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Transcript

April 16, 2025, 4:30PM

R1 Room 140 0:06

Alright, good morning everyone.

I'm Jack Arutyunyan 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 if you're calling into the meeting. As a reminder, public comment will be limited to two minutes and maybe adjust it accordingly.

If necessary, we'll now start with the introductions in this room, with the board offices going first.

Yolanda Vera with the 2nd District, Gomez second District, Aaron Fox, Third District and Helika Yala third district.

4th District our chair is joining us virtually.

You want to do an introduction of yourself.

CA Chow, Aoife 0:51

Yeah. Hi everyone.

This is Eva from the 5th district.

R1 Room 140 0:55

And then if we can have introductions into room and then we'll go virtually.

Contracts, grants would be.

Body PHS contracts and grants.

AT Aneena Tellis 1:05

Environment.

R1 Room 140 1:07

That's Melbourne chief medical officer, LA general.

Franklin, director of maternal child and adolescent.

For.

Fernacano do you?

Beside public health Abse morning Anina tell US Public health department health services.

Department of Health Services City Dmh, Osana Thomas, the HR surgeon from the Union of American Physicians in Dennis, Her Green Co chair of Valley County Commission on the HIV.

Tasha Mosley, Deputy County Council Health Services division.

You going virtually for board offices?

Do we have?

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

CA **Cespedes, Anthony** 1:57

Hi, it's Anthony.

R1 **Room 140** 2:01

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

Representatives from the Third district on the call.

Representatives from the 4th district on the call.

Representatives from the 5th district on the call that haven't introduced themselves.

Do we have Co budget on the call?

Do we have any Co staff on the call that would like to introduce themselves?

You have any representatives from County Council on the call.

Have representatives from public health on the call.

Have representatives from mental health on the call.

JB **Jaclyn Baucum** 2:48

Good morning.

SK **Stella Krikorian** 2:48

Good morning, Stella, Krikorian cashews division.

JB **Jaclyn Baucum** 2:48

This is.

Hi, good morning.

This is Jacqueline Baucom from Healthaxis and integration.

R1 Room 140 3:03

Do we have representatives from health services on the call?

AG Anna Gorman 3:07

Hi Anna Gorman, Department of Health Services. Thank you.

R1 Room 140 3:13

Thank you.

Do we have any representatives from any associations or organizations on the call that would like to introduce themselves?

Any members of the public on the call that would like to introduce themselves.

We will now proceed with today's meeting. As noted on the agenda, we have 4 information items, one board motion and one presentation item.

Information item, or DPH, is recommendation to continue the declared local health emergency for the January 2025 Critical fire event 08092.

Any questions from the board offices on this item?

Any public comment on this item?

Here we will move on to the second information item approval to execute.

Page as well approval to execute amendments to three sole source black infant health services contracts to extend the term through June 30th, 2026.

08059 any questions from the board offices on this item?

Public comment on this item.

View the third item is for dmh approval to amend the existing facilities management services contract with cdre Management Services, Inc.

To increase the total contract sum for the continuous provision of management services at Martin Luther King Behavioral Health Center on a sole source basis.

Any questions from the board offices on this item?

So questions sure. Who to ask? If anybody in the room spell Krikorian from contracts is on the line. Great.

So it was a \$7,000,000 bump.

Is that to extend the length of the contract?

SK Stella Krikorian 5:11

Good morning.

Give me one second.

This is the MLK.

Sorry, we have two board letters on for the same vendor.

R1 Room 140 5:23

The MLK one was 7 million bump and the other one was maybe a million or so.

SK Stella Krikorian 5:35

Sorry one second.

R1 Room 140 5:36

Your there's one that's for the behavioral Health Center. And then there's one for the king, Jacqueline Avante.

Your specific.

SK Stella Krikorian 5:42

Right there there for the same vendor.

However, two different contracts for two two different locations.

And.

R1 Room 140 5:52

This item is for the behavioral Health Center.

SK Stella Krikorian 5:57

Yes, I I believe the bump is for.

R1 Room 140 5:58

Thank you.

Mm.

SK Stella Krikorian 6:03

Let's see, the \$7,000,000 is taking us and yes, we do have an extension period as well for this for this particular one.

R1 Room 140 6:10

Not necessarily. It's not an I was just trying to understand.

It's it's not necessarily that the amount has gone up, it's just that like the time is extended.

SK Stella Krikorian 6:24

It which allows for enough, yes, one optional extension period to December 31st, 2026.

R1 Room 140 6:36

So how? How much longer are we extending the contract?

So is it a million for an additional one year?

SK Stella Krikorian 6:45

It's actually to increase the current fiscal year as well as the additional extension period.

R1 Room 140 6:54

Do we know what accounts for the increased cost?

SK Stella Krikorian 6:59

I believe additional services.

And the costs have gone up.

R1 Room 140 7:07

I had really more question about the Community room and the use of the Community room.

And in the management of the the Community Center that they have there because we were told by some community groups that they're being told that they have to pay for.

Security and cleaning.

They want to use the community room.

