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Transcript

March 26, 2025, 4:31PM

R1 **Room 140** 1:01

I have a new conversation.

Sorry. Good morning everyone.

I'm Jack Artunia with the chief executive office and I'll call the meeting to order now.

Please note that the meeting will be muted for all participants.

You can unmute yourself using the teams app or by dialing *6 calling into the meeting. As a reminder, public comment will be limited to two minutes.

We will now start with introductions in this room with the board offices going first.

Jack, I'm Tyler. Cash from supervisor barger's office.

ST5 Yolanda Vera. Supervisor Mitchell's office.

Your supervisor's Lisa's office.

Their district supervisor, Janice Victoria Gomez, 2nd district.

Supervisor Mitchell, if we could go around the room and do introductions as well, we may fill Los Angeles County Fire Department.

Training in EMS division.

Leighton Kazan.

Fire Department medical trucks.

Sammy Mays. I'm a UCLA resident.

Any natellis dph government?

Well, CEO of the programs who'll give you dmh? Alicia Ramos, La County Public works.

County Council. Thank you.

We will go to the board offices joining us virtually. Do we have any representatives from the first district on the call?

We have any representatives from the 2nd district on the call.

Do we have representatives from the third district on the call?

FW **Fox, Aaron William** 2:40

Aaron Fox, third district.

R1 **Room 140** 2:43

Thank you.

Do we have representatives from the 4th district on the call?

Have represented from the 5th district on the call.

See, we have Co budget on the call.

Do we have any other Co staff on the call?

That would like to introduce themselves.

We have representatives from County Council on the call.

Representatives from public health on the call.

NS **Naman Shah** 3:12

Hi, this is Naman Shah, public health.

R1 **Room 140** 3:13

This is Navajo.

Speaker 1 3:15

Hi, this is Tony Kuo, public health.

JG **Jose Garcia** 3:20

Good morning. Jose Garcia, public health. Christine Lee, also with public health.

RC **Rita Chen** 3:27

Good morning, Rita Chen, also with public health.

R1 **Room 140** 3:29

No.

Thank you.

Do we have any representatives from mental health on the call?

We have representatives from health services on the call.

OT **Ovsanna Thomas** 3:44
Good morning, vlana, Thomas.

AG **Allen Gomez** 3:46
Good morning, Allen Gomez.

FL **Ferris Ling** 3:51
Ferris link, DHS finance.

RJ **Rifenburg, Jacqueline** 4:00
Agency.

R1 **Room 140** 4:03
Thank you.
Do we have any Members, representatives from the public works on the call?
Representative associations or organizations on the call that like to introduce themselves.
We have any members of the public, all that would like to introduce themselves.

JB **John Baackes** 4:26
I'm John Bacchus.

R1 **Room 140** 4:27
OK.
We'll now proceed with today's meeting. As noted on the agenda, we have two information items, one board motion and one presentation item.
We'll start with information items. The first information items for public health, approve the temporary reinstatement of retired county as a 120 day primary employee for the Department of Public Health Oral Health Program 0708068.
Any questions from the board offices on this item?
No questions from the Fed.
Questions from the room. Any questions virtually.
Any hands?
Any public comment on this item?

See any hands in the room?

No virtual hands.

We'll move on to the second information item. So for public health authorization to accept and sign a grant agreement and future grant agreements and or amendments for the from the California Office of Traffic Safety for the Child Passenger Safety Program, 0011 questions from the board.

Offices office item.

None.

I think our office just wants to know like how this grant works if it's shared with CBOS and metrics to show how it's working in the community. We have a 20 quote calling in.

JG **Jose Garcia** 5:52

This is Christine with public health.

So the way our grant is structured is that we work with eight collaborative agencies. One in each spa and they it within the grant. They have to become car seat technicians to lead workshops in English and Spanish, and they host workshops to ordinary residents within LA County and for families that can't afford to buy their own car.

Seat we offer the family one car seat per family.

R1 **Room 140** 6:25

Thank you.

JG **Jose Garcia** 6:27

They just need to show proof that they're low income.

R1 **Room 140** 6:27

Only.

JG **Jose Garcia** 6:30

That's the office of Traffic Safety requirements.

So with eight agencies, we're able to give each agency up to 90 car seats per year.

R1 **Room 140** 6:35

Will it be?

He he.

JG **Jose Garcia** 6:41

So that's one aspect of what we do.

We also train the DCFS social workers.

On child passenger safety, because that's a county liability.

R1 **Room 140** 6:52

I don't know.

JG **Jose Garcia** 6:54

And we also do Community car.

