they need to have teams that can really roll out county wide.
And they've seen a need specifically in that mid shift.
Time frame for all six of these teams would actually be county wide midship team.
Thank you. And mid shift is 4:00 PM to 10:00.
That's a very good question.
I know I have it here somewhere.
I will think it's around there, right mid shift three 3:30 PM to 2:00 AM.
Two more questions to follow up from Elizabeth's question when you share.
Thank you for sharing the positions in the funding source.
Can you share where they're going to go?

All of the new positions we can share the programs, but we might not have like exact locations that come from Dmh, where they're gonna be assigned and some of them like for example, these ACR positions are really.
In case I'm looking at Crystal in the back crystal, is there a way that DH could just provide a breakdown of where?
Windsor County wide, which ones that are precise and where they're assigned. We'll provide what we need available.
So OK for county wide and if there are positions already assigned to a location?
One more question for me that I wish I asked.
DHS continuing resolution, the impact on dmh that you see and know about now.
So I can take a crack at that.
We obviously the budget is a multi month multi year process, right?
Do a point in time assessment assessing possible risk.
So I think.
You see kind of things happening every day that we wouldn't have expected, right?
That are kind of outside of the normal course of business at the federal level.
So what I've what I've shared with the budget deputies as well is if we see that there is a challenge.
That impacts the budget.
We have the final changes budget phase that goes to the goes to the Board of Supervisors in June where we have an opportunity to take a second look. If there's anything that we need to tweak in the meantime.
But I think in terms of a crystal ball, everybody's you know, I think wondering the same thing and and we don't have really a clear sense of of impact at this point.
I presume the answer is the same with all the departments, yeah.
It seems very fluid at the federal level.
That's why putting this one.
Thing is, it's a case by case we we looked at the departments on a case by case.
So in some instances, depending on the funding source.
Point in time, which is why you'll see in these departments Medicaid funded components of the programs moving forward in other instances where we saw another funding source at the federal level assessing risk. There may be a decision to defer until the next phase.
So we didn't take a uniform approach.
We tried to be more strategic and take it case by case and so that's why you'll see in

some instances, federal funding coming on the line specifically with Medicaid.
In other instances.
It says thought it best to to hold and then again I think what we have is the second opportunity in June.
To add on the line, once we have a better sense of certainty that things are.
Yeah, for the program supports.
I know you mentioned there are four, nine positions for different programs.
Can you provide us a list of like which programs are being supported via those positions and call currents, order programs, state programs that are in this? Yeah. So when we provide the listing of positions, we'll also show the the program.
Yeah, that would be really.
There's, there's a lot. Yeah, I'm sure.
And then for the housing resources, it says that there is an addition of 5.3 million in funding.
What is the funding source for that?
Five point.
It's primarily mhsa.
I have no questions, really excited about the pmrt teams.
I really hope that that helps bring our average down because that time is really where the crunch is.
So that helps what dmh is looking at as well.
I know they've been very methodical and strategic in requesting positions like you said, county wide and during the specific time to make sure that we're adding teams when we need unaware. So no questions.
OK, FC-3 still following on that and thank you all for your questions. Because you asked a lot of mine.
So it'll be easier for you all, but following up on that, I do. The Dmh actually believe that these additional six teams will reduce the response time to one hour.
Well, I'd say they believe it'll reduce their response time, whether it gets them to an hour, it's still something that they're evaluating. Dmh is looking as a whole to see, you know there's the PMR teams that are internal, directly operated dmh teams.
And then there are the contracted teams.
That they have.
So they're kind of looking at, you know, what's the right mix of of these two to try to get those response times down.

They're looking, you know, also at the, the the time of day that might be kind of dragging this average down and that's why they're adding the mid shift.
So from what we've been told, dmh what she said was strategically adding a a certain number of teams to to then reevaluate what their response time looks like and see, OK.
Did we get down to one hour?
If so, is one hour even where we want to be?
If not, you know, should we be adding more contracted teams or more PMRTS?
It's something they're looking at on a consistent basis and that we'll be working with them on any updates, especially if you see more teams being added in the future.
And can I add just to follow in supplemental, they got 40 positions added for pmrt.
So I know that.
They're actively hiring.
That's twenty more teams.
So this six more teams is in addition to the 20 that they're currently hiring for.
Total wow, wow. And 50 with these six teams, they'll have 57 teams in total, 57 PMRT.
Yes, PMR have more than that. 'cause they right now they have 71 if you include M cod and PMRT correct so.
They're gonna have like.
I need you to be sizable. 95 teams. Yeah, but remember, it's 24 hours.
So so and I believe another thing that they're doing on helicopter to reduce the times is they're launching a new centralized dispatch system and that should be launching in the next few months. I believe I was not given a direct yeah timeline, right.
They're working on it, but that will help for all these different streamlines.
So yes, and it'll streamline the dispatch process, right?
So I think it's all these things together.
Whether they're hoping down the time so my follow up to that.
Is all wonderful.
How long will it take to evaluate? Are we talking another year down the line?
I think they're doing consistent evaluating, but if we want it to be realistic, it's going to take time to hire onto these positions and get the teams going.
So I probably expect the reevaluation to 612 months, you know and again that that's likely not a a final reevaluation because this is something that they're looking at point in time and they're consistently trying to improve to get us to the point where

we can respond as.
Quickly as as we feel the services needed.
They collect the data monthly too, so it's published monthly 'cause I just don't want us to be here another year from now.
And I mean, I understand there's a lot of really great work happening, which is really exciting and I'm looking forward to seeing this response time decreasing significantly.
But I I also don't wanna wait on the evaluations to to. They do have biannual reports for the board that are submitted.
So they are tracking this and reporting out on at least the biannual basis report.
That's a great one.
My next question on #5 for the Lp's conservatorship program piece.
Will this support SB43 or is this different?
Oh, this is this is different.
This is more so to right size their current operations just based on the caseload that they're seeing right now, the the referrals have been increasing over the last few years.
There was a second courthouse opened in Norwalk.
Back in 20 thir.
Back in 2023, so this is more to right size their overall program to meet their current.
OK.
There isn't anything in here as a really stressed B 43 at this point in time. Not yet.
And I know there was a question asked about location where the staff will be located where possible, particularly I am interested in the child and Adolescent program where those staff.
And then there was also a request for the breakdown of the program supports.
And we'll give you the breakdown of all the positions and all of the adjustments, so.
Thank you.
Let me repeat that.
I think that was it.
Yeah, that's it for me.
Anything else from colleagues down there?
One questions from the board offices joining us virtually.
Sorry, I do have one more question.
Online, it sounds like so you're good.