SK Stella Krikorian 7:33

To defer that question, if Damien's on the call.

R1 Room 140 7:39

Damian made it on the call, but we can get back to you with that information, Yolanda.

SK Stella Krikorian 7:39

Damien Parker.

R1 Room 140 7:42

Yeah, great.

SK Stella Krikorian 7:42

Yeah.

R1 Room 140 7:43

There was a particular group, narcotics Anonymous said. Wanted to use it and I think maybe because it was after hours, but I. So I'm just trying to understand.

And community groups need to pay or not pay because that was different than what we thought was going to be happening with the Community room.

SK Stella Krikorian 7:59

Yeah, I I can't answer that question at this point.

R1 Room 140 8:00

Good morning.

SK Stella Krikorian 8:03

I apologize.

R1 Room 140 8:05

We'll follow up. Thank you.

SK Stella Krikorian 8:06

Sure.

R1 Room 140 8:10

Talk about the evaluating and that's next or that's going to be the next item.

Any other questions on the Health Center?

Can I just ask a follow up on Yolanda's question?

So you mentioned that it's increasing due to increased cost, but also increased services.

Is it increased?

You'll be serving more people or there will be additional types of services.

SK Stella Krikorian 8:32

No, these are these are for facility services. CBRE provides, you know, cleaning, general maintenance, things like that.

They do not provide services per southeast.

R1 Room 140 8:45

So are there additional?

Is there more cleaning types of services that will be offered?

SK Stella Krikorian 8:51

They're doing additional services and I can give you examples.

R1 Room 140 8:54

Thank you.

SK Stella Krikorian 8:57

After after the meeting, after I get some information from Damien.

R1 Room 140 9:02

OK.

OK, that would be wonderful.

And then as a follow up to that, if you can also share if you are doing additional services, is that applying systemwide or is it just unique to this location?

SK Stella Krikorian 9:16

It will be unique to this location because the contract is for dislocation alone.

R1 Room 140 9:24

K.

Thank you.

SK Stella Krikorian 9:26

Uh huh.

R1 Room 140 9:27

Can you share that with us?

Because I don't know if it's related to the new beds opening up.

Well.

Share the responses with all of the deputies here.

Thank you. Appreciate it.

Other questions from the board offices on this item.

Did you have any more follow up?

Any public comment on this item?

Thank you.

We'll move on to the 4th information item, which is again for dmh approval to amend the existing facilities management services contract with CBRE Management Services Inc.

To increase the total contract sum for the continuous provision of facilities management services at Martin Luther King, Jacqueline Avonde Children and Family centers on a sole source basis.

Questions from the board offices.

A question on this one was to what extent is this vendor responsible for the HVAC system?

Because I know it's been a problem.

Problems the building open and they recently had to suspend their children's

vaccinations because the Med room temperature was off.
Back to you.

SK Stella Krikorian 10:39

Yeah. Yolanda will have to come back to you with that as well.

R1 Room 140 10:43

Oh.

SK Stella Krikorian 10:43

I unfortunately don't know the answer to that.

R1 Room 140 10:47

Thank you.

Any other questions from our board offices?

Any public comment on this item?

We will move on to our board motion.

We have one board motion streamlining Los Angeles County health and substance use disorder beds reporting over to.

CA Chow, Aoife 11:15

Good morning, everyone.

Apologies for not being there in person to present this, but this should be pretty quick on my end.

Can you hear me OK. Thank you.

R1 Room 140 11:26

Yes.

CA Chow, Aoife 11:29

Essentially, what our office's bed report consolidation motion does is direct dmh and the other county departments and any other impacted departments to consolidate all of the county's mental health and substance use disorder bed treatment reports into one cohesive written report to be submitted to the board.

R1 Room 140 11:44

Yes.

CA Chow, Aoife 11:51

On a biannual basis, this would be in lieu of the quarterly set matter report.

That the board currently receives.

As you all know, we currently have several overlapping bed availability reports that are presented to, my gosh, excuse me, that are presented to the board and these overlapping reports have really created a fragmented picture of where the county is at.

R1 Room 140 12:05

Thank you.

CA Chow, Aoife 12:14

So our hope is that with this motion, by creating one more organized, streamlined place where all of the information is.

The board will be able to have better oversight and decision making capabilities.

And essentially be able to track our funding streams more efficiently, track progress and program implementation, and most importantly, identify exactly where the gaps are across all of our programs.

R1 Room 140 12:32

Essentially.

Yes.

CA Chow, Aoife 12:45

More clearly.

So really, you're just trying to be more efficient and streamline and how we gather and present our information and enable the board to make decisions. That's pretty much it for me. But I do have dmh on if anybody has specific questions.

R1 Room 140 12:48

More.

Sure.

Offices. Any questions?

I had of a few questions.

One was just to be sure that this doesn't move the board offices from asking for information beforehand and feel like the answer to that is no. We can go ahead and ask the other was.

I always get a little confused as to what that counts in what category, and the distinction between the clinical and the non clinical beds.