Seat checkups. One in each spa.

R1 **Room 140** 7:02

Can you share the?

Metrics on how each CBO partner is doing in terms of provision of the seats and trainings.

JG **Jose Garcia** 7:15

I do have.

I do have an annual report.

Where I do the stats of how many residents sit in the workshops, broken down by board of Supervisor supervisorial district car seats that we distribute, and how many workshops are done in each district. I could e-mail it to you.

R1 **Room 140** 7:41

That'd be great. Thank you.

I don't know whether other colleagues wanted as well too, if you could.

Welcome to send it to me and I can circulate it with all the board offices.

JG **Jose Garcia** 7:56

Sure.

R1 Room 140 8:01

Other questions from the board offices on this page.

Questions in the room. Any questions virtually.

Any hands?

Any public comment on this item?

Ends in A room.

No virtual hands.

We will now move on to board motions.

We have one board motion from SD4 board. Motion is titled Catalina Island health preserving Los Angeles County's only critical access hospital to SD4. Thank you.

Thank you, Jack.

Colleagues, obviously you've seen the motion around Catalina Island Health. I don't think that this is anything new.

I know this is something that.

That the board offices are aware, in fact.

Specifically with Supervisor Solis's office as a member of LA Care approved funds from LA Care to support Catalina Island Health, just to provide some sort of, you know, just background and history into Catalina Island Health. Given that may not be aware, for example, I just started a.

Month ago and learned a lot about Catalina.

Specifically, it's been around since 1960.

It's the only medical services provider which is why I think.

Ensuring that the closure of CIH hasn't happened is so important.

'Cause of what it provides because it's the only medical service provider, it is considered a safety net hospital for the 4000 residents who are there, and the 1,000,000 tourists that are that go to the island as well provides comprehensive medical care, including emergency medical care it.

24 hours and more specifically, it's a state and federal recognized critical access hospital.

So it receives its designation to ensure that patients who are in rural areas.

Areas and given that kind of Catalina Island is an island, it is considered rule to ensure that they have access to healthcare.

An interesting fact. There are 1300 CHS in the country and only Catalina Island House is the only chapter in La County and the state considers Catalina Island Health a

medically remote community.

Azure Catalina Island is home to about 4000 people.

This is a large minority community.

About 51% are considered minority and it's also considered a low income community, so obviously the closure of Catalina Island Health is a public safety and also a public health issue, though as shared, I think folks are familiar with the fiscal history of Catalina Island health like.

Other rural hospitals, it is a financially fragile medical institution, shared Ino.

Thank you to Supervisor Solis as a member of LA Care.

Approving.

About two million last year to keep CIH doors open and the reason why our office is bringing this motion forward is because CIH the cash flow runs out in July 2025 with no cash.

That means there is a possibility, a real possibility, that CIH, you know, will close. And I'm just gonna run through. I think we can imagine what the impact would be.

If CIH were to close.

But this would exacerbate local health inequities and disparities, and I know, especially from SD2 and SD1, done a lot of work around social determinants of health.

This is just gonna exacerbate some of those issues that have been brought up. So closure of CIH result in a loss of primary care which will increase preventable hospitalizations, long term care, mental health services and pharmacy access.

Some people might say, well, you know, why can't we just ship medication?

Some medication they're not able to ship over, for example, like psychotropics can't. And then there's also a fiscal impact of CIH closure. The financial burden on counties on workers and patients.

So providing off island care, we have to keep reminding myself that it's an island, right?

So providing off island care.

Services evacuations it will cost the county upwards of \$14 million loss of employment.

Loss of tax revenue.

Should it close and then I also wanna focus specifically on our county workforce and our county resources.

So I think the fire that street Three and St. Five is actually seeing this.

A lot in their communities because of the fire, right?

We recognize that we already have a very overburdened first responder system. So with the closure of CIH, this is going to over stretch and and put place a a really a burden on our workforce.

And we've had calls with EMS and with also with fire. And I just want to recognize as we heard that we do have some of these representatives in the room and on the call you know have shared.

You know, concerns their, you know, their own experiences based on, you know, my staff and rank and file, who are dealing with this and are anticipating what that impact could be. And then I also want to talk about right, the increase in mortality, exacerbation of, and there'll be.

Health repercussions and implications because of either delayed transportation.

The time that it would take for someone to be transported off the island.

And to mainland and then obviously you know the weather, we live in LA and but the marine layer an issue when we talk about transportation whether it's the ferry or specifically through through air and we know that with some health emergencies at time is extremely important, right, so.

For example, if we want to stabilize a stroke or heart attack patient during the golden hour, they need to receive care within.

