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Transcript

June 4, 2025, 4:31PM

R1 Room 140 0:19

Good morning, everyone.

I'm Jack Arutyunyan from the chief executive officer 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. A reminder public comment may be limited to minutes.

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

Thank you, Jack.

I'm Tyler Cash supervisor, Barger's office, 5th district.

Yolanda Vera, deputy for the 2nd district supervisor Mitchell.

2nd district.

Thank you.

Can we also do introductions in the room? Please, Mr. Kibby dmh.

Cursory Union of American positions in tests.

Barbara Ferreir, Department of Public Health, Nesh Mahajan, DPH, DPH, Joshua Babbowski, dph, Kevin Gardner, DHS, Connie Silcotto, Sanchez, DHS, Randy Moore, County Council.

Thank you very much.

We have representatives from the first district on the call.

Have represented us from the 2nd district on the call.

We have representatives from the third district on the call.

FW Fox, Aaron William 1:41

Aaron Fox, third district.

EE Ellison, Emily 1:45

Emily Ellison, their district.

R1 Room 140 1:50

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

Have represented from the 5th district on the call.

Thank you.

You have another deputy that joined Elizabeth Arasola second district.

Cue we have CEO budget on the call.

Do we have any other CEO staff on the call?

That would like to introduce themselves.

Alright. Do we have any representatives from County Council on the call?

Have representatives from public health on the call.

MW Michelle Wood 2:28

Michelle, what?

Ella County Department of Public Health.

R1 Room 140 2:33

Have representatives from mental health undercover.

RR Robert Ragland 2:35

For Raglan Department of Public Health.

R1 Room 140 2:37

Thank you.

I'm sorry. Anyone else from public hill?

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

MB Mary R. Barraza 2:53

Good morning. Mary Barraza from Department of Mental Health.

R1 Room 140 2:55

Mental.

You.

KS Karen Streich 2:59

Good morning Karen Strach with the Department of Mental Health.

R1 Room 140 3:04

Bill.

He represents us from health services on the call.

OT Ovsanna Thomas 3:09

Good morning, opsana, Thomas.

ST Shannon Thyne 3:13

And Shannon Tyne.

R1 Room 140 3:13

You.

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

NM Nathan Martinez 3:26

Nathan Martinez, Los Angeles County probation department.

R1 Room 140 3:31

You do.

We have any members of the public.

JB Jessica Brown 3:32

Jeff Brown.

R1 Room 140 3:33

Oh, I'm sorry. Go ahead.

JB Jessica Brown 3:35

Sorry, Jessica Brown, LGBTQ program, Department of Children and Family Services.

AT Arena Turner 3:43

And Arena Turner, Department of Children and Family Services.

R1 Room 140 3:48

You.

We have any members of the public on the call that would like to introduce themselves.

Thank you.

KA Kathleen Austria 4:01

Yep.

R1 Room 140 4:02

Go ahead.

KA Kathleen Austria 4:04

Kathleen Austria behavior.

R1 Room 140 4:10

And here the last part you cut out, Kathleen?

Do we have any other offices that joined after I asked for introductions virtually?

ST Shannon Thyne 4:29

I apologize if I may talk over someone.

This is Shannon Tyne from Health Services.

R1 Room 140 4:38

OK. We actually do have an information item before the board motions.

Is that OK?

If we get, it's fine.

We're gonna take an item out of order today.

We're gonna take the.

3rd Board motion first.

Board motion ci guess, but we'll start with the information item first very quickly.

Here it's for DPH recommendation to continue the declared local health emergency for the January 2025 fire events number 804.

Questions from the board offices on this item.

The public comment on this item.

Thank you very much.

I did get a message that Mason, Matthews and Joe and Akita wanted to join the call as well. In the H item.

So can we maybe go with the first motion first before?

So go wait, we're going with.

Go with the motion a on here.

I'm trying to because it was it ABC. Yeah. OK.

Care with pride strengthening safety net for LGBTQ plus residents.

Yes. Can we do that first?

All right. So we're gonna have that one first and that third one, I just got a message from Eric.

Are you with us, Doctor Farrar?

Yeah, I'm OK. OK.

She's in the room, so OK.

All right, we can do that one first, all right.

Sounds good.

And the first motion is SD1 and SD3 care with pride strengthening the safety at for LGBTQ plus residents and system involved you.

Thank you.

Yeah, this Kara with pride motion is from supervisor Solis and Supervisor Horvath.

Since 2021, the board has passed a care with Pride motions during the month of June in honor of LGBTQ Plus Pride Month, which is an opportunity to celebrate the LGBTQ plus community, but also.