For example, things like odr get mental health support services, but is that a? Is that in this report or is that a separate report? If we're talking about odr beds and?

Is that we so is this.

Is this for clinical beds or not?

Oh, hi, Anna. How are you?

Hi everybody.

Anna Gorman from DHS representing housing for health and odr.

So yes, the the this report could include indeed also the odr beds, because we have beds that are, you know, mental health beds. And we also have beds actually in the acute care in the acute hospitals setting. We have interim housing beds, we have permanent supportive housing bed.

They all have some clinical support. I think during the conversations that are to come on which reports to consolidate, what information should.

Be in this consolidated report, we can include that as part of the discussion. You all of course will have a chance to review what the consolidated bed report would look like before we start producing it. And right now, what vets would not be in this EHS runs.

I would assume the hospital beds that don't have to do with mental health, those would not be in the bed report but but I'm assuming that everything else would that.

Are part of the housing for health and and OBO portfolio.

Again, this will work out the details on exactly which beds would be in the report as we get into the more work group meetings before the final report is is consolidated.

But we do think if we agree that it would be more efficient and effective and more helpful for you all.

So you're not looking through a million different reports?

I know you had your hand up.

I just wanted to let that if the deputies would like an opportunity to weigh in on what we're being what we're drafting.

I'm sure there would be an opportunity to do that as well. After the workgroups meet and look forward Recommendation a recommendation and then that would go back to the board for board approval. One thing I know my boss is always pushed is if there can be consistent report.

On things like a walls, lengths of stays and vacancies.

And and that definition applies across the board, because sometimes it's included, sometimes it's not included.

And it's still confusing in terms of.

Bring apples to apples.

Will that be? Will that be verified?

And and provided.

You have people leaving beds and length of time and vacancies and lengths of stays.

It's crystal from dmh.

I would say yes, but I do have Lauren.

Nanette here from our our dmh office, our HAI office.

Who we confirm.

Hi. Yeah. Lauren O'Connor with CCI.

Yeah, I think that the goal and and initially even with set matter there was opportunity to sort of standardize the levels of care and how how we talk about things across the three health departments.

And so I think, Yolanda, to your point, we would definitely want to keep evolving that in terms of how we're defining some of the terminology that we use and and being able to sort of have it be consistent.

We also have doctor side from deed, the director of D pH sapsi. If you wanted to.

Yeah, I mean similarly, I was imagining that we would go through a process similar to the bed set matter where we had discussions with the board offices about what kind of information they would want in this consolidated report back and.

So I think that we can be in alignment in that information.

Another motion references a lot of other motions.

Does that mean that report backs for those other motions?

Separately correct, the whole purpose is to consolidate these reports so you guys aren't getting three or four different reports with similar information and not seeing the same picture.

Has a clarifying question.

Crystal, you mentioned that the report plan is gonna go back to the board for board

approval recommend. So the I believe the the directives are for are are departments to provide recommendations those usually have to be approved by the board.

Once they consider the recommendations, is that correct?

Don't see that in here.

Oh, sorry.

Submit to the board biannually in writing.

You might.

You might be thinking of a different version.

So that can clarify that one for us.

CA Chow, Aoife 18:11

I think that was in a previous version of this, but we can workshop we want to add that back in if that's something that other board offices feel would be helpful.

R1 Room 140 18:31

Gonna make things. I think this will make things easier if we have a fuller picture, because even the slides that are consolidated are often difficult to understand with all of the different.

Categories of beds.

It's also streamline and make things easier for you all as you're reporting.

Yes. And part of the reason is because with each of those report backs, the bed numbers fluctuate, we add beds.

We lose beds and so.

There is a mount, a certain amount of work that goes into that and.

Could be interpreted as inconsistencies if where offices are referring to a prior report where the beds are slightly different.

HS would agree he was also the timing of the different reports.

Is inconsistent.

He said.

Doctor Simon may be at a previous meeting if I remember. Month is sort of ideal rather than anything shorter than that, we wouldn't really.

Friends.

Question because I remember Jaycod was also doing an exercise of looking at beds.

I didn't see them referenced in the motion.

They still.

Counting the beds, I knew that we had a Bolton.

I mean the plan, I think it's to bring in all relevant departments when we have the work group.

I think the issue with J Kon Beds represented here or not is when they have mental health or substance use beds.

Those beds are generally contracted through either dmh or SAP C.

They're drawing down medical, which in most instances they are, so effectively those would be counted through.

Can I see a Jacqueline Hauser?

JB Jaclyn Baucum 20:24

Yeah, I think Anthony's ahead of me in line.

R1 Room 140 20:25

OK.

Anthony has a question, good Anthony.

And then we'll go to Jack. Yeah. Thanks, Eric.

CA Cespedes, Anthony 20:31

Yeah. Thanks everyone.

I I got a couple questions and just going off of what was last said with the Jcod piece.

I I know that you know there's a reference to a bunch of different motions here in the preamble, including I think the first one referred to is one that you.

Know our office did with the 4th district and I think there was one that the second did that we helped that we, you know worked on with Yolanda too.