Two hours a patient with diabetic ketoacidosis could die while waiting for a transport. Could die from permanent brain damage or result in permanent brain damage or suffer from a pulmonary embolism if they were to their delay in care.

So into kind of the the purpose of this motion, it is to provide and allocate 3 million of measure B1 time available funding. Measure B exists because of instances like this and so that is what the the motions directive is is to ask DHS along with C.

To allocate 3 million of measure B1 time.

And available funding.

I will.

Leave it there and then I know that we have representatives from obviously CEO DHSDHSEMS online. If there are any.

Questions.

Thank you.

I don't have any immediate questions.

So I had some thanks Mr. so.

You just sent out the recent announcement for.

Ideas on grants for the unallocated is the set is is the timeline such in the financial situation? Is that wait for the mbab to do its thing and that they needed the money right away?

I think I mean, Yolanda, right, things in the county.

Take a while and because of the immediacy of of this right, we obviously don't want to get it to last minute because we know what the impact is gonna be.

Obviously you know there's gonna have to be conversations with possible workforce patient figuring out that plan. Because of that, I think there is is an emergency and it was an urgency.

Ensuring that we can go about it this way to ensure that we can infuse that one time 3 mil.

To the hospital so that they could sustain itself.

It is the financial situation.

Do we do what causes it or what caused it and what the long term fix is? I think along the 3,000,000 is gonna take US 2, right?

I think there's issues around the Medicare and I think even more so because of what's going, what's going on. And so I think this is just a an issue that the hospital has just kind of been dealing with. You know over time.

And I shared right they were facing this very emergency last year and luckily they did get that infusion from LA Care.

And I think I think this is more than just every year doing this, whether it's through Ella care or through emotion to identify one time an infusion. I think this is also looking at other resources to financially stabilize the hospital. And I know that DHS is you know.

Having various conversations about what that is.

But you know, obviously we're here today because of how dire the situation is.

But I agree.

I don't think that doing these one time fixes is going to address what this hospital is going through. And so I think, you know, in partnership with DHS with CIH and and other, it is to identify a long term financial stability plan so that we're we're not dealing.

With this happy new with MLK.

We do the same exercise of going through multiple prongs.

Of what's going on with the reimbursement structure?

Is there a way to change that?

Getting changes on the health plan level.

And then some help when needed from the county as well too.

So I was just curious as to what extent there has been that long term planning for because I don't, I don't know whether the county's think we've resolved what we do with healthcare provided on an island and what extent.

Just takes a roll.

More affirmative in what the county's obligation is, I just think I just don't ask to resolve, right.

Do you have a sense Esther on whether this is a question for the guests that are on what is the thinking on process wise?

What the options are long term and also since we had fire here to understand what the transport issues were, because I remember when this was first discussed.

Next year there was talk about.

Well, the transport probably to harbor.

So I don't know if we could have an update on that too.

You're operationally.

The Catalina island.

The closure of the hospital would impact us as far as operationally.

Now all those patients on the island with medical conditions would have to be flown to the mainland. And with that, we're five times a week, our helicopters flying over to get patient transportation back to the main.

I will impact originally the fire department.

Also, one of the things that wasn't mentioned to her, the tourists that are there, we have the cruise ships that go there, the cruise ships that are there, those tourist and what have you that are on the island.

Don't recall how often they they go there, but one of those patients that are on the cruise ship need medical attention too, and that's their closest hospital as well.

Well, there's operationally it will impact us. One of the issues too is even flying our helicopters in extreme weather.

That's even questionable at times too, so.

Our helicopters as well as flying over the ocean engines have to be torn down after so many hours of flight time.

So there's there will be a.

Financial.

Situation to the fire department as well, just in patients back and forth.

Can does that happen now?

Or can those?

Can the Catalina Island really handle trauma that occurs?

It's just that you guess you would do more than trauma if that occurs.

So typically we would still get those patients, those extreme patients to the mainland to one of the area hospitals for treatment. Just recently Doctor Kazan.

Actually flown an extremist patient from the island. This was.

Two days ago, two days ago on the island.

Situations we have perfect weather. Everything was perfect.

Patient care and in this situation that I'm speaking of, actually had to do.

Invasive local procedures to get the patient to the hospital safely so it would impact us for extremist patients.

I would just say imagine for right now imagine tends to be population.

There is a bit older too.

Imagine you have someone with AGI bleed. There is no blood on the island currently.

At least they can stage at the hospital. They can start treatment there. They can arrange a private medical helicopter most of the time to come out and pick them up and take them back to the mainland.