To recognize both the contributions and the needs, LGBTQ plus dividends, the 2022 care with Pride motion established.

Dhs's Gender health program.

And since then the board has passed a motion every year to build on this program.

Last year's motion, for example, established the Gender Health Coalition to bring together DHS dmh DCFSDPHND PSS to improve care coordination and gender affirming services.

The motion also directed Rd. to host the website with information and resources for LGBTQ plus residents offered by the county in one place.

This motion will build on those efforts.

Specifically, the motion directs DHSCCFSDMHDPHDPSSNCORD to designate leads to

participate in the Gender Health coalition and relevant care coordination task forces, as well as to report back quarterly with.

Department specific updates on their efforts to support the health and well-being of LGBTQ plus residents.

As well as prior care motions, the motion also directs CMH to report back in 30 days with a plan to further enhance and support the mental health.

UB teaching class and gender nonconforming residents, particularly given the federal administration's attacks to the health and well-being of LGBTQ plus and gender nonconforming individuals.

Then the motion also instructs probation and probation is essentially the new department that is also being integrated into this effort as well as ccfs, DHS and DMH in partnership with other relevant departments and stakeholders, to report back in 90 days with the following, which are plans and Tim.

For specific care coordination.

Activities for system involved. Oh, do you mean let's do with including Tay?

A written map detailing how system involved and user exiting these systems will be connected to quickly responsive community based services.

Written recommendations in a list of partners for strengthening coordination to create a holistic and affirming system of care for just as involved.

LGBTQ plus youth with overlapping vulnerabilities, a plan timeline and sustainability plan for the creation of.

An an implementation of probation staff training.

LGBTQ plus cultural competency, trauma, informed care, and gender affirming practices.

Framework timeline and implementation plan for probation to collect data on the experiences and outcomes of justice involved.

LGBTQ Plus youth under the care and supervision of probation, again with the goal of identifying service gaps and ensuring fair and inclusive and responsive treatment and outcomes, and finally directs probation to report back to the Probation Oversight Commission on the implementation of.

Objectives 3-4 and five at our regularly scheduled probation Oversight Commission meeting.

No.

Meeting time.

No, thank you so much for the opportunity to very much as a part of this.

Open for questions. Departments are here.

Any questions?

What is the LGBTQ Commission's role in this?

And then also, is there gonna be additional staff needed for this?

So the LGBTQ plus Commission's role is essentially to like, advise right and support with the integration of the LGBTQ plus.

And ensure the inclusion of relevant LGBTQ plus stakeholders in this process in terms of staff there. So the gender health collation is already established and I understand that, you know, like these different departments already supporting care coordination.

The intent of this is to create more consistency by having like designated leads that attend.

You know these task forces and care coordination meetings more regularly or or consistently.

Well, as I'm just kind of reinforcing that accountability.

I don't know.

If so, I don't know if if departments have anything to add in terms of like potential staffing needs, no?

Other questions from our board offices.

I don't see any hands.

I don't see any virtual hands either, but we do have.

Martinez, a deputy.

I don't think so.

OK.

Board office public OK.

The comment on this item.

Actually, I think Nathan Martinez is from Polish, OK.

Go ahead, Nathan.

NM **Nathan Martinez** 11:15

Yes, just a quick question.

R1 **Room 140** 11:16

That's really a quick question.

NM **Nathan Martinez** 11:17

I see that the incorporation of probation has been included.

R1 **Room 140** 11:19

Is is there an expectation to representative coalition?

NM **Nathan Martinez** 11:21

Is there an expectation to add a representative to the Gender Health Coalition or LGBTQ plus Commission?

R1 **Room 140** 11:30

Yeah. So the expectation is that a representative from probation would engage with. The General Health coalition.

NM **Nathan Martinez** 11:39

Engage copy.

R1 **Room 140** 11:39

And we shared this with.

The the department as well, so not sure if we had had a chance to see it, I know.

NM **Nathan Martinez** 11:47

Yes.

R1 **Room 140** 11:48

Yeah, great.

Any other public comment on this item?

Any hands in the room?

Hands, thank you very much.

We will move on to the motion 3C, which is the Irving Los Angeles County's public health system.

So here are the slides.

That.

Then we just have a couple.

Let's see.

Go ahead and hit the first one.

Thank you colleagues.

This is a motion to provide modest help to strengthen our public health infrastructure to gradually start a paradigm shift on how we think about public health.

Public health serves a lot of important functions, many of which we don't see unless something goes wrong, like a pandemic. It keeps us safe from bioterrorism or tries to keep us safe from bioterrorism.

It protects us from medical debt.

It protects us from foodborne illness.

This is communicable diseases and viruses, whether it be hepatitis, measles, bird flu, Std's, HIV.