So I I I think I wanna understand the kind of universe of report backs where we're looking at here with respect to consolidating.

R1 Room 140 20:51

OK.

CA Cespedes, Anthony 20:57

Is it just the ones listed in the preamble?

Are there other ones that we're not familiar with that aren't gonna be listed here? If that could be shared with us?

Like what exactly? All is being consolidated?

I'd also wanna know what this process looks like with respect to how the board offices are gonna be engaged with respect to. Like you know these reports because you know, I I can't speak for all the other motions that we didn't author, but I know that there's regular.

Follow up with us in the fourth on this the 500 bed.

Motion here. So I really wanna understand like, what this consolidated report is going to look like.

Like to ensure like that feedback loop is still there.

Yeah, I'll pause there to let folks answer those questions before I go any further.

R1 **Room 140** 21:41

Jonquilyn would like to address the question.

JB **Jaclyn Baucum** 21:44

Sure. I think what Anthony is saying is what I'm hearing from others, which is just have an opportunity to look at the plan related to the consolidation of which report backs it would and wouldn't include and the justification for that. I think Yolanda's point about, you know.

R1 **Room 140** 21:47

Thank.

JB **Jaclyn Baucum** 22:02

Over, as you all know that over the series of set matter reports.

There's kind of been a revolving or evolving set of parameters or guidelines that we've been asked to report on.

And so one of the efforts that we can do here is really learn from each of you what it is both from previous report backs as well as that matter request needs to be in this report back regularly to give that full picture.

Most of these report backs are overlapping conversations, and they're talking about the same beds in multiple places, which contributes to a lot of confusion.

So the the effort here is really to clean that up.

And talk about it from a more holistic and functional lens.

So Anthony, I think nothing is gonna be.

No report back will be lost without the conversation of the accounting of this one fits in.

This is why, and here's how it will be reported.

So it could either still be in like sections where we specifically talk about P3P4, DOJ, et cetera or we can weave it all into something different, but it would be with that conversation.

R1 Room 140 23:05

Thank you.

JB Jaclyn Baucum 23:12

So I think what we need to do first is have those meetings.

Across all the relevant departments, put a scaffolded plan together that you guys can provide.

Provide input on before we finalize anything to then go forward and do the report.

So I think that's the best way we can address the questions that are coming up today is just to give it a try and see what feedback you have.

R1 Room 140 23:33

This is Gary Tsai from public health.

I would also just add independent of a board motion.

I think I would speak for the other departments that we would be available if there's questions on whether it's on beds or other matters, right.

So I I don't think that this motion would preclude any of the normal outreach or engagements that many of us already have.

CA Cespedes, Anthony 23:55

No. So I I appreciate that. And I don't doubt any of that.

I think my question is more like so here's what they have to sound like a broken record. Again, like I know said this many times in this space, but like for example one of the questions that we typically ask when we're talking about these bed reports is like.

What is?

What is like the denominator?

What is the goal right?

And we're trying to figure out like, what it is that we're working to with respect to, like the P3P4 decompression motion.

Like we at least have, like some like metrics.

Or at least some stated goals of what we're trying to get to here, right?

And I understand that these overlap with some of the other report backs, but also then I wouldn't want that that to be lost.

And if we don't have, let's say, metrics, goals, etc.

That we're trying to or establish criteria we're trying to reach there too.

So I just want to make sure understand of course there might be efficiencies to be found that nothing is then getting lost in translation in the process of consolidation.

JB **Jaclyn Baucum** 24:42

So Anthony, on that point, just real quick on the P3P4 and the DOJ specifically.

R1 **Room 140** 24:43

Let me on that.

JB **Jaclyn Baucum** 24:48

This doesn't replace any of the reporting related to the settlement agreements or DOJ compliance.

This would not replace any of that, and those are the metrics.

And the specific commitments for those beds are tied to the compliance with DOJ.

So that would not change.

So there's a lot of things that wouldn't change.

So that's why I think it's best if we kind of give a sketch of it.

And I really think it's going to be more eliminating the redundant conversations and clarifying for this group and especially for the public. What are we talking about when we talk about, you know, the global vision of the beds?

I one other important nuance I know I brought up before is that as we seek to consolidate a reporting, we also have to keep.

R1 **Room 140** 25:32

Yes.

JB Jaclyn Baucum 25:33

The framework clear that Sapsi and Dmh are running health plans.

R1 Room 140 25:34

No.

JB Jaclyn Baucum 25:38

Right. So we are running networks related to network adequacy for our health plans whereas those other departments that have built up capacity to serve, you know, County quote county populations or efforts or board initiatives they've built up, you know, bed resources.

Some like Gary's mentioning that are contracted under the health plan, so it would be double counted to count it on both sides.

R1 Room 140 25:58

01.

JB Jaclyn Baucum 26:03

Or some that sit completely outside of that as a separate board investment.

So we have to make sure that we're really looking at the most efficient way to report this without losing that nuance, so that people understand there's a difference between when dmh and sapsy are reporting about network adequacy and what's in the Quote Bed Network versus just total bed.

