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## Transcript

May 28, 2025, 4:32PM

 **+17\*\*\*\*\*00** 0:08  
OK.

 **Room 140** 2:56

All right.

Good morning, everyone.

I am Jack Arutyunyan with the chief executive officer.

I'll call the meeting to order now.

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

Now mute yourself using the teams app or by dialing \*6 if you're calling into the meeting. As a reminder, public comment may be limited to two minutes.

May be shortened if you have a part number comment. We'll now start with introductions in this room with the board offices going first.

Tyler supervisor Barger's office, Yolanda Vera. Supervisor Mitchell's office, which in your supervisor? At Han's office.

Surprises office Chair Gomez, 2nd district.

Thank you.

We will do introductions in the rooms and then we'll do virtual introductions of our of our supervisor board offices.

Good morning, annalisa. With Dmh as well.

Retali.

Ate with the mission on HIV.

Andrea Kim, Department of Public Health, Natella's Department of Public Health.

Danielle Campbell.

Commission on HIV.

Public health.

There's a chain of brown department public schools.

Los Angeles International Center.

Moore County council.

Thank you.

We have representatives from the first district on the call.

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

**AE Arrazola, Elizabeth** 4:49

Elizabetht.

**R1 Room 140** 4:50

We have representatives from the third district. Oh, I'm sorry.

The volume was low.

Can you is yourself again.

**AE Arrazola, Elizabeth** 4:59

Sorry, I don't know if you can hear me.

**R1 Room 140** 4:59

Now we can.

**AE Arrazola, Elizabeth** 5:00

Elizabeth Parasol, second district.

**R1 Room 140** 5:03

Thank you, Elizabeth.

We have representatives from the third district on the call.

We have representatives from the 4th district on the call.

Representatives from the 5th district on the call.

You I.

I see we have Co budget on the call.

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

App represents from County Council on the call.

**RK Rachel Kleinberg** 5:35

Rachel Kleinberg, County Council, dmh.

SR

**Sharon Reichman** 5:39

Good morning, Sharon Reichman, special counsel, Department of Health services.

R1

**Room 140** 5:42

Yes.

You have representatives from public health on the call.

JB

**Joshua Bobrowsky** 5:52

Good morning, Joshua bebrowski.

R1

**Room 140** 5:56

Do we have representatives from I'm sorry, go ahead.

MC

**Monique Collins** 5:59

Oh, good morning. Monique Collins, Dhsp Public health.

R1

**Room 140** 6:06

Have representatives from health on the call.

Have representatives from health services on the call.

CG

**Christina Ghaly** 6:17

Morning, it's Christina galley.

BW

**Belinda Waltman** 6:22

On the wall, then.

AV

**Ai-De Vuong** 6:24

Hi, Dave long.

CS

**Connie Salgado-Sanchez** 6:25

Connie Salgado Sanchez.

R1

**Room 140** 6:26

Hmm.

**PG Phillip Gruber** 6:28  
Phillip Gruber.

**OT Ovsanna Thomas** 6:31  
Good morning, folks.  
Anna Thomas, BHS government relations.

**SD Shari Doi** 6:36  
Sherry doy.

**R1 Room 140** 6:37  
Yeah.  
Very much.  
If you have any representatives from public works on the call.  
Do you have any representatives from any associations or organizations on the call  
that I'd like to introduce themselves?

**CU Christopher Ige, UAPD** 6:56  
Yeah, Christopher, you get from the, you know, American positions and Dennis?

**R1 Room 140** 7:03  
Do do we have any?

**HT Helen Tran** 7:05  
This is Helen Tran from the Western Center in law in poverty.

**R1 Room 140** 7:12  
You.

**AK Andrew J. Kazakes** 7:14  
Hi Andrew Kazakhis with the Legal aid foundation of Los Angeles.

**YA Yolanda Arias** 7:19  
Yolanda Adias Legal Aid Foundation of Los Angeles.

**R1 Room 140** 7:19

No.

You have any members of the public on the call.

That would like to introduce themselves.

**KN Katja Nelson** 7:35

Good morning.

This is Kati Nelson with Apla health.

**R1 Room 140** 7:41

We will now proceed with today's meeting. As noted on the agenda, we have three board motions and four presentation items.

With the first board motion for SD1 advocating for using the AIDS Drug Assistance Program Rebate fund to Saint County HIV program.

All right.

Thank you.

You all know DPH has not received federal funding for HIV prevention beyond May 31st.

Which is extremely concerning because as you all may also know, the county has the second largest HIV epidemic in the country.

And these federal funds support critical HIV prevention services and programs, as well as support many community based organizations throughout the county that provide these services.

However, the California AIDS Drug Assistance Program Rebate Fund offers a critical opportunity for the state to partner.

With the county and community based organizations as it is currently still receiving rebates for the purchase of bulk pharmaceuticals and the purpose of this fund is also to support HIV programs and services.

So the motion.

Directs the chief Executive Officer, Legislative Affairs and Intergovernmental Relations Branch in partnership with the Department of Public Health, to send A5 signature letter to Governor Newsom with a copy to the director of the California Department of Finance and the LA County State delegation members, as well as.

Senate pro tempore the Assembly speaker ensures of the Senate and Assembly

Committee on Budget and Health to incorporate funding from the California AIDS Drug Assistance Program Rebate Fund in the state budget to sustain HIV prevention programs.

The motion also directs CEO and collaboration with DPH and the Center for Partnerships to explore with philanthropy to preserve HIV prevention efforts.

Any questions?

Should this motion be approved?

What is the timeline to get the letter out?

So it would go to cluster or not cluster two it would be approved by the board on June 10th and so we would hope that it goes out immediately.

It would be before the final state budget letter is out, but also we've been in conversations with DPH.

Understand that.

Maybe you know if it's not incorporated in the in the state budget.

There are also opportunities to be potentially incorporated in future trailer bills.

But we had a thank you and a number of my questions are on behalf of Esther Lim, who's unable to attend.

She's our health deputy, so she was wondering if and this might be a question for Aceo Lehr.

I don't know if they're here, but she was wondering if we have a sense of where the governor and his staff are on this issue.