Imagine instead that we have paramedics there with a patient with the GI bleed. They have literally nothing to offer that patient. And if the helicopters can't fly, which happens more often than people think because of the marine layer along the coast and the approach to Catalina without a.

Isn't in the dark.

We could be with that patient realistically for 12 hours.

Plus, awaiting transport off the Island Coast Guard is an option sometimes.

And then bringing a boat out there sometimes is an option to get the person off the island.

But you'd be limited to paramedic level care.

Which really doesn't intended for that in LA County.

So it would definitely create a a snowball effect some issues.

Thank you.

Any more questions?

Oh, I just didn't know if anybody could answer the long term, right.

Can we go to? I see Tim on Paul.

He's the CEO, Tim. I don't know if you heard or if you need.

Yolanda, who is the health deputy for Supervisor Mitchell's office about some of the long term strategy planning.

TK **Tim Kielpinski** 23:21
And I also have our seat. Our CEO is on.

R1 **Room 140** 23:21
I'll have our C.
Our CEO is on.

TK **Tim Kielpinski** 23:24
Jason Perez.

R1 **Room 140** 23:25
Jason paray.

TK **Tim Kielpinski** 23:28
And so he can talk too.

R1 **Room 140** 23:28
And you can talk to and we also jump on this.

TK **Tim Kielpinski** 23:31
John Bacchus on with us, that's been helping us try and find some of these long term solutions.

R1 **Room 140** 23:33
And hoping that I can find some.

TK **Tim Kielpinski** 23:37
Back to the what's causing this problem?

R1 **Room 140** 23:37
Back to the.

TK **Tim Kielpinski** 23:39

It's as Esther said, you know, could be related to the reimbursements from Medicare, but more pronounced is the medical reimbursements.

And I I have a feeling that's the same reason why.

La County passed Measure B many years ago, was to augment and supplement the hospitals in in LA County.

R1 **Room 140** 23:52

Holly County.

There's a.

TK **Tim Kielpinski** 24:02

We have been left out of all those supplement programs statewide and at the moment we lose approximately \$4 million per year on services that we provide to medical patients. If we were only losing 1 1/2 or \$2,000,000 with all of our other bus.

R1 **Room 140** 24:02

Will be.

Hey.

Yeah.

TK **Tim Kielpinski** 24:20

The hospital can be financially stable, but once we crossed over 2, two and a half million dollars of losses, which started occurring in 2223.

Around there.

We realized it was unsustainable, but back to the long term plans we thought we had a pretty solid partnership being developed with with AUC last spring and that's where we anticipated that the grants from LA Care would have taken us all the way through that completing that part.

Well, that's now been put on hold and we pursued some other UC partnerships.

And one of them is interested in talking to us in the summer.

And but we're also, and we sent out approximately 25 to 30 Rfp's to system hospitals, other UCS to find if to see if we could find a partner because I'll tell you just in simplistic terms, if we all of a sudden became AUC hospital there's been.

R1 Room 140 25:03

Google.
Hospital.

TK Tim Kielpinski 25:23

A independent third party study that did some due diligence on us all of a sudden we would get an additional \$15 million.

R1 Room 140 25:24

OK.

TK Tim Kielpinski 25:30

Of free cash flow that would come in due to our statuses being partnered with AUC and the quantity of medical patients we see.

We will.

Our plan is to come back.

Being the precursor to trauma is to come back to this same body in a month or two to ask to be part of the recurring measure B disbursement on an annual basis.

Until a permanent solution is is solved for us, so does that.

Does that. We're also just implemented. We believe it's the first time in the state we're taking advantage or trying to take advantage of one of the supplements, which is called the voluntary range program, intergovernment transfer or IGT.

MIk has been able to take advantage of that as a privately owned hospital.

Through new legislation.

And our attorneys have felt like us participating in the Rgt with our City of Avalon.

And we have the the city manager on the phone too, that there's they can't find any legal reason why we can't participate in that. And if that is successful, we'll know in a few months we could see an additional 2.5 million coming into the hospital, but.

R1 Room 140 26:45

OK.

TK Tim Kielpinski 26:57

We wouldn't see that money until December or January.
Hopefully and Jason or John Bacus, if there's something else, please, please chime in.

R1 **Room 140** 27:01

And.
On mute.

TK **Tim Kielpinski** 27:11

John Legend, I think.

R1 **Room 140** 27:23

Try to.
Interfere with him?

TK **Tim Kielpinski** 27:28

And Esther. Oh, go ahead.

R1 **Room 140** 27:29

There he is.

JB **John Baackes** 27:29

OK.