We ask them to help with environmental disasters. Without much money. They do violence prevention work and of course they do, maternal health, Children's Health, including vaccines.

It's facing a number of budget challenges and we've asked Doctor Ferrer to come and say a little bit more about that and answer some of your questions.

From the challenges from settlement of lawsuits to labor negotiation.

Now, looking at various federal and state cuts, including just an increasing demand for services.

It predominantly gets its funding from federal government with a very, very modest investment local funds. So when cuts come, each has no skin, it has no reserves.

Nerves. You could say it doesn't have like immunity from some of these cuts.

So what this motion says is to start wants to do is to start prioritizing public health, much as we do public safety because they really are the same.

There's so much research shows crime goes down when you invest early.

In in public health and public safety programs related to that.

And if we're serious about improving public safety, we have to prioritize public health and related services.

This is not a proposal to backfill lost federal dollars or state dollars.

We know.

We don't have the ability to do that.

It's actually front loading.

It's about finding a way to invest and put money upstream public safety to avoid

higher costs, criminal justice enforcement, more expensive healthcare.

Expenses to keep our community safe, especially as we're looking at major, major sporting events coming to our county and it's setting clear priorities going through with those priorities.

So before we turn it over to Doctor Ferrer, I want to ask if my Co sponsor would like to say any words on behalf of Supervisor Horvath.

Thank you so much, Yolanda.

Obviously surprised and horrified this.

Very supportive this. We know that there are a lot of federal implications for many of our departments, but none more so than public health, which we know is really talking about real lives and saving saving lives, saving people. And so this is critically important and I want to.

Reiterate something, Elaine said. We're not talking about backfilling because I know there is a policy in the county not to backfill loss.

Funding. But it is critical that when we're talking about programs or policies or initiatives that save lives, that we do everything to try to ensure that we maintain those services.

So over 2.

Good morning, everyone.

Thank you so much.

I I want to give special thanks to Verizon, Mitchell's team and Supervisor Horvath's team for authoring this motion.

We we again appreciate all the support we've had from all of the board offices about the essential work that public health does.

And will continue to do.

In this county, but we are facing.

No, I particularly challenging, I would say, you know, I've been doing public health for 40 years. I would say the most challenging time that I ever can recall us facing.

You know the implications of both the the federal desire to use investments in public health and the.

Clear messages with.

Budget both current budget reductions and proposed current and proposed budget reductions leaves us in a particularly vulnerable place.

And just as a reminder, 39% of our funds that we were that we put into the recommended budget that you all approved earlier this year directly come from the

federal government.

Another 32% come from the state and of that, about half.

Comes as a pastor from the federal government.

So the federal government funds the state and then the state funds us.

14% is a direct allocation.

It's about \$300 million from the county.

And then we get some local fees through some of our fee generating programs and some intergovernmental transfers that make up the the other 15%.

Of our funding, I wanna note that.

We are somewhat different from other health departments across the country.

We've done a particularly spectacular job.

You know, credit to both the board support and the team at the Department of being able to leverage a lot of the opportunities that we've had at the federal level and we perform particularly well.

So we're we often get competitive awards.

At both the federal and state level for the grant, but it has meant that if you compare us to some of our other larger some of the other larger health jurisdictions in the country, we get less local funding.

So if I take all of the local funding, not just the direct NCC but our local generated support from local grants that we get.

Our local funding accounts, the intergovernmental transfers and the fees.

We're probably at about 34% of our budget.

Comes you know, 14% obviously from direct NCC and the rest from all the other locally derived sources.

But like, if you look at, you know the the comparisons to us New York City.

Their funding allocation is over 50%.

They're closer to 60%.

They get \$1.3 billion in local funds.

Denver has 66% of their funding derived locally. Seattle County has 68%, Cleveland 58%.

Even Southern Nevada.

Are there?

Particular slides that on this issue or is this?

No, I'm just.

I'm just talking.

You're just talking about, OK?

That's fine, that's fine.

We're just talking about Jack was looking at me like this.

I just want to note that you know, when you looked at this.

Pie chart we've been showing this pie chart for years.

It's actually a great diversity of sources and it and it looks really good for a health department when you're faced with a lot of challenges from the federal government.

We are in somewhat of a different place than some of the other large health department country in that they're getting more funds from their local government than they are, which again.

Leads to some of the risk that we have.

We can now go to the next slide.

And I want to introduce Doctor Mahajan. Who's here with me. Chief Deputy public health.

So you know we we do.

We have 3 big challenges and that we're grateful for all the support we can get in addressing.

The first is and I'll talk a little more about all of these changes in the federal funding priorities.