I I think they've been engaging in advocacy around this already. So just wondering if we have a pulse. I don't have dph. If Mario, we wanna speak to that.

Sure. Good morning, everyone.

So it's it's unclear whether governor is at although the the transaction appears to be pretty straightforward.

Department of Finance? Well, with the governor's endorsement to check who the California Department of Public Health Office of AIDS, the chief of that office, Marissa Ramos, will then begin a process to.

Get those resources out.

Up to 5,000,000 bucks for the month of June to the 22 counties that are currently funded by the state directly.

And she would then also set up a new mechanism.

On LA County and San Francisco, because we do not get HIV prevention resources directly from the Office of AIDS, we get resources directly from the CDC. When we do

get the resources.

So that would be the mechanism and.

We're hopeful that there's an appetite in the governor's mansion to endorse that check going to Eph.

Any other questions from our board offices on this motion, anybody?

Online online, do we have any questions virtually from our board offices?

Q. Do we have any public comment on this item?

We have one public comment in the room. Go ahead.

Good morning, everyone.

My name is Danny Gonzales and I'm here today on behalf of the Los Angeles LGBT Center and the clients who serve we serve that are living with HIV.

Share gratitude to Supervisor Solis for this motion.

That aims to prioritize some of our most vulnerable populations.

This is the creativity we need as we tackle budget deficits.

The Los Angeles LGBT Center supports this approach of incorporating funding from the California AIDS Drug Assistance Program Rebate Fund.

In the state budget to sustain vital HIV prevention programs, as well as exploring partnerships with BANSPEE to preserve these HIV prevention efforts.

Again, we think Supervisor Solis for making commitment to protect and serve those affected by HIV and AIDS.

Thank you.

Any other folks in the room?

No, no hands in the room.

We'll go virtual.

I see.

We have Katja Nelson go ahead.

**KN** **Katja Nelson** 13:20

Yeah. Good morning, everyone.

**R1** **Room 140** 13:21

Good morning.

**KN** **Katja Nelson** 13:21

This is Katie Nelson with Apla health.

I'm also on the LA County Commission on HIV and I just want to say we we support the motion as well and thank the supervisor for her efforts to help protect our prevention system where three days away from it potentially collapsing and it's critical that we also SEC.

These resources from the governor to support the system for the next year, while we see how things play out at the.

**R1 Room 140** 13:42

Thank you.

**KN Katja Nelson** 13:45

At the federal level, and I mentioned this in my comments yesterday at the board meeting.

But you know this this fight is far from over.

And so we just want to ask all of the board offices to please, you know, do everything you can to help protect our our overall system, both care and prevention.

**R1 Room 140** 13:58

OK.

Thank you.

**KN Katja Nelson** 14:02

As we as we continue to see what happens at the federal level. Thank you.

**R1 Room 140** 14:07

Thank you very much.

I don't see any of any virtual hands.

Anyone else with public comment?

Thank you very much.

We will move on to our next motion on the agenda.

Also for SD1 enhancing measles vaccinations and prevention throughout the county.

Thank you.

So as you all know, the US is currently experiencing one of the worst outbreaks in the number of cases and outbreaks continues to grow. The measles, mumps, rubella, MMR vaccine is highly effective at preventing measles.



However, the vaccination status among the majority of adults.

In the county is largely unknown this in part due to a couple of factors. In 2023, providers for the first time became required to report all administered immunizations in California immunization registry.

However, this remains incomplete, as does not include a requirement to document historical vaccination records. While many residents who were also vaccinated prior to the existence of electronic medical records.

Or who have lost their vaccination records may have an unknown vaccine status.

Additionally, although the measles vaccine is part of the children's vaccine schedule, it is not a vaccine that the state requires to be consistently tracked among adults based on standard protocol or that is recommended as part of the quality incentive program.

So individual providers may or may not track adult measles vaccination status.

We all recently received a presentation on measles that highlighted how highly contagious, dangerous and harmful measles is.

And how?

Costly each case, an outbreak can be additionally, just given the growing number of outbreaks and growing misinformation related to the MMR and other vaccines, it is imperative that the county continue to promote and enhance measles vaccination.

So the motion would direct DHS to report back in 60 days with a plan to continue to promote measles vaccination and has a consistent tracking of measles vaccination coverage.

And ensure that all historical and current measles immunization events be reported to care.

We also develop a system wide report of adult measles vaccination status among its impaneled patients and serve as a hospital referral site for administering post exposure medication to susceptible uninsured residents.

The motion also directs DPH and partnership with Laco, DHS, and DMH to report back in 30 days on existing efforts or plans for engagement with daycares and schools to promote back to school vaccination efforts throughout the county.

And vaccine utilization among children and parents.

For educating and building relationships with promote ores, community health workers and other trusted community stakeholders, and under vaccinated communities on measles, including the importance of vaccines and detecting and preventing its spread, working with health plans and providers to enroll in care

consistently report all measles vaccination administrations to.

Care in addition to other recommended vaccines and working with health plans and providers to develop recommendations.

On additional vaccines.

Means that should be more consistently tracked among uh county residents as well as sharing and disseminating existing social media.

Graphics and copy available in multiple languages. Umm. With partners.

Including county departments, community based organizations and other trusted entities that share public service announcements.

Do you have any questions from our board offices on this motion?

I feel like you kind of answered it, but I'm just curious how this motion is different than what DPH is already doing with pH.

Yeah, public health and yeah.

So I think the intent of this is to get a better sense of how they are working right with like daycares in schools.

I know that there is some ongoing engagement, but for us to have a better understanding of what that actually looks like in order to be able to like identify like potential opportunities for improvement.

And I think and correct me if I'm wrong on the DPH end, but I think a lot of these are also focused on children.

And so we hope that there is a greater engagement of parents and adults.

Jen, thank you.

With the directives that relate to community engagement, we're wondering if DHS and DPH have the funding and budget to kind of engage in that sort of engagement, and if not, do we know how much it will cost and and if they'll be able to manage that given our?

Current state you're referring to like working with like health plans or what aspect of the Community engagement piece?