R1 Room 140 26:14

1.

Please.

Yes.

JB Jaclyn Baucum 26:25

Resource in the county. Those are different.

So we have to address that.

That's a nuance.

We have to work out within this board report.

CA **Cespedes, Anthony** 26:32

No, I understand.

And I think, like my colleagues have said, I'd want to see like or understand what this would look like before you know, we can kind of make a recommendation or at least tell ourselves the supervisor, you know what it is this is doing, especially because there's impacts on.

Other supervisors reports, so if you could kind of share that framework with us sooner than later.

Including what?

The timing of the reports would be otherwise.

I'm very eager to get my giant face off the screen here, so I will hold off on any further questions.

R1 **Room 140** 26:57

3.

CA **Cespedes, Anthony** 27:01

It's.

R1 **Room 140** 27:04

Can I just ask a quick follow up to that 'cause I that was one of my questions. So in terms of consolidation, is it only port center listed in the preamble or can it be more or less?

No it can.

JB **Jaclyn Baucum** 27:22

I can answer that if no one else is going to.

I don't know crystal, if you were about to. I can't see you.

R1 **Room 140** 27:27


Answer it, Jacqueline.


JB **Jaclyn Baucum** 27:28


OK, I think the ones in the preamble are listed because they're very clearly related


and they overlap and they come up on different frequencies that you know, I can just tell you from my perspective that from from all of your offices as well as from others get repe.


Questions because there's confusion about which one this applies to versus this one. So these Angelica are listed as clear contributors to, you know, a consolidated motion report back.


 **+12*****27** 27:54
Yes.

 **R1 Room 140** 27:54
You.

 **JB Jaclyn Baucum** 27:56
But that doesn't mean it's, you know.
Restricted to these, so as we talked to the worker, as we talked to the other departments to kind of decide what you're kind of attributing or what you're counting. Does it make sense to include that, yes or no?

 **R1 Room 140** 27:59
Please.

 **JB Jaclyn Baucum** 28:09
And then here's why that would be part of that conversation.
So this is a place to start, kind of as we look through the years of board motions that have come out, but it doesn't mean that you know it's exhaustive.

 **R1 Room 140** 28:21
And then also to Anthony's point, I don't wanna put words in your mouth, Anthony, but are we in terms of timeline, will we see this plan before the board approves this or is the plan to see that after?
Think it's after.
And what is? What would the timeline look like?
So we define the timeline yet, so I think something we can bring back to say that this and the reason I ask is because I think.

Wanna get at least a sense of what this would look like before the board moves forward with this?

So I I don't know if there's an opportunity to maybe start these conversations now before this goes to the board.

It doesn't have to be fully fleshed out, but at least, at least for for our office, we'd like to see.

I think it's very convoluted right now.

We're all kind of struggling to.

Because it is complex.

We're trying to wrap our arms around it.

It'd be helpful to have a good sense.

So I I'm wondering if it can be added to the directors to the directives so that this comes back to you guys and gives us an all the departments an opportunity to do the work groups and together the framework that Jacqueline's talking about and and in.

A report response guys. Then you guys can decide whether or not.

CA **Chow, Aoife** 29:46

OK.

Yeah, we can work on that.

CA **Cespedes, Anthony** 29:47

Yeah, I will say Angelica's not putting words in my mouth.

It's exactly what I was asking for, as well as that list of like which the the universe of report backs are gonna be.

R1 **Room 140** 29:51


Launch.


CA **Chow, Aoife** 29:58

OK, we will work on that.

R1 **Room 140** 30:01

Also wanted to follow up if we could add jaycod cause. Jacqueline, I I know you said it. It does replace some of the other report backs.

 **+13*****87** 30:07
Yes.

 **Room 140** 30:10
I don't know.

Does it?

I don't what the status of the JCOD report is and if it's redundant.

 **Jaclyn Baucum** 30:18

So I think the language, if you want to be more specific in the the board motion language, that's fine. I think it says and any other impacted department.

So our assumption from reading that language was that we would talk to jaycod. We would talk to DCFS. We would talk to hi, we would, you know, we would make all those rounds for anyone who's ever been involved in the set matter to check in and see what.

Touches, you know this purview, and does it make sense to include it?

And if not, what's the reasoning?

And they would keep in their reports, and that would be delineate.

So I really I think if if the if SD5IS willing to, you know kind of amend the directives to include a pre step in here which is allow us the time to work with the department. So still pass the board motion to allow us to work.

On this effort so that we can get, you know, #1 is in an effort to consolidate the mental health and substance uses or treatment beds dot dot, dot we can convene dmh can convene a work group.

 **Room 140** 31:14
OK.

 **Jaclyn Baucum** 31:17

With other impacted departments to come up with that plan for a consolidated better report back and then you know to bring back to the board and then you know and then it can go on from there.

So it sounds like that's the step that's missing, and that could probably be easily resolved with a directive change.

CA Chow, Aoife 31:35

Yeah, we're amenable to that.

R1 Room 140 31:45

Any other questions from our board offices on this item?

Any public comment on this item?