For the one time funding alternative means responding to mental health crisis. What is this?
For the one time funds, most of that is actually one time, maybe 109 funding, about $30 million of one time. AB109 was essentially provided or set aside to services.
Were they so some of this actually pays for the contracted teams.
Some of it pays for dmh staffing. It's all ACR. Yes, for ACR, yes.
Will that potentially to an impact on services or is that covered with the other?
So in general, from what we've seen, there'll still be plenty of the $30 million left to carry over during.
Supplemental, as Dmh has been kind of drawing down these funds slowly.
I have any questions?
I'll just make one comment. I know on the the chart you do the total number of budgeted positions as you're reading you have like actually a breakdown of where those positions go. I just think that'd be helpful for us to have in the future reflected in this.
Other than that feedback, though nothing else from me.
Going on to public health. Thank you.
I'm sorry.
Thank you.
OK.
Good morning. I'm Bray.
Of course, you all know her.
Her and I will be presenting the public health.
I will start off with Atin.
We'll start off with #1, the net county cost reduction.
This reflects a decrease in appropriation to meet the reduction in net county cost, but
Please note that this adjustment is a placeholder.
Sorry, while we work with the department to finalize the implementation of their curtailments.
So this is only folder for now and we're ironing it out with the department and we'll have a better idea of the impact.
Changes.
Moving on to the new and expanded programs, we have the substance and substance abuse and prevention control. This reflects $155,000,000 increase in appropriation and revenue for the Sapsi division.

This includes 156,000,000 increase in contract services to right size their budget 5.7 million increase for 24 positions to support clinical services and various other areas well as a decrease of $6.9 million to align the budget with avail.
State and federal grants funding.
Moving on to #2, this reflects a a request for funding to support contracted services.

AT **Aneena Tellis** 43:05
Question funding is important.

R1 **Room 140** 43:11
Little echo AM.
OK, OK.
We're not going anywhere, so this reflects a request for funding to support contracted services for the gender based violence prevention program. This funding will support contracted services that promote healthy relationships among youth and young adults, encourage community based solutions, and implement programs for LGBTQ plus youth in F.
Year 2425 we had added two positions and allocated $2.25 million in NCC.
And so we are now.
How the other portion with this 1.65 and so the total that they have for the GBV program will be $3.9 million of ongoing NCC.
Next we have the other changes for the gender impact assessment.
This reflects the year two of five funding of $125,000 report the gender Impact Assessment program.
And then.
We have the sexually transmitted infections. This reflects the year four of four funding of 2.5 million of one time tobacco settlement funding to support count the county's response to the rise in sexually transmitted infections.
You know, to a doula hub, this is a continuation of funding for the doula program.
Year three of funding represents the final year of funding for the doula hub.
Contracted services are your funding of your one and two or at 600 and 900 respectively.
Think also in contract services.
#4 this next item consists of adjustments to various public health programs and helping them meet programmatic and operational needs.

These adjustments were also made to be commensurate with available funding programs listed in the.
New funded position to.
As you can see, we have the health.
Facilities, second services and add applied positions.
And an increase in appropriation for contract services and by state contract.
There's also a public laboratory services with an add one position of one position.
At least there's a decrease in appropriation and revenue for fresh and tobacco control and prevention programs.
The lining was program budgets. Their program budgets was available.
Moving on to grant funding, this next adjustment is simply to reduce appropriation of revenue related to expired COVID-19 grant funds from the California Department of.
Immunization Level assistance program.
Number six, which is one time funds.
This is primarily consisting of finance targets removing the one time Nick County cost or NCC funding.
Which will you will find as the minus.
6.614 million.
There's also revenue this that's being backed out for a total of 14.2 million and that is for the one time American Rescue Plan Act or ARPA funding.
Also, one time special revenue carryover fund.
#7 has been sterile. Changes which covers the usual adjustments to the department annually to meet operational needs.
To line the budget with other county departments, detective funding was there intra fund transfers in revenue. Your line of departments, existing resources to meet projected expenses and adjusting various program budgets commensurate with available special revenue funding.
The following items numbers 8 through 11 are all finance targets and I won't go into those questions.
So in flux and I was looking at the new HIV funding and it's just, Oh my gosh, so.
Anton, I'm curious about that county cost reduction because I didn't see that type of reduction in the other departments.
So I was just wondering why it was a placeholder.
The this is these are the curtailments that are occurring throughout county that that

are occurring county wide.
So this is something that we saw for the JCHS for DHS, this is, I didn't see it.
I didn't see it in the DHS in Jchs.
It was a through positions in Dmh.
They were not subject to the curtailment because they don't have discretionary NCC, the NCC that they have is primarily for Moe maintenance of effort requirement.
So there wasn't any NCC needed cut.
Following you, Erica. Yes. Yeah.
OK.
So I would just add in this instance, usually we would want to say these are the program impacts.
This is, you know, these are the positions.
This is the contract. However, given you know the additional time that's needed to make sure that you know that we don't impact your priority programs, et cetera, we thought it best to do a placeholder.
So it'll we'll we'll come back and final changes.
With the actual cuts with the proposed item information.
But for now this is anticipated as a cut to their services budget, which will not again will be cleaned up in final changes.
And so we'll have the actual cuts in place by the July 1 commencement of the new fiscal year.
Follow up with the department on that.
Can you provide a breakdown of how the sapsee positions are funded, the funding going into them?
So that's primarily drug Medicare funding.
Exclusively drug medic.
Are, so it is.
I have it right here.
I'll leave it.
There $140 million of it is.
I'm sorry, I have the breakdown for the total. I could tell you for the positions in specific, but for the total $140 million of this 155,000,000 is for medical and then 16,000,000 of it is state intensive outpatient treat.
The position specifically I can provide that for you.
And happy to see the dual program concern.