The first.

The first directive promoting measles vaccination.

I believe, and this is again coming from user, I believe that's what she was saying, but also.

On the next page, educating and building relationships with community health workers.

So they should be building on work that DP is already doing.

But I'll let dph.

Yeah, exactly.

That it's it's work that we're already doing.

We just wanna make sure that our partnerships are strengthened there. We do have funding through our core immunization grant to do this work.

Work, but we we just want to strengthen our partnership to make sure that all residents are are captured.

Got it.

Thank you.

You know any other comments from our board offices?

Virtually do we have any comments?

Right, I don't.

Any hands?

Do we have any public comment on this motion?

Your hands in the room.

Any hands virtual?

Virtually. So, thank you very much.

We will move on to the third motion for SD2 understanding the Department of Health Services, non renewal of specialty care physician contract. If you'll give me a second, I'll get your presentation go.

Sorry presentation.

Oh, just I love this.

Two slides.

Two slides.

Don't get excited.

New standard, everybody.

So we'll go ahead and start this is a motion that we filed after the 2nd district learned of approximately 46 specialty care contracts at DHS, not renewal renewing in next slide please.

And so it's across the board and a number of them were MLK outpatients that are roughly seventeen of those were at MLK Outpatients Center.

Some contracts were already terminated. Some are set to expire at the end of June.

And so we received a number of phone calls at our office with regards to the termination of the contracts. And so given the broad range of where the non renewals are occurring across the county system.

Given the level of phone calls, the level of confusion that was created around the non renewals, the rationale and the potential impact on the clinic services.

In just the general level of patient anxiety, given the pending and sweeping federal and state changes to medical.

And this board's commitment to transparency. My boss wanted to have, well, let's have DHS come and explain the rationale so people can understand what the impact is.

I know Doctor Galley is on the phone.

Excuse me is on the phone, but we have in the next slide.

Have a breakdown of where those physicians are that are affected and and there's a list of correctional health high desert housing for Health Harbor, LA General MLK Odr all of you at Rancho we know the specialties impacted an MLK outpatient center.

I don't know what the impacts are across the others and in full fairness to DHS, they they did explain.

That the non renewals that they're committed, that the non renewals do not mean a reduction in services in some cases, some of the specialists are retiring in some cases the the positions are being replaced by a full time employee.

In some cases, though, they are phasing out that particular a contract and services because they feel like there's not that demand for it, but.

No one would be better to explain this than department.

So that's.

Why we're doing this motion so I don't know if anybody has any questions at this point.

So that motion would have them come to a meeting in in June so that they can.

Be an open discussion and the board can ask US questions.

You have any public?

I'm sorry. Do we have any questions from our board offices on?

I have a quick question.

Thank you for for this and thank you for the visuals. If Doctor Galley or someone from DHS is on, you just mentioned, I mean right here. You see all the different specialties. Do you have the specialties for the other sites by chance like that you could list off?

For the High Desert Regional Center, if you don't right now, it's OK, but I'm curious.

Yeah, hi, this is Christina Galley.  
Thanks and and thanks everyone.

**R1 Room 140** 23:45

And actually it's nice to be able.

**CG Christina Ghaly** 23:46

It's nice to see you all.  
Sorry I'm not with you there today.

**R1 Room 140** 23:51

To pay.

**CG Christina Ghaly** 23:51

There were three specialists.

**R1 Room 140** 23:53

Close att.

**CG Christina Ghaly** 23:53

1/2 are physicians and one is an occupational therapist at the High Desert Regional Health Center, and all three of those were voluntary terminations by the contractor. One of them was in surgery. One of them was in Pediatrics and then one, as I mentioned, was an occupational therapist.

**R1 Room 140** 24:11

OK.

Thank you.

That was my only question, Alex.

I don't know if any of you guys have questions.

I know you mentioned a few of the kind of reasons that we can expect to hear on June 17th and Doctor Galley just mentioned a couple more.

Just wondering if help me understand if if this is something that the timing of these contracts seems to be kind of all at once.

I'm just wondering if this is normal protocol.

Is this just because of the kind of alignment of when these contracts were ending or yeah, just just wondering if there's another kind of?  
Factor as to why these changes are happening at this time.

**CG** **Christina Ghaly** 24:55

Yeah. Thanks.

This is very typical.

And and we do.

Contracts are terminated every year for a variety of reasons, whether it's contractor initiation or the hiring of county staff or right sizing of facilities. Specialty volumes just based on the increases and decreases that naturally happen.

**R1** **Room 140** 25:08

The.

**CG** **Christina Ghaly** 25:16

So just for context, in 2022 there were 92 total terminations in 202360 total terminations.

**R1** **Room 140** 25:22

You.

**CG** **Christina Ghaly** 25:25

In 20/24/73.

So the number that we have this year is, is really not.

It's not all that different from what we've seen in prior years.

There are a higher number at MLK Outpatient Center this year.

And I recognize the spike when you look at the the numbers on the screen, it really just reflects our effort to to be good stewards of fiscal resources and taxpayer resources.

Some of these were contractor initiated and were hiring county staff, but some of them also represent specialties.

Where we hadn't necessarily used the contract in a while or where they were providing a service where we have excess capacity and part of what we're doing across DHS and this pertains to multiple areas is being sure that we're being careful

with our expenditures.

We are facing potential state and federal budget threats and what is going to be able to safeguard the services.

For patients over the longer term, is being careful with the money that we have and that we're spending so that we cannot exhaust our fund balance any sooner than absolutely necessary.

So these efforts to be able to right size where we need to all without any impact on patient care, I think of as really a proactive responsible strategy to safeguarding the department's resources so that we can continue to provide the services that our patients need.

**R1 Room 140** 26:51

So that we can continue.

Protects our fiscal year. Fiscal year. OK. Yeah. Makes sense.

Thank you, doctor Gali.

This is Tyler, doctor Gali.

I have another question real quick.

If you're Kermit and you know or some of these contracts are not being renewed, I guess my other question would be, are some of these being replaced or are they once they're terminated or non renewed? Are they just completely these positions removed?