Right. We will now move on to our last item, which is the presentation item before a successor medical school affiliation agreement with the University of Southern California.

I'll turn it over to DHS.

Good morning, everyone.

I'm Julio Alvarado.

I'm the director of contract administration and monitoring department Health Services, presenting with me today is our Department of Health Services, stakeholder and subject matter expert.

Who's doctor Brad Svelberg.

He is the chief medical officer over at Los Angeles General Medical Center and as mentioned, we're here to brief you on the board letter for the successor medical school affiliation agreement with the University of Southern California.

Order of our presentation is follows. Doctor Spelberg's gonna provide you a quick overview of the long standing relationship with or between LA general and USC pertaining to the medical school affiliation agreement, which includes graduate medical education, also referred to as GME, and the purchase of Clinical Serv.

I'll also explain how continued partnership with USC for the provision of sex services will allow Le General to continue to meet its patient care obligations.

Disruption hospital operations as well as maintain its credited medical programs.

I'll then be back to share some information with you about the successor agreement itself, the fiscal impact, and then invite you to have any questions you might have that let me hand it over to doctor Sloburg.

Thank you, Julio.

So I know a lot of you are very familiar with this. A year ago, we're briefing people on it.

Just just to take a moment for the background.

So USC has been affiliated with LA General since 1885.

Affiliation agreement goes back a really long ways.

The most recent iteration was a 2019 iteration.

It was \$170 million for about 450FT Es.

The purpose of the contract historically has been to provide physician services.

And to help oversee the residency training program.

And historically, it has been deemed less expensive contract that work out, which is why the contract got so big. But over the years since 2019, there were concerns on the county side about contractual compliance.

And university increasingly was concerned about fiscal sustainability.

From their perspective, so in 2023, in March of 2023, the university noticed the county is terminating the contract with 15 months notice.

He hoped to trigger a negotiation, a more favorable terms for them.

Response in June of 2023.

Board of Supervisors passed a motion.

That authorized and instructed the Medical Center to hire up to 367 physicians and other staff, replace the contracted workforce in case negotiations did not need to a favorable outcome.

The negotiations did continue.

They have continued for two years, during which time we have hired 273 people on each side.

Very recently we were able to successfully conclude negotiations for a much smaller contract.

Going from 450FT Es to about 99 FTE and the reason why we think it's favorable to continue contracting for this much smaller footprint, there are specific types of positions.

Super Subspecialized positions that it actually doesn't make sense for the county to employ 40 hours per week.

I need 12 hours per week of this kind of person. 8 hours of that kind of person. When you Add all those pieces together, then you you turn those into 99 FTS that does not reflect 99 people.

That's actually gonna be many people rotating through each FTE to provide those subspecialty type services.

So we actually think that this does make sense for us, but we've replaced the large majority of the contract with county unionized workforce.

Just given us a really a solid home base.

At our hospital, these people feel like they belong to our Medical Center and we believe this is improving the quality of care that we're.

The other thing I'll mention is that another advantage of this contract is that it is allowing us to improve financially.

Uses financial responsibility for the residency training program. We're actually going to experience a net revenue on the GME side, which will offset part of the cost of purchasing the clinical services.

And we can give you much more detail. Julio will get into the structure of the contract and then happy to answer any questions.

With that, in terms of the successor agreement is going to be effective on execution, but no later than July 1st, subject to the board's approval with will continue until either party serves a written notice of termination of at least 24 months notice to the other apartment.

The annual contract maximum amount of 552.908 million is for clinical purchase services.

As Doctor Svet mentioned, the GME services under the cost sharing.

During arrangement with the university will result in an annual revenue amount to the county of 9.127 million.

For the county's annual net maximum obligation for all services for fiscal year 2526, it's going to be 43.781 million there is.

There are additional recommendations in the letter that will provide delegated authority to the Director of Health Services or authorized designee to execute or to effect termination of the current agreement and execute the successor agreement including, but not limited to.

Terms that may deviate from county standards.

Terms such as terms involving the cost of living adjustments amend the agreement for various contractual actions for the effective management of the agreement and meeting the departments contractual service needs, as well as to comply with any legal requirements.

There's no net county cost impact associated with any of these recommendations, considering the nature and scope of the services provided by the university, along with the long standing relationship between LA County and the university.

In establishing medical programs.

The address is determined that a competitive solicitation for this type of service was not feasible.

The assessor MSAA does include a cola provision based on board policy 5.070, with additional terms. Additional cola terms state that when determining whether to grant a cola to the university in a given contract year, EHS will consider whether cola increases have been granted to.

Any other contractors delivering services funded by the LA General Hospital Enterprise Fund during the same contract year.

Both parties also agreed use best efforts to finalize any amendments in time for the cola increase to take effect at the start of the applicable contract year.

All for our presentation and we will open it up for any questions you might have. From our board offices.

Thank you so much for all your work and I know to USC as well.

I'm so glad that we're able to come to this agreement and it's a win win for everyone. It's my understanding.

It just one clarifying question.