TK **Tim Kielpinski** 27:30

There he is.

JB **John Baackes** 27:30

There we are. Thank you.

Well, the hospital came to us almost a year ago with this situation where they were running out of cash and we responded and I brought a resolution to our board for \$2,000,000 grant.

Has been reported and and supervisors Solis supported that.

My response was partially.

In response to the fact that we've had a hospital closing.

In California, in Madeira, which closed on December 31st, 22.
And they didn't come out and ask for any help.

R1 Room 140 28:06
I ask.

JB John Baackes 28:08
So it was a surprise to everybody and I thought they were asking for help and we should do it in addition to providing the grant, LA Care also renegotiated our contract with Catalina Island that gave them a much more robust reimbursement for medical.

R1 Room 140 28:15
Yeah.

JB John Baackes 28:26
And I know that the hospital is also.
Renegotiating all of their contracts with commercial insurers.
The problem is a rural hospital.
On an island is that they don't grab the attention of the insurers either because they're such small volume.
For them that they don't feel it's necessary.
So I've been helping them since I retired from LA care in this long term strategy and I think they've got several options in front of them.
The IGT additional funding will be very helpful if they were able to negotiate AUC relationship and those take time as you see the the UCS are probably facing many other issues at the same time, but.

R1 Room 140 29:08
Any.
Is.

JB John Baackes 29:17
I do think.

I do think this is worthy and part of the reason they're in this situation, as Tim explained, is that the other critical.

R1 Room 140 29:26

And it.

JB John Baackes 29:28

Access hospitals in California. All are public entities and they do receive the supplemental funding, said private hospitals such as MLK and Catalina Island are not. Able to access.

JP Jason Paret 29:46

I'm Jason pare.

I'm the CEO of the hospital and thank you very much for taking this up. I think you know multiple things, I agree fully.

R1 Room 140 29:55

3.

JP Jason Paret 29:57

That our issue predominantly is a Medicaid.

Underfunding the cost structure of providing care here is extremely it's much higher than other places just because we are on an island and with the growth of Medicaid. It become beyond difficult to operate the facility. We are often below 10 days cash on hand, which is no way to keep a place.

R1 Room 140 30:23

No.

JP Jason Paret 30:26

Safe as far as community, what has been driving us is not necessarily for profits, but to ensure that we have healthcare here on our Community. We are a non profit 501C3 organization.

I just want to let you know, you know, I think a lot of people.

Often think of us as because we do such a great job at marketing as a Laguna or

Malibu.

But the truth is, it's something very different.

We are predominantly a Hispanic community.

We are a low income community, yet at the same time we have some of the highest costs to live here.

And I want you to also know that we do have one.

We have a there is a dark underbelly in our community that most people don't see.

When they come to the island, they see the wealth, the opulence and think of us as those other communities.

But we have a lot of self determinants of health that are challenges for the people that live here.

And do not get the same amount of HealthEquity as other communities.

I do want you to know that we are an extremely lean organization compared to other hospitals because we, you know, give you an example.

R1 Room 140 31:34

Yeah.

JP Jason Paret 31:43

I was looking at some bills, some reimbursement the other day and for Medicaid.

When I get an inpatient, when we get a patient into our ER.

As the what we get reimbursed for a Medicaid patient with a 99284, which is just a little bit above the middle complexity of patients is only \$50.00 and you put in the cost of what it cost the staff an ER with physicians and.

R1 Room 140 32:01

OK.

Oh.

JP Jason Paret 32:12

Nurses and organization \$50 doesn't really cover the bills.

So we we have to be lean at all times and inefficient, we are constantly.

Working trying to improve ourselves. We've been looking for a partner.

As Tim mentioned, we are renegotiating care contracts.

We are ensuring that we are capturing all charges that are possibly out there.

We are working with UCLA are not UC LA USC right now and with a lien project, improve efficiency and utilization in our rural health clinic. There is no stone that has gone unturned.

More and we learn and discover new things that we won't go after anything possible to ensure that there is health care in our community, because when a hospital closes in a rural community, it changes that rural community forever.

R1 **Room 140** 33:10

People.

JP **Jason Paret** 33:12

Because we are a vital we are in a essential component of Avalon.

R1 **Room 140** 33:28

Questions.

Just wanted to echo what was shared earlier that the supervisor was very supportive of LA Care allocating funding.

To the Catalina Island Hospital and I'm wondering if Prop 35 might be able to further support.

Long term sustainability of of the hospital. Do we know that might be another Ave. of funding?

JB **John Baackes** 33:50

I.