It's the last years we'll follow up.
Questions. Yeah. I had a related question related to the 24 positions we need to provide more information on like what will they'll be absolutely.
Questions going back to the NCC reduction.
So there's already a plan, right?
There's already something that's been submitted for these potential cuts, or is that still in development?
So we did receive something from DPH proposal for potential cuts, and we're working with them to refine the proposal, and that's what we're hoping to bring back at final changes.
And since this is a placeholder, this is the optimist in me. If the budget ends up being better than.
It is what this revert back in final changes.
If the curtailments come offline, then we would see the restoration.
That's that's not on the table as I understand it, but I understand.
Also, I have questions about the 24 positions so.
That. Thank you so much for the gender base of violence.
We're super excited about that.
And #4 the the one position that's being added.
For your D, what is that?
The increase of the 5.9.
Is a epidemiologist.
Let's see public health.
Biology supervisor.
How is that coming?
You mean the public health lab?
That one position.
So you're decreasing 5.9 million and then you're adding one position and you said that's an epidemiologist.
Oh, no, no.
The Public Health lab is position swap.
And it doesn't know there's no cost.
Right, But what about under D?
There's a decrease of 5.9 million to align with available funding for tobacco prevention and control program, as well as a realignment of existing resources to

add 1 position.
OK. So that that one is a realignment you know to get the one position. So they realigned S&S.
And easy to get to one position if it was taken offline too.
With.
One position is an epidemiologist.
That one position is a health program manager.
For what?
That tobacco control prevention program.
Got it. OK.
That would be a completely new position.
OK.
Let me.
Thank you.
Just a question around Sapsi.
155 mill in 24 positions.
How much?
How much and how many of the positions are gonna go to the?
Youth or adolescents, programs or initiatives I could get you breakdown, but just to say it for youth, I don't know if it's directed towards youth. I'd have to look more into that, but it's primarily for clinical services, strategic and network development, production services, financial services and health inform.
Services, but I'll provide a clear breakdown for you. How many positions go into which program?
And if it does apply for you said for youth? Yeah, for youth tech, you know, because obviously.
Not just adults who have suds.
And it's also our youth.
And so I just wanted to know if any of you get back to you on that. OK, that was my only. Thank you.
Chance for you?
I have a question.
I'm interested in the number four political services reduction 0.8 million grant that decrease in calfresh.
Does that look like direct decrease for individuals receiving calfresh?

What does that kind of, I guess forecast it impacts?
Look like.
Repeat your question one more time.
Sure, there's a decrease in Cal fresh.
It's 0.0.
It's point 8 million.
Wondering what?
Those what that impact is is that direct impact for individuals receiving calfresh like are they going to see a lower amount that they're receiving.
What Walrake pulls up the answer, I'll just say the calfresh benefit is handled through another budget unit in the county. Direct service provision outside of the DPH budget.
So this would be health fresh funding to provide some sort of benefit to the individual, but it's not a cash basis.
Notes I have right here is is telling me that.
A sub program to the Cal fresh and it's the Supplemental Nutrition Assistance Program, Ed.
It's not actually Cal fresh programming.
It's it's a position of program under. Yeah. OK. It's not the payments.
Themselves got it.
Not four of those.
The services we we provide are are more fiscal activity and nutrition education level.
Got it.
And the one position, do you happen to know what that one position will be?
For one position or two position, yeah.
Oh, I'm sorry.
It's two OK.
It's health program Analyst, 2 program manager.
That's fine.
Sure. Do our board offices joining us virtually any questions for public health?
All right, we got.
Questions for me? Public health.
Thank you.
Thank you.
Do we have any public comments on this item?

All right.
I don't see any individuals in the room.
I don't see any hands raised virtually.
We will now move on to our information item.
Thank you very much.
CEO budget team.
So the first information item is for DHS.
Adopt A resolution to support the ambulance services contract policy.
Any questions from the board offices on this item?
Any public comment on this item?
Hands in A room.
No virtual hands.
We'll move on to the second information item for DHS.
Authorize the sole source acquisition of various radiology equipment for Los Angeles General Medical Center.
Questions from the board offices on this item.
Go ahead.
Yeah, go ahead.
So I just a general question.
I know we have the all of you radiology equipment at the board last week and then we're seeing this one.
Are we expecting to see more?
CHS.

JC **Jay Cheng** 57:42
Hi, this is Jay Chang. Yes.

R1 **Room 140** 57:43
Hi, this is Jay Chang. Yes.

JC **Jay Cheng** 57:46
There will be a couple more.

R1 **Room 140** 57:46
It will be.

+12*****90** 57:50
More a couple more.

JC **Jay Cheng** 57:52
Yes.

R1 **Room 140** 57:52
A few weeks ago.
Did it have the dates?
You have the dates.
It just had a list of the equipment.
That needed to be replaced. OK.
I'm wondering if that can be sent around again that list of equipment at the top of inboxes. It's good idea, but also maybe to enhance point like dates, yeah.
DHS did.
You did you catch that the list with dates? If you can circulate that.
Offices please.

JC **Jay Cheng** 58:29
Sure.

R1 **Room 140** 58:31
You. Thank you.
Any public comment on this item?
Right, no questions, no public comment virtually either.
3rd information item for DHS is approval of continued low source contracting for central fill pharmacy and automation system.
Questions from the board offices on this item.
I have some questions.
Don't know who to direct them to.
This is more of a.
Where's the talk?
More programmatic questions and I can also follow up on e-mail, but I was curious on the current volume of prescriptions being processed.

And also, if there's a percentage breakdown of which are being filled through the central a fill system as opposed to on site DHS pharmacies.

Jean Pallares 59:36
Hi, this is Jean.

Room 140 59:36
Phs.

Jean Pallares 59:38
This is Jean Polaris.
So was your question.

Room 140 59:41
So.

Jean Pallares 59:43
Why is there a split or?

Room 140 59:47
More wanting to see the breakdown of that split.

Jean Pallares 59:47
No, I'm not.
OK, we can get that.
Kevin, do you have that?

+14*****54** 1:00:04
Hello everyone can hear me.
Yes. So roughly we are doing 750,000 prescriptions per year through central fill.
I would estimate it approximately 1/4 to 1/3 of our prescriptions are going through central relative to our usual pharmacy prescription volume, which floats about a quarter million prescriptions total across the AIS facilities per month.

Room 140 1:00:31
Thank you.

+14*****54** 1:00:33
Mm hmm.

Room 140 1:00:39
The questions comments.
No questions from the board offices virtually.
Do we have any questions?
OK.
Any public comment on this item?
Well, ends in A room.
No virtual hands will move on to.
Board item recommendation.
This is for public health recommendation to continue, declared local health emergency for the January 2025 critical fire event 08091.
Any questions from the board offices on this item?
Lee.
Right. Any public comment on this item?
Do you have any hands in the room?
Virtual hands. Thank you.
We will now move on to board motions.
We have two board motions.
Both are for SD5. The first board motion is implementing consultant recommendation to enhance the county's oversight of skilled nursing facilities.
Yeah, we'll let Etha, who's the mastermind behind this motion.
**** my ****. ****.
Thank you.
Good morning.
This is a motion to implement HM as recommendations enhance the county's oversight of skilled nursing facilities.
The report was released in December 2024 and it is the culmination of several years worth of discussion and investigation into the county's oversight of skilled nursing