I know I read it in here and I heard you say it, but I want to make sure I understand it correctly.

So this will be a completely new contract.

Yes, the old contract.

I know the old contract was super complicated and old and we needed to get rid of it.

So this is gonna be a very new, completely new contract.

That is correct.

To work cleanly, we needed outlined.

The date and everything OK. Wonderful. Thank you.

Just wondering what are the some of the sub specialties?

It's the 99.

The bulk of the clinical purchase services are various types of surgeons, neurosurgeon, orthopedic surgeon.

Oral maxillofacial surgery and then various types of general surgeries.

Trauma surgeries.

Also, there's a fairly large chunk. I think it's 14 FTS for emergency medicine.

It's really important.

We just there's we have 32 county emergency medicine physicians now.

The reason why we thought it made sense to contract for 14 there is the emergency medicine physicians work shifts.

And a lot of those shifts are at night and when we contract for these 14.
Hiring 14 people you can have 40 or 50 faculty rotate through those 14 FTS worth of shifts, which makes it much easier to cover nighttime shifts than if we had one person and say, well, you have to work three night shifts this week.
And so we thought that that made structural sense.
Department of Medicine is by far the largest department at the hospital.
I think there's a total of 88 or 9 Ftes in the contract, whereas we have 80 Ftes on.
Really. We're focusing more on the.
More expensive subspecialized types of services.
I had a question and want to reiterate the Congrats on working it out and I and it took a long time and this is for years.
I'm just trying to understand the numbers. So the board authorized hiring 367 positions and we hired 273.
Are we gonna then? There's like 95 balance or so.
Are we gonna continue to hire those 94 positions or those 94 now all gonna be contracts?
Act.
We are probably about five to six positions short of our hiring goal.
Some of the positions were really hard to hire. I expect we're gonna hire two more people in the next two months, and then we'll probably stop.
Thinking next academic year 26, we will probably resume. Try to hire those talents of those three or four people.
But yes, it'll be the 99 in the contract, the 273 we've hired and then?
Maybe up to five or six more hires in the coming?
I don't know like vegetarian.
What happens then to those a balance?
Is it the board gave authority to hire?
Does that mean those those positions stay there and they're just they're there for contractual purposes or positions in the board?
Yeah, I actually have the same questions.
Yeah, I don't actually know how that gets resolved.
Something that we definitely.
Don't plan my understanding is the county C.
O is keeping careful tally, so I think once we have these 99 positions in the contract, we'll not be able to use those 99 positions from the board letter.

But I know the mechanism.

And I was curious as to whether anything on the federal level, you know, of that were worried about how it impacts these agreements?

Because I think about it for Harvard as well too.

Any comments on things that we're keeping an eye on, we have an impact on the financial stability both of these agreements.

Yeah, I 100%.

Well, Nicola was the single most important.

Important thing to do.

It was the one hill they were willing to die on.

They proved that to us repeatedly.

We kept pushing back.

But there was they were not going to agree to this without, and it's board policy Cola language.

But I think that's where real thing comes in is if there is changes at the federal level, they will not be getting cola.

Nobody's gonna be getting a cola. So USC's big concern is you're gonna single us out.

You're gonna give everybody else a cola, and we're gonna get singled out. And that's why, as Julio mentioned, there's a little modification because look, part of what we're gonna look at is, are we getting other contractors colds?

And if we are, it's fair that you would get a call also if Medicaid gets slashed, no one's getting cold. And USC knows this. We've told them this.

With the worst case scenario, if there are curtailments.

And the county needs to think of cutting services.

Physicians the the county physicians will be considered under whatever agreement we have.

Or where the contract positions 99 in the contract.

Council, tell me if I need to, like, stop talking.

Yeah.

Yeah, we're allowed to amend the contract once per year.

So if we decide we need to curtail services, we just have to notice them by December 15th that July of next year, XYZ is no longer going to be.

That you're.

Yeah, I think.

Yeah, it does. So once a year you amend it and so that any reductions to the contracted positions are controlled by this MSAA agreement.

The contracts are on their own, but this these are OK.

And our budget folks from EO put in a comment that we do not need to add those positions to the budget that are contracted.

They're already there, I guess.

No, they're actually not there.

OK, we have a ordinance authority from the board letter.

We don't get items budgeted until we put in a budget request. That's exactly right.

OK.

Thank you.

CA **Cespedes, Anthony** 46:27
Doctor Brad, it's Anthony.

R1 **Room 140** 46:27
Doctor Brad, it's Anthony.

CA **Cespedes, Anthony** 46:28
Did you mention when you need this approved by?

R1 **Room 140** 46:28
Did you mention when you need this supply?
We didn't thank you.
We're requesting approval for July 1, Go live July 1, 2025.
That is really important because the current contract ends June 30th.
So if we don't have another contract in place, those physicians will not be available.
There is in the board letter a request that the GME portion, the Retro to July of 2020.
The reason for that is that both parties, USC and county, stopped mutually billing each other for resident services July of 2024. The active retroing will actually give us net revenue because as you'll recall, the GME portion is favorable to us, that we're requesting the GME to.
Be retro so we can get revenue back on the the residency programs.
Any other questions from our board offices on this item?
Do we have any public comment on this item?