JP **Jason Paret** 33:52

Oh, I'm sorry, John.

Go ahead, crop 35 is the correct.

JB **John Baackes** 33:58

Prop. 35 is was reallocating the managed care organization tax, which draws a federal match.

And that matching dollars are now all going to Medicaid.

When originally the managed care organization tax match went to the General Fund.

R1 Room 140 34:16

Yeah.

JB John Baackes 34:20

The problem with Prop 35 now is that the current administration federal administration does not reapprove the tax when they need to. For at the end of 2026. That funding will not materialize.

So that is not necessarily a reliable source.

Most of the funding in Prop. 35 was to.

R1 Room 140 34:39

No.

JB John Baackes 34:43

Increased reimbursement to specialty and primary care physicians.

Who were dropping out of medical because of the reimbursement was so low.

I.

And the distribution of the money was built into the law.

So it would have to be revisited, which could be done, but I would not rely on Prop 35 at this point until the federal administration has made clear what their plans are for Medicaid.

JP Jason Paret 35:16

So I would like to add on to the prop. 35 is is that when distribution of funds is developed and how they're going to do it?

R1 Room 140 35:21

You.

JP Jason Paret 35:26

In my experience, the rural hospitals are forgotten.

And so the predominantly the the most of the funds go to the large tertiary hospitals.

R1 Room 140 35:48

And did you have anything?

Thank you so much for this and I appreciate you walking us through your long term plans because that was my big question.

I see.

This is very challenging.

So I see that the dollars are to be transferred in 2425, but it's I'm understanding correctly this will take you beyond this fiscal year, right?

JP Jason Paret 36:15

Beyond the whip tier, sorry.

R1 Room 140 36:16

Because the.

Beyond 2425. So it'll take you to 2526 to help support.

JP Jason Paret 36:22

We are good at at managing funds and getting by as far as we can. So I would say yes, this would get us into 26.

R1 Room 140 36:31

And will this help support beyond when you and the reason I ask because I know last year ALYCA supported with two million and I heard you say that your short goal is 2.5, but this is 3 and and I understand everything's increasing but is is?

The idea that this will help support if needed beyond one year.

JP Jason Paret 36:51

I it well, we lose approximately \$4 million on medical when I say we lose. I know a lot of people use the terminology a little bit differently, but when I in that they say oh, we're losing money, but they're what they're really saying is we charge this.

We get reimbursed this and so we're losing money, but I'm saying that we're losing \$4 million.

I'm saying at Tim once gave a great example.

Of a restaurant that it costs.

\$85 to create a hamburger and yet they're selling it for \$5.

That's the situation that we're in.

We actually it costs us cash flow to provide the care to the medical patients, but \$3,000,000 will only last us approximately a year.

R1 Room 140 37:45

Yeah.

JP Jason Paret 37:50

And when we we met all these different things that we're working on and going after such as Tim mentioning the IGT and other things.

We are going after four or five different things all at one time, every, every day that we've been going through this process and we run into dead ends, you know.

More sadly, more often than not, John and La Cares was one of the few things that.

We were able to actually achieve and not run into a dead end, but if we don't go 5 different directions at one time, we're never going to keep this facility open.

TK Tim Kielpinski 38:35

Hey, Esther, we do have a couple of folks from our community on.

We have Yoli Montano. If you'd like to hear anything from our community.

R1 Room 140 38:46

I think we're gonna wait for the public comment piece, but thank you, Tim.

TK Tim Kielpinski 38:49

Oh, sure.

R1 Room 140 38:49

Yeah. Thank you, Tim.

Just wanna see if there's any other questions from the board offices on this motion.

Snip. We did it all is held.

I'd like his health net.

There. I don't know what your membership breakdown is and whether health net is stepped in potentially as a philanthropic partner.

JP **Jason Paret** 39:13

No, they have not.

JB **John Baackes** 39:13

I.

R1 **Room 140** 39:14

I.

JB **John Baackes** 39:15

I actually approached them and they declined.

R1 **Room 140** 39:16

I.

Sean.

I don't think we have any other.

Says I just want to say thank you to obviously chapter and John for being on answering the questions in the board offices and obviously are fired for also sharing your experiences.

Thank you. Actually, can I ask just one quick question. Is the Catalina Hospital designated as a trauma hospital or trauma facility?

It's not OK, it's not. Got it.

But the major B funds go ahead, yeah.

JB **John Baackes** 39:49

Could I?

Could I ask throw in a comment there because I know that has been brought up before.

It is not a trauma hospital, but as the spokesperson from the County Fire mentioned, it's a it's a stabilizing center before somebody can reach a trauma facility.