**CG Christina Ghaly** 27:21

A couple of them are being replaced with alternative contractors. So for example, if there's a certain a certain contractor, one of them is Podiatry, Podiatry at MLK.

The contractor chose to leave for whatever reason. I believe he was retiring.

We onboarded a different contractor.

Many cases were trying, wherever possible, to shift to county employed staff where we have the ability to identify an appropriate person and where we need that full time staffing.

But there still are situations where, for a variety of reasons, we are maintaining it as a contract. This particular contractor, I believe it's a .4 Podiatry FTE.

And so we just switched from one contractor to another, but it still shows up as a termination in the numbers. And then overall on your broader question, yes, if the contract is terminated either by the county or by the contractor, then it just ends,

but.

These contracts can be terminated at any time.

**R1 Room 140** 28:19

Thank you.

**CG Christina Ghaly** 28:20

It doesn't have to be done necessarily. At the end of the fiscal year, though, that's often when it's done.

Contracts can be terminated mid year and we have the ability to add new contractors back as needed based on service volume.

**R1 Room 140** 28:36

Thank you for that clarity and I'm curious. I'm not expecting you to have that whole list in front of you now, but if you could send over what contracts were replaced or or walked out, right?

For example, if you have a cancellation, someone renewed at the high desert, I'm I'm mostly focused on the high Desert Regional Center for Southeast 5, but I'm sure my colleagues too would like to know if you've got a breakdown for the different facilities of what contracts were not.

Renewed, but then replaced. I think I would like to see that.

**CG Christina Ghaly** 29:05

Yeah, we do have that list.

And happy to share it with each of you for your respective facilities and provide the explanation there.

It's it's individual reasons why they were renewed and happy to provide you with that as well as with an explanation of what the plan is for service continuity.

**R1 Room 140** 29:15

Good.

Thank you, Doctor Galli.

Any other questions from our board offices on this motion?

Any in the room?

I don't see any.



Hands. So any public comment on this item?

In the room, I do see one hand raised several hands raised virtually.

He stopped sharing the screen.

And.

There you go.

We'll start with the 1st and Yolanda Arias.

**YA** **Yolanda Arias** 30:11

Good morning.

**R1** **Room 140** 30:12

Morning.

**YA** **Yolanda Arias** 30:12

Thank you for allowing us to participate and provide comment. The Legal aid foundation of Los Angeles serves communities throughout La County, including S, LA, and the community served by MLK Health facilities.

We're concerned about the termination of the specialty care contracts because as it is, the wait for specialty care appointments is long reducing. These specialty care providers will only exacerbate these weights. We understand that 40.

Specialty care contracts are at issue.

Supervisor Mitchell's office has noted and questioned the impact of the 17 specialty care contracts.

Well, we'll have on the LA community, the S LA community and the MLK outpatient center.

Lafla is further concerned about the terminations in other parts of LA County.

We need more information about the contract terminations, including the types of specialty care affected, the number of patients currently being served.

**R1** **Room 140** 31:04

Emergency.

**YA** **Yolanda Arias** 31:12

By these providers in which communities will be impacted by these contract terminations?

**R1 Room 140** 31:14

Sure.

**YA Yolanda Arias** 31:18

We ask that a pause be placed on these contract terminations until proper notice is given and hearing held as legally required and information is provided that demonstrates that the communities will not experience service reductions, including less access and thus longer waits for specialty appointments or inappropriate shifts of.

**R1 Room 140** 31:33

Yes.

**YA Yolanda Arias** 31:40

Urgent care patients to over.

**R1 Room 140** 31:41

Thank you.

**YA Yolanda Arias** 31:42

Crowded emergency rooms. Thank you.

**R1 Room 140** 31:46

You.

This public comment, Andrew Baccus.

**AK Andrew J. Kazakes** 31:52

Hi, good morning.

Andrew Kazakhis, also with Legal Aid Foundation, Los Angeles. Second, all of Yolanda's comments.

**R1 Room 140** 31:56

OK.

**AK Andrew J. Kazakes** 32:00

I just wanted to add that hearing Doctor Galley's comments were really helpful. It sounds like there there might be, you know, important context to these cuts or these contract terminations. In some cases it sounds sensible if somebody retires that you know that makes sense that the contract can be terminated. But the the explanation that doctor Galley's able. Right also highlights why the board's motion is needed and timely. It's that type of transparency that the public needs before these contracts are terminated to understand the impact rather than happening. You sort of blindly with with respect to the the public's knowledge. So I think there's a. There's a there's a broader process issue here, and definitely support the board's motion to to get more information about these cuts, to make sure that, like Elon outlined. That the wait times for specialty care are not going to be impacted by by the community. Thank you very much.

**R1 Room 140** 33:02

And we've got one more public comment here, Christopher Ige.

**CU Christopher Ige, UAPD** 33:07

Yeah, sorry, Christopher. Yeah, from the Union American positions in Dennis and you know we we are. We're glad that some of these contracts are actually being terminated and being filled by permanent county employees, just like how LA general was able to bring in more county employees. It's better for the community, better for patient care. Thank you.

**R1 Room 140** 33:33

You. Don't have any other hands. I don't see any any other hands in the room. So thank you very much. We will now move on to presentation items.

We're going going to take the presentation items out of order today with Mage going first. Dmh's presentation item is the approval to execute new and extend the term of existing contracts with metropolitan.

Patent state hospitals to provide patient client transportation support services.

Next item, 3D3D.

Hi, this is San Crystal Kibby from the dmh for lizon.

Can you have with me?

How backs integration? I work under Jacqueline.

And so this board letters the approval to execute new and new and extend the term of existing contracts with the metropolitan, which I will call Metro.

And Patton state hospitals to provide patient client transportation support services.

The Department of Mental Health Contracts with Metro and Patton State hospitals for the provision of specialty transportation services for Lp's conserved clients who need to be transported to court for legal proceedings. There's a need for the specialty transportation, as some of the clients are identified as danger.

Or high a wall risks.

And the state hospitals have the appropriate equipment, vehicles, facilities.