2nd is the exercise and making sure we're doing some net county cost reductions.

We're up to an 8 1/2 percent request on that.

And the last is that there's an increased cost of operating our health department inflation and labor agreement costs are the biggest contributor to that. But I want to note that it's a big challenge for a department like ours because our grant funding does not acknowledge the increases that.

We face if it's in middle of the grand period.

In some of these, labor negotiated increase costs, so.

So many of our grants are capped, the personnel side and most of them don't allow for a ramping up year to year. So we have to look for other ways to accommodate within a structure that's highly dependent on grads, other ways to accommodate cost of living increases or.

Bonuses that are part of a labor negotiation.

And I'll go to the the next slide.

You know, just this.

Obviously we already supported and submitted a 3% entailment. That was about \$5

million for us of a curtailment costs on our NCC side.

And then we've also been asked to do an additional 5 1/2 percent.

To prepare to cover cost of upcoming.

With the labor parties, we don't know exactly what those agreements are, but one thing we do know is that an 8 1/2 percent that additional.

5.5% is an additional \$9.9 million.

So we essentially will have a \$14 million reduction that we need to make.

I want to note that we'll be contributing \$14 million, but we will not necessarily have that \$14 million applied to offset our increases in labor costs because the county will only pick up about 17%.

Of our increased labor costs, we will be responsible for the additional 83%.

So if you look at this, we are going to get a nine A9, we're going to get a \$14 million cut in our NCC budget and we are going to have to come up with out of our NCC budget for most of it 83%.

Of.

The labor costs or of the cost that will be associated with the Labor agreement.

This is like, you know, without talk about.

This is the subvention rate. The issues with the subvention rate.

So again, that's that's a unique risk to a department like ours funds, so many people off of our grants and and then means that we're responsible for covering those costs.

The next slide, so the federal curtailments are also at this point very real.

We've lost \$1,000,000 from our AmeriCorps program.

And sadly, we've had to terminate all of the remaining americor volunteers. Our Merit corps program.

The AmeriCorps members is a national program.

It was terminated without any warning.

Really. And across the country, these are folks who are.

Really.

In some ways, working for stipends as part of a training program that allows them to be contributing, in our case to important public health infrastructure work in our communities. They mostly are working as community health workers.

And they are working across the entire county.

So as of June 15th.

Fortunately, we've had to give this this week.

Will be terminating all of those folks because the federal government is no longer.

Giving us any payments on this grant, the state has sued, but we don't have a which means.

We're spending.

We do have to come out of our own costs and we just don't have money.

Month of June at the end of our fiscal year to be able to cover that. We also, I don't think it.

I don't know if everybody online can hear everything.

Yes. So just, just louder. Yeah. Thanks.

OK.

Sorry, no one ever says that to me.

Talk louder.

We also receive a termination of \$45 million again mid contract.

For our emerging laboratory Disease Control grant, this really funds a lot of our surveillance, outbreak management and lab public health lab expenses.

Here we do have a preliminary injunction.

I don't know that we're going to prevail, but the preliminary junction has allowed us to continue spending on this grant, even though it was terminated until the court rules otherwise. But at risk here.

KA **Kathleen Austria** 26:19

Here here.

R1 **Room 140** 26:23

That's OK.

At risk here.

Would be an entirely new group of employees, both internally and externally.

But should we not prevail in court?

I mean, obviously this is a huge amount of money and should we end up losing in court, we're in the middle of the contract period.

So between now and October, we'll be closing down a whole host of outbreak management activities and lab.

Protection activities.

Our CDC HIV prevention and surveillance grant.

It's about \$19 million.

Was not renewed.

It's we're part of. We're in the middle of a five year cycle.

We've been getting this money, I think since 1996, but we did not think this was at risk.

Again, we're in the middle of a cycle, but as of May 31st.

We've spent all of the money the grant ended on May 31st and we did not get.

Additional notice of award from the federal government for this and if we look at both the proposed.

Changes to the federal government, with their budget for October and the actions they've already taken, they have eliminated the CDC Office of HIV Prevention, which is where this grant originated, and have made no we see no line items reintroduced in the proposal for the October budget.

That would restore this grant funding for us, but now we have a lot of risk here.

The biggest risk is that most of this funding is going out to our Community based partners.

This is similar to the picture we see with all of our federal funding 60% of our federal funding goes out to the Community based partners. In this case, we have 85 contract agreements that depend either solely or in part.

On this HIV prevention program.

So the disruption is not just that we have 48 staff people that are being paid for out of this grant that has now disappeared. But it's also that we have.

Entire cadre of really both dedicated, committed and successful.