facilities.
There's a little bit of background in the state of California.
Edph has licensing and monitoring authority.
Over sniffs. Except in Los Angeles County.
Public Health's H bed has monitoring and investigative authority over skilled nursing facilities, meaning that when there are complaints of violations, each bed is responsible for going, investigating and implementing improvements in our skilled nursing facilities.
Role and the standard of living and skilled nursing facilities really came under scrutiny during COVID-19. The high rate of residents that were testing positive and unfortunately passing away in our skilled nursing facilities.
Oh, and response word directed auditor controller in 2020 to conduct an audit of hfed and directed the office of the Inspector General to conduct a report into hfids policies and practices.
To determine how HVAC could better serve in its role as an investigative body.
And both of those reports in that audit were completed part of Oig's report was a recommendation to hire a third party consultant to conduct a further assessment into HFIN.
That report.
Health Management Associates was contracted and they really support, like I said, December 2024. They looked at everything from hfids staffing levels and productivity management practices, policies, record keeping and training.
Ultimately came up with 52 recommendations for HVID to implement. Like I said, these recommendations are really designed to allow HVID to.
Operate at the highest level possible when serving as a monitoring and investigative body in the county.
Recommendation Center on attracting and retaining qualified individuals, implementing policies to optimize workforce productivity and creating clearer guidelines for complaints and investigations.
I will point out that Hvid is aware of all these recommendations and has already started implementing many of them.
Moving on to the Directives, First Directive directs public health to implement recommendations and report back biannually in writing the status of the recommendations.
2nd Directive directs aging stability to work with public health and layer engage

skilled nursing advocates and stakeholders pour back in 90 days on legislative opportunities to increase protections and quality of life.
Sip residents, recognizing that the county really only has an investigative and monitoring role, but that there may be an opportunity in space for us to advocate on a higher level for enhanced quality of life for SNF residents.
And finally, direct the auditor controller.
To conduct a subsequent follow up audit of which I believe they have already again.
And to determine how HHH is being run now.
And.
They're doing all these recommendations.
UEFA.
Start with questions from any of the colleagues.
I had some, but I think one of them is a lot of them really are to DPH.
So I guess Joshua can.
Health Facilities Inspection Department is that the H Fed?
Can you share your current chain of command, including your current staffing levels?
Actually we have Azar katan.
Sorry, Sarah. Health Protection on as well as doctor Nicole Quick.
So they can answer questions.
Another question is I I know we're.
I don't know whether it's still true that we're the only county that contracts with the state to do this.
And that the rates are negotiated periodically.
Resist to any concerns on state funding and allow us to do this and how we're doing on negotiating rates to cover our costs.
All right. I think because the camera went on, it's due.

AK **Azar Kattan** 1:06:23
I can.
Hi, Yolanda.
Hi everybody.
So on the staffing levels, I'm gonna have to get back to you on the exact staffing levels. I know that we.
Have some challenges in staffing, which are somewhat derived by, well, couple things.

Room 140 1:06:43
OK.

Azar Kattan 1:06:45
One is retention and recruitment and the 2nd is to your second contract to second question, which is the relationship with the state.
So we have in place a contract with the state that goes through 2026.
We're in the process of negotiating the next three-year contract while they pay us our cost for the items, right. If we pay someone $100, they give us the $100 in the benefits. The staffing levels aren't to some extent and I'll let doctor quick jump.
In if I get this wrong, or if she has more to add, are somewhat constrained by state revenues or state funding availability.
So we are going.

Room 140 1:07:21
In.

Azar Kattan 1:07:22
Into the next to the contract negotiations and Dr. Quick can speak more about this.
You know, with the request that we may increase the staffing.
Volume, but my understanding is that we have some limitations due to state funding capabilities.

Room 140 1:07:35
Can you just do this?

Azar Kattan 1:07:37
But I'll let doctor quick, who has more experience thus far on this, to speak to it.

Nichole Quick 1:07:42
Yeah. Couple couple general comments about this.
As as Mazar mentioned, we are part way through the current contract over the the the current 3 three-year contract. We did have growth in number of ft Es that was

agreed upon based on workload projections.
In the last contract negotiation, the state we did hold.

Room 140 1:07:57
I'm in.

Nichole Quick 1:08:01
At a steady level for level of year three of the previous contract, because the state really was given direction to sort of hold constant that workload.
So what that means is essentially we can do the workload up to the essentially.
Ft Es and and hours calculation and I wanted to offer a little perspective on this. The way that that is figured out is the state has a state standard average hours for each activity that falls under licensing and certification and that is a statewide average.

Room 140 1:08:19
And.

Nichole Quick 1:08:32
And so in the contract that statewide on that standard average hours is used to determine number of ft ES needed for the agreed upon workload. And so that is how that is agreed upon.

Room 140 1:08:43
Doctor Cook, does that include transportation time?
'Cause, I'm thinking of facilities that may be out of Antelope Valley.
Yep, if you're in a smaller county, like Alpine, OK?

Nichole Quick 1:08:50
It does include.

Room 140 1:08:53
So it doesn't.

Nichole Quick 1:08:53
Yeah, and. And the way that's calculated.

Room 140 1:08:54
It doesn't take into account that it may take longer.

Nichole Quick 1:08:57
Yes it does.
And the way that is calculated, because the entire state that the those health facility inspector nurses are traveling in other district offices as well, all of that data goes to the state and the state calculates that standard average hour.
For number of Ftes based on survey activity.

Azar Kattan 1:09:15
And you add it back to your prior question about are we the only place that does this?
Yes, these are state and federally mandated inspections of health facilities and we are the only jurisdiction that is not in California and actually believe in the nation that is not done by the state.
So they contract with LA County to to form the licensing inspections of facilities in LA County. Everywhere else in the state is done by state employees.

Room 140 1:09:42
It's so, so far the contracted amount.
Particularly covers the cost.

Azar Kattan 1:09:51
Yes, yes, it covers our. Yes, we have it.
I think this is somewhat unique in our contracts with the state and we're trying to hopefully use it as precedent on other contracts that we have for services with this date. But for this contract they because the state salaries for nursing staff are substantially lower than County Sal.
They pay us the the county.
Compensation level for the classifications of the HFIT inspector inspection nurses.
I will note that those salaries may or may not be comparable with other nursing's salaries, so.
As I understand it, and Doctor quit can speak more to this. We've had some

challenges with recruitment, but more to the point retention that nurses find that they can make more as a public health nurse doing public health activities as opposed to inspection activities. And so we do.

Room 140 1:10:26
And.

Azar Kattan 1:10:37
Have some retention challenges with folks getting higher paid salaries in the county. That's a county classification issue I believe. Right, doctor quick.

Nichole Quick 1:10:49
On the recruitment thing, one thing I'll highlight because it does speak to numerous of the HMA recommendations is HFID has, I think, important to note that this contract cycle not as much, but the previous three-year cycle saw a huge growth in HFID and that was sort of.