And trained employees to safely transport the clients. The current contracts are set to expire at the end of this June and it's our intent to continue contracting with these state hospitals as again they provide the necessary specialty services.

Board letter requests approval to execute new contracts with Metro and Patton State hospitals effective upon their execution to June 30th, 2028. The total contract amount annually of 245,000.

For Metro and \$89,000 for.

Patent that will be funded by the 2011 Realignment, Mental health revenue and will be included in the annual budgets.

The second recommendation request approval to execute amendments to extend the terms of the current contract on a month to month basis for up to six months while the parties finalize the details of the new contract.

And referenced in recommendation one the amendment of the effective July 1st, 2025.

Through December 31st, 2025, if it takes the six months and the costs will be prorated based on the month to month extensions, the estimated total contract amount for these extensions for Metro is 122,500 and for a patent is.

44 Just under 45,000.

There's also a recommendation to provide delegated authority to execute amendments to the current and future contracts, exercise and optional extension of one year to revise the contract language to just regular add, delete, modify or replace the statement of work, reflect any federal state, county or policy changes. And to revise the budget and total contract amount not to exceed 2520% over the original TC.

Terminate the contracts as needed.

All of those with approval of County Council written notification to the board and the CEO.

And lastly, there is a recommendation.

To them, these contracts, from the sole source contracts and amendment policy.

This will allow Dmh to execute and amend the contracts in a timely manner. While we have to come back to the board with approval, go over the 20% delegated authority.

It would cause a delay if we have to.

In addition, seek the six month advance notification for the sole source policy.

So that's what we're trying to.

Request approval from accept.

We have dmh representatives present to respond to any questions.

Any questions from our board offices on this presentation item?

Yeah, quick question.

So the transportation is from where to where from the state hospitals to wherever the legal proceedings are for the in the clients that are being transported, it's presuming it's.

To do the transport in terms of the level of staffing.

So yes, yes it is. The level of staff.

Each patient or each client when they're getting transported from Metro or Patton.

Well, either travel with a nurse, a psych tech.

Plus the driver, right?

And it's a secured van or?

Whatever it is, shuttle and has all the appropriate equipment as well.

Right to to accommodate the client equipment.

Meaning you know what?

I'm not certain what type of equipment is there, but it does say on the sow or the the contract says appropriate equipment, so maybe might just have the medications if they need medications, right?

They need to be resuscitated.

I'm sure there's you always heard about challenges with transport get to the court for hearings.

This has nothing to do with it, right?

It's just the transport from the state hospital.

This is specifically from the hospitals because of the high acuity of the clients and the security risks and to the coordinates, not from the streets, from those that are out doing outpatient conservatorship.

To the.

There questions from our board offices.

I don't see any hands virtually.

Any public comment on this item?

The comments in the room I don't see.

Ends raised virtually. Thank you very much.

We will now move on to our back to our first presentation item, item 3.

A.

Public works and services. All of you UCLA Medical Center.

Sterile equipment replacement project and budget appropriation adjustment and authorize internal services department lead source acquisition of the mobile Pharrell process.

Sing trailer sterilization equipment.

Hi everyone.

I'm Teresa Chang.

I'm a project manager from LA County Public Works.

I'm here to review the board letter with you for the all new CLA central sterile equipment replacement project, approval for recommended actions on the board letter will find that the proposed all of you UCLA Medical Center, central sterile equipment replacement project.

And equipment acquisition exempt from the California Environmental Quality.

React or SQL establishing approved the project or project AA108 was a budget of \$12.291 million.

Approval approved the fiscal year 2425 appropriation adjustment to use 2.253 million from the Department of Health Services Enterprise Fund committed for the Department of Health Services to fund the proposed project.

Authorize the director of Public Works.

Or his designees to deliver the project using a board approved job order contract. Authorize the Internal Services department as the county's purchasing agent to proceed with the sole source acquisition of mobile sterile processing trailer and sterilization equipment from STERIS for the project at estimated cost of \$4.53 million. The proposed project will remodel the existing sterile processing department at all of you.

To accommodate replacement sterilization equipment.

Remodeling scope includes replacement of three sterilizers, 2 utensil washers, and one cart washer along with necessary structural mechanical.

And electrical work to support the replacement equipment.

The existing sterilization equipment at the department requires extensive maintenance and repairs causing daily operational disruptions.

Stat challenges the Daily Star's lead sterilization requirements of the hospital.

Replacement of the equipment will allow all of you to continue to support.

And provide critical health care services.

Additionally, the proposed projects includes temporary site remodeling to accommodate a interim mobile sterile processing trailer.

Temporary modeling of the site will include providing structural anchorage anchorage for the trailer.

Adapting existing site utilities such as water, electrical and sewage to support the trailer operations.

The trailer is required because during the construction, the sterile processing department will be shut down and the trailer will be essential in maintaining the sterilization operations during this time.

Upon completion of the central sterile equipment replacement project, the trailer will be removed and the site will be restored back to its original.

Original form.

Acquisition of the trailer lease and sterilization equipment, including the Sterilizers utensil washers and CART washer will be completed through the Internal Services Department and will be installed by the equipment vendor.

All of you is requesting a sole source acquisition of the proprietary stairs trailer and equipment because the hospital currently utilizes STERIS equipment and a sterile sterile processing department.

In acquiring additional stairs, equipment and utilizing the stair's trailer will ensure a more seamless integration into current workflow and reduce staff training and

onboarding.

Stairs also has a service program for maintenance and support, and currently holds a master maintenance agreement with the county.

So all of you will receive timely service and potentially potential reduced downtime.

I'm if anything happens with the equipment.

The sterilization equipment also have reduced processing at run times, which will decrease the instrument turn around time and enhance the department's sterilization output and efficiency.

Public works is anticipated to start the project August 2025.

The project is anticipated to be substantially completed in October 2027, with final acceptance in December.

December of 2027, we are expecting to have the trailer onsite three to six months prior to the start of construction to allow for proper equipment commissioning and staff training to utilize the trailer.

The estimated total budget of the project is \$12.29 million.

The estimated cost of the trailer rental and sterilization equipment purchase is 4.53 million.

Dollars.