Many partners that are also leading their funding, and again unanticipated in the middle of a grant cycle that we had a couple more years on this grant on and has to be dealt with.

Immediately because this funding has disappeared, we obviously have no money in our budget to go ahead and really help out our Community partners.

And a lot of advocacy around this and the board is aware of the advocacy we we've asked and is supporting the advocacy we've asked the state to step in with a again a it's not a permanent solution, but it's a way to actually use the ADAPT rebate money. Help support this.

And redirect resources towards HIV prevention.

And as part of our proposal to you, we're asking for flexible funds that doesn't replace.

We can't replace.

There's, you know, at this point we've totaled up over \$200 million with the proposed

cuts and some existing cuts.

There's no replacement of this, although there is a some flexibility so that as we work towards sustainable future approaches.

To the vast majority of public health work, we don't dismantle entire program.

That would allow us, in fact, not to rebuild, not to sustain core functions, and we're all have to work hard, identify what those core functions are.

But these are examples of why, you know, even with just what happened, these last three efforts.

That we face these last three challenges.

We need more assistance to be able to be would say appropriately responsive to the challenges at hand. There also are and now that we've seen the more detail on the proposed federal funding reductions, we see lots of other risks as well.

I mean, as I noted, HIV prevention cuts are sustained.

RR **Reymond Reding** 30:47

Yeah.

R1 **Room 140** 30:51

I I want to note, AmeriCorps is gone.

It's gone as a national program.

RR **Reymond Reding** 30:56

Today I do need my computer.

R1 **Room 140** 30:57

Public health.

Public health emergency preparedness funding.

RR **Reymond Reding** 31:00

I'm sorry.

R1 **Room 140** 31:02

That's about 20, almost \$22 million a year. We'll get 50A proposed 50% reduction.

That's all the funding that we use to be able to respond public health emergencies allows us to organize the hospitals, other healthcare facilities, EMS and our

community partners.

Respond to emergencies.

It does things like allow us to have chemical antidotes of a cache of medication to have PPE and other medical supplies available for responding to medical emergencies we coordinate.

This is our money to coordinate.

I do want to note it supports 92 staff at the Public health department.

That are spread out throughout communications, through communicable Disease Control or vaccination office.

Lab so losing 50% of this funding will be, you know, horrible for us.

Also, with this funding, there's a A staff that are supported in the cities of Long Beach and Pasadena.

So we serve as a pass through on emergency preparedness for those cities. They would also.

Lose 50% of their funding.

There's a there are a couple places where the federal government and the new budget is proposing consolidating smaller grant areas or smaller units of work into larger consolidated grant programs.

In all the areas where this is being proposed, there is a reduction, a net reduction, the amount of money that will now go into the larger grants.

One example of that is they're combining the grants we get for viral hepatitis, sexually transmitted infections and TB into one block.

Grant that would now go to the state.

To address all of this, it also seems to completely eliminate opioid related infectious disease prevention programs in its entirety where we haven't found that yet.

You know, we think that this is about a 25%.

Cut in overall funding, but it will be unclear in which areas that important infectious disease work will we get the pastors from the state and what those levels?

May look like for us.

I want to note that this is one of our major other sources of STD funding.

So when you lose the HIV prevention funding, which helps us with some testing as well and we lose this funding, we lose capacity to do outreach to vulnerable populations.

As well as to get people in for early care and treatment.

And I'm not going to go into their detail on ETV.

You all know TB is highly infectious.

Losing any dollars?

We're already underfunded for TB losing any dollars there means there's just increased risk.

I think in this past year on TB, we actually reviewed 2300 TB case incidences. We confirmed an additional new 542 TB cases like people just think this is not a real issue for us to worry about, but the amount of work we.

Do in around TB control is huge.

We had 4500, I'll say nights that we provided to TB patients who had active TB, they would not in fact go on and infect others.

So that that program is already run on a shoestring and with any additional cuts, even at a 25% level.

It will be severely compromised. The other area that I just want to highlight of concern for us is around our substance use.

Prevention and control program the new federal budget proposes a consolidation of substance abuse prevention.

The community Mental health Services block grant.

And the state opioid response, we don't get direct funding from state opioid response to the state.

But I want to note if funds all the free naloxone that we're distributing in LA County, including what goes to the sheriff's.

Offices and were close to our schools.

This program also was reduced.

Looks to us like it was reduced by \$575 million.

So it but it will again be a combined block grant.

Not clear how that will be redistributed the moment whether or not we stand to lose.

What for us is a major source. We got about \$60 million a year through our block grant.

Allocation for substance abuse, and we use almost 50% of that for substance use prevention activities.

It funds all of our school work.