Room 140 1:10:49
A.

Nichole Quick 1:11:05
Negotiated based on identified need to increase the number of staff so through that increase in Ft ES through over the course of a contract that necessitated a huge focus on hiring.

Room 140 1:11:13
Is.

Nichole Quick 1:11:18
And so HFI did did implement a close work with HR related to hiring fairs where applicants were brought in on the same day.
Live scan everything taking place on the same day in a concerted effort to really grow.

Room 140 1:11:27
Y.

Nichole Quick 1:11:31
Hfid significantly so that process has taken place.
But some of what is our mentioned the retention component, we also are competing with like private sector where people can get experience as a health facility inspector and then they're super I'd say well qualified to be hired.

Room 140 1:11:38
Neil.
Yes.

Nichole Quick 1:11:48
In the private sector is infection control preventionist.
So that's another element of that and I think I heard a question.

Room 140 1:11:56
You know, I just want to give others time to ask questions, so.
I actually had a follow up if I can ask and I think you might have shared this and I missed it.
But how?
How are we doing relative to the standard average of time that you were mentioning?

Nichole Quick 1:12:09
Yeah. So the standard average hour essentially for a lot of the work that hfid does, they are more efficient than the state. But we contract based on the state at standard average because that's what you're like held to as far as a metric. And so while on on.

Room 140 1:12:24
No.

Nichole Quick 1:12:26

The Health Facilities Inspection Division component.
They may be more efficient than the state when we build in the contract we want, of course to default to.
Contracting Ft Es based on that state standard average hours because that is the standard.
Metric that the state judges the contract by, but we always look for ways to to be more efficient.

R1 **Room 140** 1:12:46
But based on that information, like how how much recruitment is needed.

NQ **Nichole Quick** 1:12:55
Sorry, did you?
I.
I didn't quite hear that.

R1 **Room 140** 1:12:57
Yeah. How much?

AK **Azar Kattan** 1:12:57
Yeah. Could you repeat?

R1 **Room 140** 1:12:57
How much recruitment is needed based on that information?
You just shared.

NQ **Nichole Quick** 1:13:01
Yeah. Let me speak a little bit more to the recruitment.
So we always are while the growth in the contract this three-year cycle is not as significant as the previous cycle, we do have attrition, right.
So Hfid is always working with HR to continue the hiring fairs and bringing in new nurses to be trained as health facility inspection nurses.

R1 **Room 140** 1:13:13
Yes.

NQ **Nichole Quick** 1:13:22
That process is pretty well established and you'll see in our response that we did highlight that HFI.
Has really invested in this dedicated HR liaison and working really closely with DPHHR to continually bring in new nurses and put them through that training program.
So that's something that's going to continue and it was well established pre the HMA report. OK, that's helpful.

R1 **Room 140** 1:13:46
Thank you.
All right.
Thank you for these questions.
I had very similar ones, just a quick one on the staffing.
What is your vacancy rate right now?

AK **Azar Kattan** 1:14:03
The oh, so I believe it's around 10:50 percent, which is a decrease from what it was a few years ago, which was around 27%.
So there has been an improvement in the vacancy rate among staffing in the department.

R1 **Room 140** 1:14:19
And just for clarification, I know Yolanda tried to get to this and I I'm also trying to understand it.
So currently I know historically we did have some significant challenges with the rates. It sounds like we're in a much better place and drive quick. I even heard you say that you might want to use this as a model for other contracts with the state. So where are?
You saying we're comfortable where we are today in terms of rate reimbursement?

AK **Azar Kattan** 1:14:44
So they reimburs us for our cost.

Room 140 1:14:45
Please.

Azar Kattan 1:14:47
Always want more, right?
But they do reimburse it.

Room 140 1:14:49
Yeah.

Azar Kattan 1:14:51
So if we have another program where the county salary might be $100 and they the state reimburses us at their salary rate, which might be 80 or $90.00.
So there's gaps in this case, my understanding and doctor quick.

Room 140 1:15:01
It.

Azar Kattan 1:15:03
Correct me if I'm wrong.
Is that they are reimbursing us for the actual cost of the county salaries for those positions.
So they're covering our costs.

Room 140 1:15:10
OK.
OK.

Nichole Quick 1:15:14
Yes, hfid.

Azar Kattan 1:15:14
But that whether we need to increase the number of staff that we contract for is a different question.

+12*****34** 1:15:17
Is.

AK **Azar Kattan** 1:15:19
But the ones for whom, if they're buying 100 people, they're paying us for the cost of those hundred people. We might think we need 110 or 120, but we're actually getting cost recovered for the cost of the people for whom they.

NQ **Nichole Quick** 1:15:20
Right.

AK **Azar Kattan** 1:15:31
Are paying if that makes sense.

R1 **Room 140** 1:15:32
OK, understood. That's helpful.
Thank you.
I guess a follow up to Ed Helika's question. What you had said, Azar, is that covering us for the cost of positions that they've contracted for. But the challenge is that it's just not enough positions.

AK **Azar Kattan** 1:15:50
Correct. I think there's opportunity for some.

R1 **Room 140** 1:15:51
We know what the delta is like.
Ideally, how many more positions we would need?

AK **Azar Kattan** 1:15:57
I.
I I not off the top of my head.
I don't know.

NQ **Nichole Quick** 1:15:58

Definitely. If you have a number I I do. I think right now the the right now within the contract for the three-year cycle we have negotiated.

Room 140 1:16:09
What?

Nichole Quick 1:16:09
What we need for the agreed upon workload and one thing I'll I'll try to make a clarification here and we saw this during COVID. We may see this going forward. There are times where Cdph or CMS because cdph the California Department of. Health is really a subcontractor of CMS for this.
You know these certification.
Activities, not state licensing, but the CMS certification. If there's changes in workload that at times can lead to changes in how we need to prioritize and respond to. We saw this a lot during during COVID with COVID activities in these facilities that can lead to a change in.
Needed staffing and so generally we approach that by working with CDC.
PH on a contract amendment, so as of now the the workload that we've agreed to through throughout this three-year contract is the number of ft es that we have.

Room 140 1:16:55
OK.

Nichole Quick 1:17:03
And so there's a match.
But if there's a change in workload, there could be a mismatch where we have to go back and renegotiate for for additional staff to to do additional work and or shifting staff from one activity to the other.

Room 140 1:17:18
Thank you.
On that, any other questions, colleagues, I had a question. I know there were 11 remainder remaining HMA recommendations that couldn't be implemented unilaterally.
I'm wondering, are there any of those recommendations that there have been

inroads in?
To kind of adopt those apart from staffing.