3.29 being for the trailer lease and 1.24 for the equipment.

The acquisition and rent of the rental and equipment will be funded by capital projects a 108.

Board approval of fiscal year 2425 appropriation adjustment.

We'll use \$2.253 million from the DHS Enterprise Fund committed to DHS to fund the projected.

2425.

Ensures that the project and DHS will provide funding in the future budget phases as needed to fund the remaining project budget.

And there's no net county cost impact associated with the recommendations.

Following the completion of the project, DHS request and fund associated ongoing annual maintenance and operational costs as needed with departmental resources.

Any questions from our board offices on this presentation?

Very thorough.

Thank you any.

I don't see any hands raised. Virtually any public comment on this presentation.

No public comment in the room, no virtual hands for public comment.



So thank you very much.

We will move on to our next presentation item, which is for public health. Thank you.  
Thank you.

All right, so the Department of Public Health 3B authorization to accept and implement a forthcoming award, future awards and or amendments from the Centers for Disease Control and Prevention for strengthening vaccine disease prevention.

Bonds number 08179.

Morning everyone.

Thank you for allowing me to present. So this board letter is to provide authorization to accept and implement a forthcoming award and future awards and or amendments from the Centers for Disease Control and Prevention for strengthening vaccine preventable disease prevention and response.

So just to provide a little bit of background.

This year, for the first time ever, Los Angeles County became eligible to apply to receive direct funding.

From CDC to support core immunization activities for the city of Los Angeles through this new CDC five year cooperative agreement, which is entitled strengthening vaccine preventable disease prevention and response which starts on July 1st, 2025.

It's very exciting that this is an opportunity for us previously over the for over 25 years for the Cal score immunization activities.

Were supported through accounting allocation from the States federal pass through. Funds from the CDC five year immunization cooperative agreement.

So our work historically really has been guided by the state, the state's grant requirements.

So for this new CDC five year cooperative agreement, there were 66 jurisdictions that were eligible eligible to apply.

That includes all 50 states.

The District of Columbia, US territories and seven local health jurisdictions serving cities with population sizes of 1.4 million.

Or more so.

Los Angeles fell within that threshold, which allowed us to become eligible for this award.

County jurisdictions are not eligible to apply for a direct award for the county as a whole, but could apply for a city award if the city does not have a health department.

And that's the situation that we're in right now.

So for FY 2526, the entities to be anticipated award amount is \$4,000,026 or 4,000,006.

Let me just say approximately \$4 million.

That's going to support core immunization activities at around 3.8 million and funding for small scale outbreak response.

So things like the hepatitis A outbreak that we we are currently in, you know, if we're in a measles outbreak, so funding for that that's in the amount of 250,000.

Applicants also applied for an additional funding amount of \$3,000,000 to support large scale outbreak response.

So this is funding that's not yet.

Approved or funded, but in the event of something like similar to COVID that's happening, we have that our work place implants so that the the approval could come quickly. So that was an additional 3 million that we applied for, but it's not part of the amount that's in.

The letter.

So overall, this funding is aims to create sustainable improvements in our infrastructure processes, strategies and immunization information to enhance the public health response to vaccine preventable diseases in Los Angeles. This is going to be achieved by supporting the expansion of robust surveillance and response systems to enable early.

Detection and rapid response to vpd's.

Also supporting the ability of our information systems.

For immunization, so the California Immunization Registry to produce reliable data to estimate vaccine coverage accurately and provide the needed information for us to monitor, evaluate and direct program activities to where they're needed the most.

It also will strengthen access, confidence and demand in immunization service delivery for Angelinos really prioritizing access for underserved and vulnerable residents.

And finally, ensuring a strong public Health Network.

And partnership with providers and community based organizations that are here to support the immunization needs of the diverse communities that they serve.

Though the notice of award is expected to be, I guess announced during the last week in June and therefore the board letter recommends that the board delegate authority to the DPH Director or designee to accept and implement this forthcoming

award from the CDC.

To support strengthening vaccine preventable disease prevention and response for the period of July 1st, 2025 to June 30th 2026, add an amount estimated not to exceed.

Four 4,026,153 dollars.

The second is to delegate authority to the DPH director to effect future awards and or amendments that are consistent with the requirements of the CDC award to extend the funding term at amounts to determine.

CDC and or provide an increase or decrease in funding and finally the third recommendation is to delegate authority to the DPH Director or designee to accept future amendments that are consistent with the requirements of the CDC award that reflect non material and or ministerial revisions to the W.

Terms and condition and allow for the rollover of unspent funds and or redirection of funds.

Go ahead.

Yeah, so I know this grant is for city of LA have the communities that are gonna be impacted with this grant or assisted been identified yet.

They we have identified some focused population in the community of LA per the grant requirements we were asked to identify 2 focus populations. So one of which is the community in South la of older residents.

Color. So older residents of color in South LA, as well as Armenian American residents.

Really develop some sort of network for this community, since we don't really have ties to this community.

So those are the two focused populations.

In addition, they've required us to work with the Native American community in Los Angeles, so that's another community that we will.

Is there a way that we can measure how effective this grant or how useful it is in these communities and if not, go target other populations?

Yes, that's a great question.

We are actually required to have an evaluation plan for each of these focus populations. So there are metrics that we've identified.

There's timelines where we will come together and discuss and pull all the data and do that evaluation and then redirect as necessary.

Minutes per year, or how often do you evaluate?

It depends.

It really depends on the intervention.

So something like the focused intervention among Armenian Americans, we want to do that immediately after the intervention happens.

So that's within the six for six months of the award, but the S LA could be a little bit longer like at the end of the year.

So it it just really depends on on what that intervention is.

I have a a question. Since this is specific to the city of LA, to what extent have you engaged or are you trying to engage with the city around some of these efforts?

So we we have announced this with the immunization coalition of Los Angeles County about this award.

So we, we've done some just I guess initial outreach to community groups.

We haven't yet done some outreach to the city of LA. I think we're waiting for the notice of award to come before.

Thank you.