It funds all of our community coalitions that are really working to create healthier environments in their communities and it funds a lot of our harm reduction work. So it will. It will be, it could be a huge loss to us as well.

So those are, you know, I just wanted to highlight, we've got these big, big areas of

risk.

With the federal curtailments, and we've had some major impacts now that include, you know, really impacts on our own staff and staff in the community, we're likely to see a bigger impact.

We have about 1500 of our staff that are supported in 100 Ftes that are supported with federal funds. So a 30% reduction there will hit us really hard because so much of that funding goes out to our community organizations.

It will really devastate the public health infrastructure in our communities. Next slide. Which really leads us to sort of our, you know our our.

Ask of the board and.

I'm really grateful for the support.

That's shown with this motion, which I think addresses some of our our really emerging and and urgent needs.

Which is our the help we're gonna need is how to downsize.

The causing.

Irreparable harm.

At the highest level I I'm going to be honest.

There's no way to accommodate this kind of loss and continue in any way, shape or form. The level of services.

Are we do need help getting through a rough year while we figure out how to be strategic?

About what will end up being a much smaller footprint for public health.

Part of the but you say the irreparable harm, could you add that means in terms of harm to the public.

I mean I, you know, I I like to just point out that, you know, some of the things we do that that people aren't aware of is that we follow up on 60 communicable diseases.

That are reported to us.

These are these are infectious diseases that require this kind of follow up by our team.

Make sure that they don't spread to other people, the community.

The one thing is we've had measles cases here, but we haven't had an outbreak or of some of our measles cases. One case of measles.

250 to 1000 contacts associated with it.

Team tries to do as much outreach as possible.

Now amongst those folks that might have had an exposure, which ones of them

were unvaccinated and need to therefore take particular actions?

To prevent themselves from either getting infected or unknowingly passing on infections to others, and I know many people think about, like, well, you know, these are people who didn't choose chose to not get vaccinated.

So why do you worry about it?

Well, the problem with that is there's some people who can't get vaccinated from measles.

Babies under six months cannot get vaccinated against measles.

It's it's a highly contagious disease.

So if you're unvaccinated and you're exposed, you have a 90% chance of coming down with it.

There are also some people in high risk categories that can't get vaccinated.

There are also people who came from other countries where the vaccine wasn't available, so they're not vaccinated, but it's not because they oppose getting vaccinated. It's because there was no availability of vaccine.

And again, if we can identify them, we can. If we get to them quick enough, we can offer them a vaccine which will help prophylactically.

So you know I and nothing simple here, but that work actually, as we all know saves lives and saves people from severe illness.

The children died in the Texas outbreak.

I was a relatively small outbreak. The two children died.

I don't want that to happen.

But everybody likes to go to the beach.

You wanna know that the water?

You're swimming in is safe.

That's an activity that public health people do every single day.

They test that water to make sure that it's safe for people to swim in. If we don't get enough funding to be able to help pay for the lab costs associated with that ocean testing ocean water testing, we don't do ocean water testing.

So. So these are things that impact everyone's health, ultimately and directly.

If we stop being able to do our HIV prevention work to the extent we are.

We aren't able to offer people prep and Pap, who may be very vulnerable, not aware of what their options are.

We don't help get people who are at higher risk into care, but we go from having about 1400 new infections a year, potentially over 2500 new infections here in LA

County.

So we have to get out there both on sort of mitigating communicable diseases, but also.

Preventing the spread.

Communicable diseases that harm all of us in all of our communities, if we're not able to do our vaccine outreach.

Explain to people the importance of vaccines.

That's one of the areas that's obviously got a pretty big proposed cut. Then we have less and less people getting vaccinated.

And that not only causes people to get ill, but interrupts our economic stability.

And what goes on in our educational settings?

Where then people are excluded, people aren't able to come to work.

People can get sick.

People can spread infections to others who are very vulnerable. Are those good?

Are those good examples?

That's why.

That's why we say, you know, I know we're called the public health department too, of our work really is public safety.

And I think if people understood it as public safety.

Maybe more care given.

To both understanding what we're doing and trying to preserve what's most critical.

We have asked for \$20 million.

In funding that would want the impact of these unanticipated.

Or very, very near, certain funding terminations, particularly to help with our Community part.

During the COVID pandemic, we would not have saved as many lives as we were able to in LA County without the vast infrastructure.

A community based organizations and that same vast infrastructure is supported by our federal grants.

So we wanna be certain that we have some flexible dollars.

So everything doesn't go away.

Immediately and that we again you know are are fairly strategic about what we're able to preserve that allows us have a sustainability plan and get through what are gonna be very some very long times.

We've also asked for \$5,000,000 in critical needs.

Request. This will help us address funding gaps internally.