Azar Kattan 1:17:42
So some of the challenges in the recommendations and I'll let doctor quick expand on this.
Are due to the to some of them were recommendations in how it changes.
In operational operations that are really driven by state policy and procedure and that we because it is a contract to the State and LA county needs to license hospitals or other health facilities in the same manner that it's done in Orange County or you know Santa Barbara County.

Room 140 1:17:53
3.

Azar Kattan 1:18:11
Or have you?
There's there's not the flexibility to just wholesale redo those procedures. So some of the recommendations.

Room 140 1:18:15
Me.

Azar Kattan 1:18:19
Were tied to things like that.
Or or things that are driven by CMS as well.
And then others are things that we I think are continue to have conversations with.
Human resources DHRCEO about which have more to do with class classification compensation issues that we can't directly impact on our own, and I don't know doctor quick if you want to add to that.

Room 140 1:18:30
Can you search?

Nichole Quick 1:18:44

I think that's a great summary of just that. You know, Hfid is a subcontractor, so if there is a, you know, a policy procedure that's a state level licensing and certification requirement and policy that hfid does not have sort of you know authority to to change that.

R1 **Room 140** 1:18:56

Thank you.
And I'll follow up by more on the advocacy.
Implementation I'm wondering is there a current working group or part of a Commission that undertakes some of these?
Also, like just advocacy, I think that's one of the like.
Most exciting aspects of this motion is, you know, really curious to know what kind of current advocacy level there is, and if there is that kind of public input into implementing some of these recommendations or just additional recommendations as well.
In particular, given 20 complaints, perhaps a specific facility might have.
Right. So do you mean like in terms of one of our commissions or anything like that?
Yeah, right.
So that's a good question.
I know that we do have our older adults Commission.
I don't think that I have the best answer on how much advocacy they'd be doing.
Yeah. I mean, I think the goal of this is really I know we have a lot of our advocates and stakeholders here and.
Know that they are very.
Because they should be very passionate about this issue.
And so I think that we need as a county to do a better job of engaging with them and kind of who that is through the Commission on older adults or anything like that.
Better job of engaging with them and hearing their perspective and taking that into account as we do implement these recommendations that I'm I'm sure that'll also be in the the report by the Commission.
You virtually with any questions, Gordon?
Yeah. Yes.

Melody - Essential Caregivers Coalition 1:20:41
Hi.

Room 140 1:20:42
Thank.

Melody - Essential Caregivers Coalition 1:20:44
Virtually is being recognized at this time. Is that correct?

Room 140 1:20:48
Oh, we were talking about. This is from board offices.
We will move to public comment though in in just a minute.

Melody - Essential Caregivers Coalition 1:20:52
My part.

Room 140 1:20:54
Questions from the board offices.
All right.
Any public comment on this item?
You can, yes. Thank you.
Two minutes for public comment.

Melody - Essential Caregivers Coalition 1:21:06
Yes, thank you.
Thank you for the opportunity.
To be here.
My name is Melody Taylor Stark.
I am a stakeholder nursing home.
Advocate and member of Essential Caregivers Coalition, which is in grassroots advocacy group for long term care.

Room 140 1:21:21
Hmm.

Melody - Essential Caregivers Coalition 1:21:24
And it was formed during COVID.
I had a lot of direct impact.
During COVID, I had several close friends. Two chosen family members and my husband who were all in a nursing home during lockdown. And when I'm seeing some of the proposal and I'm hearing or seeing some of the words like quality of life and.

Room 140 1:21:44
Hello.

Melody - Essential Caregivers Coalition 1:21:51
You know, and enhanced systems of care and so forth.
Those elements during COVID would sorely lacking.
They're sorely lacking in nursing homes in general, in my opinion, but during COVID they were sorely lacking to the the point where especially not being able to provide.
So excuse me, psychosocial support directly to my husband, who I would see every day prior to lockdown.

Room 140 1:22:15
Yeah.

Melody - Essential Caregivers Coalition 1:22:18
Over video calls, I watched him decline in health.
At to the point.
Of failure to thrive where he passed in November of 2022 as a result of it.
A year later, when I was able to get back into the nursing home to visit my chosen family and friends, I noticed.
Some significant changes with them that weren't just a matter of a year time difference, so.
You know, we all were so affected by COVID. We were also caught by, you know, what to do and how to handle it.
That I'm glad to see that some discussion is being handled, you know, in the spirit of

the emergency planning as well as oversight. I also, you know, experienced the staffing issues with Department of Public Health staff.

Room 140 1:23:10
No.
Thank you, melody.
We we have reached a 2 minute mark.

Melody - Essential Caregivers Coalition 1:23:15
I'm sorry. And and yes, I would love to be part of the.
I'm sorry, I'm looking over another monitor.
You know, part of the the group for the 90 day discussion on what can be made better.

Room 140 1:23:28
Thank you, melody. All right, Mara Gibney.

Melody - Essential Caregivers Coalition 1:23:29
Thank you.

Maura Gibney, CANHR 1:23:34
Yes, good morning.
My name is Maura Gibney.
I'm the executive director of California advocates for nursing home reform.
We're a statewide advocacy organization we've been working for over 40 years to improve California's long term care system.
We have a special focus on improving the quality of care in nursing homes.
We're very concerned with the way backlog complaints have been addressed in LA County based on our experience in the thousands of residents and families who contact us annually.
Complaints filed in LA County are not fully investigated before staff close them out, marking them as unsubstantiated. This makes it easy to understand how the data in the report, such as 95% of complaints resolved in 60 days, is not only remarkable but questionable as how th.

Room 140 1:24:13
OK.
Morning.

Maura Gibney, CANHR 1:24:20
A job was done to investigate these complaints. Compared to nursing homes across the state.
La County's facilities have lower than average performance and quality of care measures.
And the county is home to some of the state's most dangerous facilities. This is partially due to an investigation enforcement system that lacks any real substantive consequences when facilities fail to provide quality of care for residents.

Room 140 1:24:32
The.

Maura Gibney, CANHR 1:24:43
I want to share that we support recommendations to update inaccurate policies and procedures to match the current CD pH manual and change the complaint investigation process to deal with the backlog complaints.
First, however, we urge the board to take steps to ensure compliance and ensure.
Are actually investigated and resolved within a timely manner.
Thank you for your time.

Room 140 1:25:05
Thank you. I you could tell.

Tony Chicotel 1:25:11
Yeah. Hi.
Thanks for this opportunity to comment. So I'm a senior staff attorney for California advocates for nursing home reform.

Room 140 1:25:16
Yeah.