Just wanted to clarify, I think you mentioned that the cooperative agreement is a five year agreement, but it sounds like the grant award is just for the one year term with an option to is it, would it be like a reapplication to get it beyond the one year?

It's a five year agreement. This board letter is really to accept the award for the first year.

So I think every year we're gonna come to you to accept that award.

So it it is.

The the funding would be for a five year period exactly got it.

And then you had mentioned that previously.

We received funding through the state federal pass through and so we're not receiving.

We're not receiving that funding anymore.

This would replace that previous funding source and it's still being discussed with the state because this is specific for the city of LA.

So we've asked the state, you know, we do need resources for the areas outside of the city of LA. So, so.

They are in discussions about that and we're waiting to hear.

Yeah, I think we're just, you know, I think we've heard a lot about, you know, CDCI.

I'm happy to see that this grant is made available, but I think our office is is concerned with stuff that's going on in the CDC and layoffs and potential funding

cuts, so.

We could just kind of keep us updated on how that goes, especially with areas outside of the city of LA. I think that'd be really helpful.

Thank you.

I was going to say much the same thing.

It's so refreshing to have DPH come up and say, hey, I've got good news.

So in part of me was thinking is hey, we're eligible now for this grant. Just curious as to well do we know how much the grant is and whether it's the funding levels are?

So no need to answer that.

It's just more.

Can you keep us abreast of strations decisions as it affects the grant?

Right. Looks like we don't have any other board office comments questions.

Don't see any hands raised.

Virtually we will public comment on this item.

Do we have any public comment on this item?

Don't see any hands in the room.

Don't see any virtual hands. Thank you very much.

We will move on to presentation BC and it's composed of three parts. So it's gonna take a minute for me to read all of us into the record so.

Disclaimer all right, authorization to accept and implement awards to support ending the HIV epidemic and to amend extend contracts related to HIV services as described in items C1.

C2 and C3 this item will be presented in three board letters. Due to the Levine act.

So the first item C1 authorization to accept and implement an award and future awards and or amendments, the health resources and Services Administration to support ending the HIV epidemic, a plan for America. Ryan White hid AIDS program parts A and B.

And then we'll get it authority to amend up to 74 HIV care services contract.

Aid promoting healthcare engagement on vulnerable target population contract number 08191.

C2 is delegated authority to amend 5 HIV care services contracts with H with AIDS Healthcare Foundation number 08211.

Finally, C3 delegated authority to amend 5 HIV Care services contracts with Tarzana Treatment Centers Inc.

8210.

Thank you, Jack. Good morning, everyone.

I'm gonna break out the first board letter into 3-4 parts and that should provide the second part. Should provide the foundation for the 2nd and the 3rd board letter.

Jack reference, we had to pull those out due to the LEAN Act.

So the first request we're making is that.

The board accept an award I2R.

First up in the HIV epidemic initiative.

That was effective March 1 of this year.

It's a 12 month grant, a little over \$3,000,000.

We typically get about \$6 million, at least that was our expected amount and as of today, we've only received the 3.3 million.

We're still hopeful that we'll get.

Another allocation.

So we want to accept this award.

We also would like delegate authority to accept any future awards that come in.

We'd also like to tell their authority to accept.

Any future amendments?

Based on hersa adjustments.

I'll stop there because the two and three are a little different.

Questions from where?

I'll forward us this one won't we know?

Steve.

Good question.

Uncertainty is.

Word of the year.

So.

OK.

I'll move to the second item.

So, as many of you know, we have been recipients of Ryan White, part ARB resources for 35 years now and we've also been recipients of an EHE grant both under her side and the CDC side.

For a little over five years.

We.

A significant investment.

Hence, tied in particular to EAG revenue that we received, there was some initial

delays in getting those funds.

We got the funds during COVID.

There were some delays getting those resources out to our contractors ultimately.

We amended contracts, made investments and we spent down all of those resources.

For the expired February 28, 2025.

Now our plan really was to.

Extend the use of those resources over a much longer period.

We asked for multiple updates on rollover requests.

Ultimately, we learned that A roll request would not be approved and so if we didn't use those resources, we would lose them.

Result of that uncertainty lay a notification 'cause we have contracts now that exceed revenue, but we need to make some adjustments for the Ryan White portfolio and align that investment.

If the revenue that we hope to receive as of today, we received about \$21 million in Ryan White revenue. We're in the third month of that term.

A 12 month term and we normally would have received a little over \$48 million in revenue.

We received less than half of those funds.

And again, Victoria sort of uncertain terms of whether or not we're gonna get any additional resources.

What we're asking is for delegated authority to amend.

Contracts.

Based on.

On the revenue that we have and this is a departure from the standard 10% DA, we really need to have a little bit more authority to make adjustments. So there are 13 service categories in four groups.

Just, you know, read them for the record. So benefit specialty mental health, nutrition support, residential.

Sort of transitional housing, oral health.

Of legal services and data management, all of those contracts and 2/25/2026.

Another group of contracts that end a year later, 2/25/2027.

That's our data to care contracts and handful of ehe supported contracts. All of our recently approved transportation contracts in February 29th, 2028 and the last group. E2 la.

Case Watch replacement system and our core medical services portfolio contracts

expire 2/28/2020 9:00. We're asking for DA to adjust as needed through the end of the term.

Those four groups contracts.

Part of.

This yes man, we've also asked to.

Delegate authority to amend the contracts with AIDS Healthcare Foundation across 5.

Service categories.

Benefit specialty mental health, oral health, or medical and transportation.

We're also asking for daily authority to do the same with our data treatment center, who benefit specialty contracts.

One that serves San Fernando Valley, the other that serves clients in Spa one. And there's also a core medical.

Contract substance use as a traditional housing transportation contract.

So stop there for this item.

Questions. Comments.

It's been available to try to explain.

Rubik's Cube of trying to figure out these contracts and extensions so.

Hey, I'm gonna go back to the first board letter item 6-7 and eight.

So this has to do with our whole HIV prevention portfolio.

And you know, it goes without saying.

That HIV prevention is very and dear to my heart, as former HIV prevention.

This county for many years.

All know that in a few days, as has been mentioned.

Will be the start of.