I mean, as I've noted, we're looking at over \$200 million with the federal cut.

So we are not asking for backfilling. We are not asking for replacement. We're asking for strategic support.

That allows us to proceed with.

Is well planned on sizing.

That causes that minimizes disruptions wherever possible.

And that motion also allows us to work closely with the CEO so that we can use our NCC funding as flexible funds by moving it around.

So today we may be using NCC funding.

I I would say everything.

We use our funding for is valuable.

We may be using NCC funding.

For a particular activity, I'm just gonna say maybe we're using it to make sure that all newborns have a car seat and they leave a hospital.

That family knows how to put that car seat.

To their car so that newborns are transported appropriately and then.

With these cuts and we can go to the next slide, we are gonna do an effort at prioritizing.

It may be that we decide.

That that's an important program, but perhaps we can get the hospitals to pick it up.

And use our NCC to fund TV control.

If T being control gets cut, I'm listing the criteria that we're looking at.

I'm gonna talk for just a second about the process we're using.

So we have a process of both involving all of our staff and our community partners and our residents in helping us understand prioritization.

So our process internally is we have all staff meetings where we're transparent about what we know and we ask our staff.

To help us sort of manage the changes as they're coming, every single unit, so every single staff person is participating.

In team activities where they're identifying efficiencies within their unit, as you know, one thing to do here is also to figure out.

Minimize waste.

Summize our efficiencies.

Make sure we're not duplicating and we need every single staff person help us with

that.

We're also out in the community.

We have meetings with all of our networks, all of our boards, all of our commissions, all of our task forces and our Regional Health officers are doing meetings, public meetings with residents. We're asking them to tell us what's what's important to them.

Of the work that we're doing.

There are structured meetings, obviously, because all of that information to help us come up with, you know, in the summer.

Plan. It'll it'll probably be a series of plans so that we are well prepared.

To move into the fall, knowing that there will be reductions, but we have solicited the best minds to help us come up with the path forward.

But we do need some flexible dollars to make sure we can actually implement.

Thank you and happy.

We're happy to take questions.

Yeah, I have a question.

Thank you, Doctor Furr. As you mentioned, like the federal budget cuts that you're anticipating are really significant and you know 20 million can only go so far. So are you for like this emergency fund?

Are you envisioning using the 20 million immediately to sort of like restructure into this planning work?

At what point, I guess, would these funds like to be activated?

I mean the 20 million.

I mean we we need it right now. You know, as as we're as we have some cuts.

So I you know, I would say, you know we've asked for that to to be something that gets funded pretty quickly. You know we our cost per month for HIV prevention are probably about \$4 million.

You could see we're not gonna take the \$20 million and plug a \$19 million hole.

What we might do is identify with our providers some really core activities that we would use a small portion of the 20 million to allow us to continue with some of the highest prioritized activities around HIV prevention. I mean, I don't think anybody in this county wants I.

Need to stop doing HIV prevention work?

I mean, that's just this. That's ridiculous.

Given what we know, and given the tools that we have that can help us prevent

transmission, we can't replace a 19,000,000. But we might need a couple \$1,000,000 to help us do some priority activities while we work with the state to see whether or not that.

The ADAP rebate dollars can be allocated in a different way while we work with philanthropy, and while we continue to advocate at the federal level.

For restoration, I think the same thing you know will be said of no some of the.

The core functions that we're doing around outbreak management.

If that funding goes away, you know we're we have that \$45 million we're in court.

So between now and October, if we lose a court case.

And that the rest of that money does go away, can't lose all those active.

That'll just be honest.

Like the county, that would be dangerous.

So again, we'd like to be able to have fun that says, you know, becomes a high priority.

The activity, while we think about how we're gonna sustain this overtime.

Uh, we need to actually plug a hole. Uh, and be able to maintain a a very small portion of what that is so that we don't get ourselves into bigger trouble. I might just add one other thing and that is that, you know, as Doctor Ferr talked about.

As we look at where we spend our NCC.

Those programs that are great, but might be a luxury.

In this environment, it'll take time to unwind them.

Free up dollars that can then be applied further on to what we decide is core.

So it's also a timing problem, which is why we need flexible dollars.

We're sitting right now with our team in identifying every single thing that we pay NCC with.

And how high a priority is that activity?

Thank you.

I mean it's it's a super hard, you know, it's super hard to do.

I everybody we it's very hard to say the work I'm doing isn't really valuable.

Also behind the work we all know are people.

We're going to have to side.

It's going to be some terrible decisions about whether we're going to fund.

B. Troll activities or we're going to be able to fund.

Our chronic disease prevention work that uses some of our NCC.