Tony Chicotel 1:25:17
I just want to quickly draw.
Can draw a distinction.
When the Board of Supervisors asked the auditor's office to look at nursing home oversight in the county, we had probably six or seven meetings with the auditors as they developed their report, and a lot of e-mail exchanges along the way.

Room 140 1:25:23
Yeah.

Tony Chicotel 1:25:40
And since the report came out, we've not, I can't remember a single conversation with any official from Hvid about.

Room 140 1:25:45
Mm hmm.

Tony Chicotel 1:25:48
About the implementation of the recommendations of the auditor and I, now that I think about it, it's been that's pretty discouraging. We had so many conversations about problems in LA County related to nursing home oversight before the report comes out. And then after the report, it's been nothing.
So, like Melody said, looking forward hopefully to participating in some of this advocacy discussion about what could be changed and improved.

Room 140 1:26:10
Thank you.

Tony Chicotel 1:26:13
In terms of policy, thanks.

Room 140 1:26:17
Thank you very much any other.
All the comments.

The room was gonna say comment in the room before we go back virtually.
Can I do online language?
No, no, we're, we're, we're, we're we're breaking it up, so I apologize.
Go ahead and come. Come up here please.
Thank you.
My name is Rachel Tate.
I'm a wise and healthy agent.
Long Term Care Ombudsman program.
So we have the contracts with both the city and the county of Los Angeles to provide Ombudsman services, which include fee for skilled nursing facilities and residential care facilities for the elderly.
And in that interface we work often times with hfid with community care licensing related to assisted livings and other entities and.
While we are really grateful for the board's interest.
And in Hfid's efforts and interest in working with folks, I do think that it's important that we ask for them independent review of the progress towards these recommendations. So for example, the HMA report recommends a #22 that hfid collaborate with public safety agencies to DEF.
Their interfaces and processes and pathways regarding complaints and investigations.
And Hfids response includes in part to continue to meet and collaborate with multiple partner agencies as needed.
Continue to hear from first responders throughout this county of their frustrations when submitting complaints to Hfid that, as Maura mentioned, are not investigated thoroughly.
And it appears at times that it's in a focused effort on getting the complaint closed in a timely manner rather than to what is thorough, what is best and what is in the interest of public safety.
Safety for these vulnerable adults.
So I think it's important that we ask and actually actively engage the stakeholders that document.
Well, we had a quarterly meeting and we didn't.
You know, we we addressed things but actually asked the stakeholders for their responses to whether or not these recommendations are being met.
I think it's important that we have.

Meetings that actually engage stakeholders on things like emergency and disaster response complaint investigations and how we should all be working together to improve the quality of life for these individuals.
Thank you.
Thank you. Thank you.
Any other public comment in the room go ahead.
My name is Ginger Perini and I work for the long Term Care Ombudsman program, which Rachel had just described.
We are advocates for residents who live in long term care facilities.
We are grateful today for District 5 and the board in reviewing the recommendations made by the independent consultant firm.
And our appreciate our work with Hfid.
Hma recommendation #23 indicates that the department should create additional content.
For the Academy and ongoing annual education regarding the role of the long Term Care Ombudsman program and to standardize communication and protocol.
HFID's response to this recommendation is that they will continue to use existing protocols to maintain communications with the Ombudsman, and we believe that true engagement with stakeholders would include working with the long Term Care Ombudsman program to ensure training and information provided.
Provided to Hfid staff is current and updated and we do urge the board to ensure that there is an independent review.
Of hfids progress towards implementing the necessary recommendations.
Thank you, you thank you.
Any other protocol?
Can I ask dpha quick question?
Go ahead.
There are multiple complaints about it about a facility.
Here is that hosted publicly so that people can see what the results of the complaints are, whether they're substantiated or not.

NQ **Nichole Quick** 1:30:25
Yeah, there is a public. Oh, go ahead.

Room 140 1:30:25
Have there.

Azar Kattan 1:30:26
OK.

Nichole Quick 1:30:30
I was good, yes.
Sorry about talking.

Azar Kattan 1:30:31
I actually knew this one because I've been posted when I was at Harvard.

Nichole Quick 1:30:33
Go ahead.
Those are results of that are public, so there is a state database that's maintained where people can look at results of of all of those complaints and investigations and the findings associated with that.

Room 140 1:30:51
I'll follow up. Thank you.
Any other public comments in this room?
If not, we'll go virtually. Molly Davies.

Molly Davies 1:31:04
Good morning.
Thank you.

Room 140 1:31:05
Good morning.

Molly Davies 1:31:05
My name is Molly Davies.
I'm the President and CEO of Wise and healthy aging.

We administer the long Term Care Ombudsman program for the city and County of Los Angeles and the County of San Bernardino.
I am very grateful for this board motion and for continuing this vital work to improve quality of care for residents in skilled nursing facilities.
The quality of care in skilled nursing facilities is pretty abysmal.

R1 **Room 140** 1:31:34
Please.

MD **Molly Davies** 1:31:39
And I would, you know, recommend that anyone from the board or the staff who are interested in coming and riding along with an Ombudsman to see what it's like on a daily basis for the folks living here and give you a sense of.

R1 **Room 140** 1:31:42
Speech.

MD **Molly Davies** 1:31:55
Of what these individuals are having to suffer through in in the last years of their life, it would be incredibly eye opening.
So please be happy to to make that happen. So this work is incredibly important.
And I just want to direct.

R1 **Room 140** 1:32:11
OK.

MD **Molly Davies** 1:32:13
One call out one one thing related to emergency response planning.
That's something that we've been advocating for for a long time, and the plan that we were presented with is insufficient. It is.

R1 **Room 140** 1:32:19
Yeah.

MD **Molly Davies** 1:32:27

It has old names and numbers of people and it looks like it's a cut and paste was supposed to have stakeholder input and it certainly did not.
So I think at this moment.
While we are kind of bracing ourselves in recovery from the wildfires, it's a great opportunity to really create a robust plan for Los Angeles County.

R1 **Room 140** 1:32:44
Did you hear me?

MD **Molly Davies** 1:32:48
And also looking forward to being part of the the stakeholder group that that gives input about legislative opportunities 'cause, there are many. Thank you very much.