Yeah, Chris, for you from the Union of American physicians.

In Dennis, we represent the physicians.

Dennis and the pharmacist for all accounting your support of this motion. Thank you.

Have any other any any other public comment on this item?

Thank you very much.

You don't have anything for items five and six that will move on to general public comment item number seven under general public comment is limited to two minutes.

Please be mindful this time limit when providing the general public.

Comment any general public comment today's agenda.

Yes, an answer.

Good morning, everyone.

I'm Joe Green Co, chair of the LA County Commission on HIV.

It's a pleasure to see you today. I know that on March 20th, Doctor Ferrer sent a letter to the CDC regarding the CDC funding cuts to prevention.

So we're all very concerned about what's happening at the federal level with regards to prevention.

We know that when there's no money for prevention and with HIV.

In LA at 4.4%, we know that HIV is going to rise.

Concerns there.

We are in the process of restructuring.

I just wanted to touch briefly on that.

We've had five listening sessions so far considering eliminating the public Policy Committee and incorporating that into the Executive committee.

We're also considering eliminating all the city commissioner positions.

That would be the city of LA City of West Hollywood, Pasadena, and Long Beach to downsize, to go from 51 commissioners down to approximately 30.

That would be cost savings measures. So just wanted to put that out there.

We have.

We had one listening session last night online for those Commissioners that couldn't participate, and they'll be another one on April 23rd in the afternoon.

Other things that we've considered doing with regards to the restructure is our Operations Committee would slightly change to become more just solely membership and community engagement so that we can more actively involve the Community with what?

With regards to what we're doing.

The big thing?

I came here to talk about today is the contingency planning that we've been doing with regards to Ryan White on April 10th, we did a worst case scenario contingency planning where we eliminated all but four service categories.

Which was devastating.

We had sixty public sixty members of the public in the room.

We had a full house yesterday.

We had additional contingency planning. We had 30 people online, 30 people in the room.

Passion. Pleased to save entire service categories.

So rather than doing a straight across the board 25% cut, we decided to go line item by line item with regards to each service category. So for example.

I was looking in the room.

A room full of people.

There were no transgender people in the room, so my concern was not cutting legal services for transgender.

Thank you very much.

Thank you.

I appreciate your time.

Go ahead.

Thank you.

So for example.

We advocated not to cut nutrition services.

We know that food is life and we know that the transgender and the immigrant communities are under attack.

So we decided not to reduce funding for those service categories.

That was a fee for contract at 1.5 million, although we don't involve in contract, if we are aware of that, we want to keep that money there to allow for.

Future expenses that are gonna be coming, we have a lot of work to do.

We're scheduling another emergency priorities and planning meeting in the next week or so, hopefully before our executive, so we can come up with.

A second contingency plan.

We're thinking two or three total.

That's a lot of work. We are very appreciative for all the public comments that we've

gotten and.

It's the best of times and the worst of times. The best times gotten here telling you what's going on.

It's the worst of times because this is not good for anybody. It's the board.

Thank you.

Thank you very much.

Another comment from.

Zalia Valdez.

CV **Celia Valdez** 52:12

Yes, hi.

Thank you.

R1 **Room 140** 52:13

That's fine.

CV **Celia Valdez** 52:14

My name is Celia Valdes.

R1 **Room 140** 52:15

Thank you. When you send out this appointment.

CV **Celia Valdez** 52:15

I'm with maternal and child health access in Los Angeles.

I represent a partnership through DPH of Community Health navigators.

R1 **Room 140** 52:21

And.

CV **Celia Valdez** 52:26

We lost our state funds last year in July and we've been hanging by a thread providing critical services to Los Angeles County residents.

R1 **Room 140** 52:26

Hello.

CV Celia Valdez 52:36

We have a state ask for funding.

It's a 7 million state funds.

Ask for choice so Community health outreach initiatives jointly with the Community Clinic Association for 20 million.

So all together, 27 million, we're asking the county to back us up.

We will be formally asking the Board of Supervisors to back our answer request to the state and just especially under these times where with immigrant and and these difficult time for immigrants and and and connecting them to healthcare services and ensuring that they're.

Access Team Services and enrolling into health coverage programs.

It's critical.

I mean, we're getting calls every day from people who are unable to access medications or who want to drop their coverage for fear of deportation and so on.

So our work is so critical. It's been ongoing. Like I said, we've been hanging by a thread.

We don't want to stop because these are critical services the Community needs and we're asking the county to back us up so we will be sending a formal ask and I just want to give the heads up.

And we'll like to meet with the deputies at some point, too.

R1 Room 140 53:43

Thank you.

CV Celia Valdez 53:44

Thank you.

R1 Room 140 53:45

Thank you.

Any other public comment on today's agenda?

Public comment.

All right. We will now move to adjourn the meeting.

Thank you everyone for participating.

Enjoy the rest of your day.

- **Jack Arutyunyan** stopped transcription