And without it, that's the real issue.

So I think it fits within the broader scope of measure B because without it people wouldn't survive to get to the trauma center.

JP Jason Paret 40:22

But we are designated as is a critical access hospital, which is a Medicare destination to give us compared to your larger tertiary hospitals, preferential reimbursement which is cost based.

It's not showing your profit, but just gets us to cost with Medicare and the reason why Medicare has done this is for rural hospitals that are under 25 beds is because they've done.

Plenty of studies which show that when a hospital leaves, even though it costs more to provide.

That care at at home on in the rural community it when a hospital closes, the costs actually get higher for health care in itself, because people go without care.

And then when things get bad enough, they're in an ICU and that cost structure is a lot greater than the services that we provide.

R1 Room 140 41:18

OK.

Thank you.

It looks like we don't have any other questions from our board offices.

We'll move on to public comment.

Do we have any public comment on this item?

In this room, do we have OK?

+13***92** 41:38

Hi. Hi.

R1 Room 140 41:38

We'll go in the order of hands.

So I will call the names.

We'll start with Jessica Flores.

JF Jessica Flores 41:48

Hi everyone.

Thank you.

I am a resident of Catalina Island.

I've been living on the island for about 5 years.

I come from.

The I grew up in LA County.

I grew up in Wilmington.

I know from that end it looks like we are a resort. It's beautiful.

It's it's marketed to be a place to come and have fun and be adventurous, and there's schools that send out the students to come out for summer camps and the hospital here.

Is the only place that allows people to feel safe to be able to come out and do the adventurous tasks that they want.

There's a large diving community.

There's a lot of excursions and I can't imagine.

Tourists wanting to continue to come out here if they don't have access to somewhere in case something bad happens, a lot of safety features need to be able to be added for a community like this to thrive and there is an underrepresented part of that community and it.

The people who are here year round.

R1 Room 140 42:46

You. You.

JF Jessica Flores 42:47

Those 4000 members are not seen for eight months out of the year. The summer gets marketed and the 4000 members that remain on the island are here during the most critical time of year where the weather gets bad, the boat access is low and most of.

The time those are our sickest and eldest patients that have chronic issues that need access to this facility.

One of the things that I hope that you keep in mind as you look into making these decisions.

What are those people supposed to do during that that time of year when everyone else is spending time with their families and it's the time when viruses are at their highest, our most vulnerable patients are left at the highest risk?

And how are they supposed to get off the island?

So I really hope that that part of the Community has a voice and is seen and heard.
Thank you.

R1 Room 140 43:40

Thank you.
Eve maestros.

D Dave Maistros, City of Avalon 43:49

Good morning.

R1 Room 140 43:49

Thank you.

D Dave Maistros, City of Avalon 43:50

I'm Dave Maistros, City manager for the city of Avalon.

City of Avalon being the only incorporated city on on the island and the vast, vast majority of those 4000 residents live within the city limits. I I do.

Just I I know it's been said many times here already this morning, but the viability of Catalina Island health is absolutely critical not only to our residents, but the entire viability of our economy, which is primarily visitor based.

R1 Room 140 44:16

Thank you.

D Dave Maistros, City of Avalon 44:20

Our residents do not have.

You know, they're not here for two weeks and going back to their homes where they have access to hospitals and and and what I want to drive home is that if if a rural hospital on the mainland gets closed, it, it is significantly impactful that community but that.

Community might have to drive.

Residents might have to drive another 45 minutes to the next hospital or the next healthcare facility.

That's not the case here.

This is it.

This is the only.

Healthcare facility on this island and as has already been stated.

R1 Room 140 44:52

Yes.

D Dave Maistros, City of Avalon 44:55

We could have residents that are sitting around for 12 hours waiting to be transported off.

They do not just have the ability to drive to the next hospital to receive health care, so it is. And I I don't want to make it sound overly dramatic, but I am confident saying it's a matter of life and death to have this ability to have K.

Island health maintain.

So again, thank you for considering this motion.

And and we really appreciate it and really need your help.

On this. Thank you.

R1 Room 140 45:27

Thank you.

Any other comments on this item?

+13***92** 45:34

Hi, I'm Yolanda montano. Say.

R1 Room 140 45:40

Go ahead.

+13***92** 45:40

Can you hear me?

Hi, can you hear me?

R1 Room 140 45:42

Yes, yes.

+13***92** 45:44

Hi.

I was born in the existing hospital that is there right now.

That looks the same, but thankfully has more state-of-the-art equipment to help our residents and visitors.

I this is very near and dear to my heart as 52 years being here.