R1 **Room 140** 1:32:59
Thank you.
Any other public comments on this item?
All right. We will move on to the next board motion authorize the Los Angeles County Development Authority to act as an agent of the county and participating and implement implementing the HOMEKEY Plus program.
Thank you, Jack.
Hey colleagues, so this motion is is an admin motion needed to approve for homekey plus gap funding application.
Here or submission to the state by their deadline.
It also grants the Los Angeles County Development Authority the authority to act on behalf of the county in implementing HOMEKEY plus.
Here's some background to in in 2020, California State entered Newsome launched the Homekey program in an effort to sustain and expand housing for people experiencing homelessness or at risk of homelessness. And under our CEO homeless initiative, the county was able to implement.
A lot of different projects under the three rounds that we had, but due to the changes in state funding for this new round of homekey plus and the alignment with Proposition 1 funding, our county leads have shifted to the expertise of departments that directly operate that funding to.
Support home Key Plus, which includes dmh, DPH, sapsi and Dmba military Veterans Affairs, so home key plus now requires the engagement and coordination of multiple

county departments.
I know CEO. Hi.
We have Danny here. Thank you.
It's helping kind of coordinate that work to bring those departments together to prioritize the target populations that were called out specifically in home care.
Plus, those are individuals that have mental illness and veteran populations.
So I know once this motion is passed though, there will be an additional motion that's needed for selected projects with non gap funding.
So this one is specific towards the GAP funding projects.
This portfolio right now.
With the four projects would be covered one up the Lancaster that's in our district in the 5th, the Population Service there.
Fall under the Dmh severe mental illness population.
That one's about $8 million.
There's a path ventures that the developer of the project is in East Los Angeles.
That's SD1 year jurisdiction.
That one's about $27 million target population.
There is dmh severe mental illness and then we have one in Downey. That's the veteran comments as the developer for about 5 million. Of course that target population is for veterans. And then the last project is.
Developer E Rancho.
Partners. That one's in Compton, second District, for about $35 million. And that one is the population served as dmhs severe mental illness.
So that's the motion before us.
I'll turn it over to colleagues if there's any comments or questions and I think we have, again, Dina here for some specifics from CEO. Hi.
Yeah. I just wanted to be sure as I was trying to read everything, all the letters.
Released that relate to this motion.
There's four.
There's four.
There's 4 right?
There's nothing that's pending, right?
That they've all been released at this point.
Yeah, I mean, all of the resolutions.
I mean, yeah, the resolutions are are attached.

They're not on the agenda, but there are.
There are like 4 resolutions that are signed.
Just wanted to be sure I was reading everything.
Can we send those to the the board offices, Dana?
Yes, we we can.
Yes, yes.
Sorry about that, apologies.
Questions.
Thanks for my board offices joining us virtually.
I'm sorry. One more question.
I was trying to get back to the thing where I have. My question is just can you say a little bit more about how the services will be coordinated with the other departments?
Yeah, but if I don't.
If I don't, I'm not actually gonna hunt that question to to my colleague Maria Funk from from Dmh, because they'll actually be like coordinating the the services.
Hi, everyone. Maria from the Department of Mental Health, the deputy director of our housing and Job Development Division.
So the non veteran projects which those 3 nonvoter.
They all have investments in serving people with serious mental illness, so we will provide specialty mental health services to them.
To the clients living in the units that are assisted that are serving the Dmh clients and you know our intention really is to use the county integrated service model that we use in all PSH where we have ICMS services funded through Department of Health Services and then the.
Substance use disorder services provided through Department of Public Health Sapsie so that is our intention. And then one of the projects actually.
The path one has unit set aside for.
Our population people with serious mental illness, but also for substance use disorders, so this is exciting and I know we have, you know, people, colleagues on the, on the phone. But it's I think it's the first time that there are units set aside for people with substance use.
Disorders where is a partner and and the units are, you know specifically just for that population. Of course, many people with mental health disorders also have Co occurring disorders of substance use.

So I know that.
Hampsey will, like I said, being providing their client engagement and navigation services that they always provide. And then they've also discussed making people to feel based medical.
SC services.
Can I have a breakdown of the projects?
But I don't know how many units are in each one.
Is there something in those documents that you're mentioning that has a breakdown of how many units there is actually and it's we, we'll, we'll send it out along with the resolutions?
Additional questions, What specific funding will the departments commit as a local match where?
I'm sorry, where would that funding come from for the local match?
The GAP funding projects don't, so the local. OK, let me start over.
So the gap funding projects, which are the ones that are due April 3rd, there's another round that will be due May 30th.
So these four projects, they already have commitments of county funds. So that's how we decided which projects we were gonna move forward as we looked for.
We did a survey and asked, you know, anybody who responded and if you have a project that already has county funds and you meet the state's requirement.
Of gap funding, which are projects that are shovel ready, that are they all they have is a gap.
You know they can start construction and they have to have state funding in the projects such as past rounds of home keys.
So one of the projects actually is a project that has home key funds from a previous round that still has a gap.
So they already have county funds that could be used as a as the match.
Is that also how future projects will be prioritized on those that are kind of shovel ready?
So for future projects, the ones that are not the gap funding, there's actually a solicitation that's out right now to identify projects that wanna apply for the projects that are due May 30th and the.
And Department health services odr. We all have funding that we are committing through that RFP.
That can be used as a match in local vending.

And I'll and I'll just reiterate too, again, there will be another motion coming before the board to meet that deadline that Marie just mentioned by May 25th for those projects that are selected for the non Gap funding opportunity.

+13*****93** 1:40:56
Tyler, this is Amy from St. 3.
Can I ask a question?

Room 140 1:40:59
Of course, Amy.

+13*****93** 1:41:01
Thank you.
I'm just curious, Maria and I apologize because I'm on my phone, but for the GAAP funding, were there any projects proposed in FT3?

Room 140 1:41:12
No, we're not the only, unfortunately, but we hope with the next round the RFP that's out that we will get projects in SG3 but there were not any that responded as needing gap funding in St. three that we're putting forward as a county.
But I will say actually there might be projects that the city of LA is putting forward because the city of LA also did.
A solicitation for projects that need gap funding that are in the city that already have city funds in them, so it's possible that they have some projects that might be in sub District 3.
But I I actually don't.
I'm not certain of what projects they're putting forward.

+13*****93** 1:41:52
OK, perfect.
Thanks Maria.

Room 140 1:41:55
Jamie.
No more questions here.

We can continue to ask if there's ones online.
Any questions online virtually from other board offices?
Any public comment on this item?
Seeing hands in the room.
Any public comment virtually?
Hands.
Right. Well, we don't have anything for items 5:00 and 6:00. So we'll move on to item 7, which is general public comment.
Reminder that general public comment is also limited to two minutes.
Be mindful of this time limit when providing general public comment. Any general public comment.
See any in in the room.
And no virtual hands.
We will now move to adjourn the meeting.
Thank you everyone for participating in the meeting.
Enjoy the rest of your day.
Thank you.
And.

GC **Gilbert Chae** 2:01:02
Click.

Jack Arutyunyan stopped transcription