X cycle of the high impact HIV prevention and surveillance term.

La County received a five year award, much like our colleagues at Bpdc first term was a 10 month term because the CDC wanted to readjust its time frame at five year award. Also included year 234 and five.

512 month terms. The second term out of that five year grant Arts, June 1 you have not received any word whatsoever.

This is why, regrettably.

Ended contracts early.

Against that 12 month term for most of the contracts.

You all know that there was a decision made recently to resend a letter of



termination.

And so that happened on May 20th.

All 83 prevention contractors received that notification as part of that transaction.

A handful of clients.

We gave them.

\$1000.

If we buy site, if they had a 340B eligible operation at that site, that allows providers to generate revenue and then support HIV SCD programming, we leaned on our STD cooperative agreement that expires February 2026.

The other group of contracts where we're at a net county cost investment level is extremely modest.

It's 1000 bucks.

Per month, month of June on average.

New providers might have 3005 thousand 'cause they might have three or five sites.

So the investment's modest, but it allows us to have a mechanism in place in the event that we get data rebate funds or that we get.

The other relief, including from the CDC.

We have a mechanism for all of those contracts.

We have also recommended extending them to December 31st, 2025, have delegated authority to do that. We do not have delegated authority to extend 8 mobile population contracts. So this morning we're asking you to give us delegated authority to extend these last eight contracts.

Six months from July through December that way, the entire portfolio.

Extended to the end of the calendar year as we await what revenue we might get.

Invest in those contracts.

That's the third item before you.

Ends from our board offices.

One, any questions from our board offices online?

Any hands for? Are we ready to?

Comment or did you have additional presentations?

I'm gonna keep on going, Jack.

I thought it was gonna be multiple parts so.

Do we?

And three, as part of the second part of the sounds good, alright.

Do you have any public comments on?

These items collectively.

See any hands in the room?

Oh, we we do have one hand in the room. Go ahead.

Hi everyone.

Kathy Elson, Napoleon.

I'm just sort of reiterating what I said on the phone earlier, but again, I I don't think I can impress upon.

That uncertainty has been devastating.

To you know, everyone trying to make sure that we are.

Healthy and well and.

Macs are going to continue.

The uncertainty is going to continue, I think.

There's going to have Medicaid and how that's going to impact this entire system, both on the Ryan White care side and on the prevention side.

So again I I know that there are a lot of perspectives out there about signals that we want to send to the federal government, what the county.

What the state can support, but at the end of the day, I just want to again impress upon that we need to make sure everyone's working.

Together to protect.

There public comment on this item in the room.

I can't.

Are you? Go ahead. I I can't.

My my colleagues have already stipulated.

Enough can be said for 25 years of working.

Patient care.

And also working with the Commission.

I I can't emphasize enough.

Along with my colleague.

How we need to?

We day on point.

Because if we don't, we're going to run into a very mighty, mighty, mighty, mighty, mighty Big Wall.

And it's going to hurt.

It's going to hurt.

Thank you.

Any other?

Public comments.

I don't see any other public comment hands in the room.

Any hands virtually.

Thank you very much, Mario. Thank you.

All right. We don't have anything for items 4:00 and 5:00. So we will move on to item 6, which is general public comment on the agenda.

Quick reminder that general public comment is limited.

Two minutes.

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

On today's agenda.

See any hands in the room? Do have one hand raised from entrance.

Go ahead, Helen.

**HT Helen Tran** 1:12:30

Yes, hi, good morning.

**R1 Room 140** 1:12:30

Yes, hi, good morning.

**HT Helen Tran** 1:12:32

This is a public comment regarding the impending closure or relocation of the Augustus Falkin's Mental Health Center.

**R1 Room 140** 1:12:33

This is a public comment regarding the soldier or the Mental Health Center.

**HT Helen Tran** 1:12:39

My name is Helen Tran, a senior attorney at the Western Center in Law and poverty. We are concerned that health services has not followed the requisite procedures of public notice prior to the closure or relocation of Augustus Hawkins.

**R1 Room 140** 1:12:45

Yes.

OK.

**HT Helen Tran** 1:12:55

On May 14th, Health Services did publish a notice on its website notifying the public. About adult and adolescent psychiatric inpatient services currently provided at Augustus Hawkins will be relocated to the Los Angeles General Medical Center, but first it is unclear if this move inpatient psychiatric beds to Los Angeles general is a relocation of services or complete closure of the facility at a.

**R1 Room 140** 1:13:20

Hello.

**HT Helen Tran** 1:13:20

Minimum health services must follow the notice requirements in section 1255.25 of the California Health and Safety Code.

Several items are missing from the current public notice as required by law.

**R1 Room 140** 1:13:29

All right.

**HT Helen Tran** 1:13:32

This includes a description of the proposed closure relocation, including the decrease in the number of personnel and the summary of any service that is being eliminated.

**R1 Room 140** 1:13:36

Please call.

**HT Helen Tran** 1:13:42

A description of the three nearest available comparable services in the community, including whether these providers serve medical or Medicare patients.

**R1 Room 140** 1:13:47

England.

**HT Helen Tran** 1:13:50

The notice does provide a list of five locations, but at least two of the clinics listed are phantom locations.

We called the Department of Mental Health Staff and by phone, two of these clinics cannot be verified.

No, this is also missing justification for the health facilities decision to eliminate services.

**R1 Room 140** 1:14:04

OK.

**HT Helen Tran** 1:14:08

And lastly, the notice should have been provided to all contracted medical managed care plans, so before health services has a meeting before this cluster on June 18th to discuss this matter and before making any final decision about Augustus Hawkins, we urge the Board and health services.

To issue a notice as compliant with the health and Safety Code to provide additional information to ensure meaningful public participation and to address this timeline for hearings and relocation. Foreclosure. Thank you.

**R1 Room 140** 1:14:30

Good.

Thank you.

Do we have any other public comment on this item?

Wait, I don't see any other hands.

We will now move to adjourn the meeting.

Thank you everyone for participating. Rest of your day.

Thank you, everybody. Thank you, Jack.

□ **Jack Arutyunyan** stopped transcription