We've had quite a bit of emergencies in our family, with myself, my grandfather, who had a heart attack and couldn't get life lighted out of here because of the weather many years ago.

R1 Room 140 46:10

Umm.

Yeah.

+13***92** 46:21

May he rest in peace.

I had cancer 30 years ago and was.

Taken off the island and was treated at city of Hope and not able to come home to my six month old daughter because there was no facility here for the care that I needed.

R1 Room 140 46:31

Yes.

+13***92** 46:40

Currently, a year and a half ago are 1 1/2 year old. Grandson was medevaced off the island.

R1 Room 140 46:43

Yeah.

OK.

+13***92** 46:48

He had.

He was bleeding to death.

He was diagnosed with leukemia.

The fact that living on this island is very scary. He was a year and a half and they had to stabilize him before they were even able to transport him on the helicopter. So putting an IV into a 1 1/2 year old child was very traumatic here, and thankfully the the doctor and the nurses, along with the paramedics were stellar in doing so. However, it took longer than expected because he it was hard to access his little ve.

R1 Room 140 47:12

OK.

Thank you.

No.

+13***92** 47:31

Currently, he's being treated at shock.

We are my daughter lives on the island.

She had to relocate and has been there for a year and a half now and not able to come home.

R1 Room 140 47:39

No.

Thank you, Yolanda.

We've reached a 2 minute mark on a public comments.

+13***92** 47:47

OK.

So it's to to me, I feel like this is very important, not only to our residents but to our guests because there is no way that you can just transport at people.

R1 Room 140 47:59

Thank you, Yolanda. We appreciate your comment.

+13***92** 48:02

Thank you.

R1 Room 140 48:04

Either public comment on this item.

All right.

Well, thank you very much.

We will now move on to presentation items.

We have one presentation item from works and health services.

Is for all of you UCLA Medical Center ventilation upgrade project with the project budget related appropriation adjustment plans and specifications advertised for construction bids and authorize the award for construction contract over to public works.

Name is Alicia Ramos.

I'm with LA County public works.

To present the all of you UCLA Medical Center ventilation upgrade project. So as was read the lengthy title but is notable is that this is what we call a AAA Adopt advertisement award.

This letter has multiple recommendations on there, first and foremost, to find the project categorically exempt with the SQA because we are not changing anything about the hospital.

There's no reshape, addition or change of use.

JB **John Baackes** 49:09

Yeah.

R1 **Room 140** 49:09

Will occur in the existing hospital. It will change nothing about the layout.

It will simply address the mechanical systems that are critical to the thermal comfort of patients and staff. We'll establish the project along with the budget at \$15,920,000.

There is an appropriation adjustment needed for the full funding of the project.

As I mentioned earlier, this is an adopt advertise award.

So this, if approved, will allow us to adopt the plans that have been approved by Hki.

The authority over the plans.

Project and then it will allow us to advertise the project for construction.

This is a low bid project, so we will put it out to bid for approximately 40 days.

We'll receive bids if those bids come within the approved budget.

And this board letter recommendation will also give the Director of Public Works the authority to award that contract if it falls within that.

There are also recommendations to execute a consultant services agreement when we do contract for the project, we always start first with a smaller contract for them to establish the schedule.

It basically gives us a chance to ensure that this is the full contract or their responsive.

Some reason they are not responsive and gives us the ability to go on to the next two contracts.

So let me speak a little bit about what the project will do.

The project is an upgrade system to the current mechanical systems in the building mechanical systems in the building are original, so they're approximately 30 years old.

This project will look to replace coils within 21 air handling units.

So this is an upgrade project. It's not a complete replacement, but what it will do is it will give them renewed life.

And keep the superstructure that's there. Project will be phased because we can't do this all at once.

We will have temporary cooling systems, heating systems through the seasons as we move through the project to do the project work.

So there will always be continuous thermal comfort to the the hospital even as we take systems down, we'll be phased and that's contributing to.

A schedule that is just under two years, that a year and nine months.

Hey Cortana.

Questions from our board offices.

We have questions from our board offices joining us virtually.

Any hands?

All right. Do we have any public comment on this item?

Any hands in A room?

No virtual hands.

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.

Thank you very much.

Reminder that general public comment is limited 2 minutes.

Need to be mindful of this time limit when providing general public comment.

Any general public comment on today's agenda?

I don't see any hands in room, no virtual hands.

Thank you everyone.

We will now move to adjourn the meeting.

Thank you everyone for participating.

Enjoy the rest of your day. Thank you.

For your time.

- **Jack Arutyunyan** stopped transcription