And that's why we're, you know, doing a massive sort of like, let's hear from our

community residents.

Let's hear from our partners about what it is that they think is most valuable. At the end of the day, things are going to end up being more valuable than others and a higher priority.

And you saw our list.

I mean, I think this is a really important list.

We got a bunch of mandated activities.

We got to figure out how to maintain that.

I mean the good thing on the mandated activities is.

There's no dollar amount assigned to most of that, so it's not like you have to invest a certain percent or a certain dollar amount in the activity.

So we we all have to be super creative.

We got some things we're doing that nobody else can do.

The surveillance activities.

So some of that's mandated, but also there's nobody else to do it.

And if you don't have that information, you don't know the extent of the problem.

So you know, there's there's some things we're gonna look at and say no one else will do this. But I gave you a good example. You know, RC safety. There might be other people who could do it.

Vaccinations. There might be other folks that we're gonna turn to and ask them to take on that responsibility.

We're just gonna have to, like, do that.

Like you know what?

What is it you know that that we're doing?

You know, we wanna be sure we understand where we're using an NCC dollar grant dollar to generate revenue and not to be stupid about losing revenue.

That we need, but on the other hand, if that revenue's not actually covering the cost of the activity, then we have to look the importance of that activity.

We have some areas where we think are that.

We've thought they're valuable, but we have some underspending and we're gonna have to look at, you know, can we right size that?

You know, move some of those dollars around and then we also are paying a lot of attention.

To what kind of impact?

Any of these curtailments are gonna have on our community infrastructure.

Community partners.

I know you know folks have said, you know, like, give a lot of money out to the community.

So just cut all of those grants and save everyone's jobs, and that's that's not a possible approach for a whole host of reasons, but including the fact that the community partners that we have are part of the public health infrastructure and what we have to look at.

Is work at this point like? What is the work that's most important for us?

To do collaboratively and be able to figure out ways of sustaining funding for those core activities.

Questions other questions?

From our board offices, we have folks online that have questions from the board offices.

Have any public comment on this item?

We can we give some comments on that?

Thank you.

I'd like to give some testimony.

I'm sorry.

Good morning, everyone.

Joe, Nikita with the chief deputy's office. I'm.

Chief deputy with the CE OS office.

Mason Matthews, chief budget officer.

We don't often make guest appearances here at cluster, so, so thanks for having us and giving us an opportunity to discuss.

Light had just come off.

I'm showing the the core.

And the efforts at public health is making.

I just wanna take a second to thank Doctor Ferrer and Dr. Mahjon on this on what they're doing.

They are, you know, public health department in, in, in health services and some others.

Facing some really difficult budgetary times and we know that and this is a really important process, that they're going through to figure out what is required of public health, what what must they do and what what, only what is, what are the functions only they can do but.

It's not easy, and I think Doctor Ferr put a point on it at the end of her comments about.

Making sure that public health infrastructure is strong and that might require some decisions about, you know what to cut and what not to cut versus the.

Safety net.

He wanted to come down to have a conversation about this item in particular because it represents, I think, the first time the board will be asked to consider.

Some funding decisions that are related to federal cuts, and it's an important moment because.

It will not be the first time it will be in, in our opinion and I think everyone agrees.

An ongoing discussion about what the county needs to be doing with its locally generated dollars in the face of lost federal and state revenue.

I wanted to provide a little bit of context from our ratings agency trip.

Talk a little bit about.

Our budget policy and then, I think Mason can talk a little bit more specifically about how we support public health currently just to provide a little bit of additional context and I appreciate hearing from Doctor Ferrer and I missed the introductory comments. But Mason told me that there.

Was some discussion about what this motion is and what it isn't. Is a bridge to advocacy. As I understand it.

For the \$5,000,000 ask it is not a backfill.

That is important to us at the CE OS office for a couple reasons.

One is we have a board budget policy that we follow.

That.

Says that the county normally does not backfill the loss of federal and state funding.

The reason that policy is important is because you know our operations in a lot of areas are furiously and significantly.

Supported by federal and state dollars, and we just don't have the money to do it.

If there is a one off here and there and.

Our policy allows us to make a recommendation, backfill it, but I think the enormity of what we're facing is so substantial that.

You know, we are worried about chasing Domino as it falls because it will quickly, quickly put us in a position A to not be strategic with our hopefully generated dollars.

And be we're going to run out of money pretty quick and then very worthy programs

that there's money after that are gonna be left asking for the same thing.

Well, I appreciated the introductory comments about what this motion is and what it isn't.

We had.

We went last week to New York for our annual ratings trip.

I went there with Mason and with PCA auditor controller goes and so does the. So does the treasurer and tax collector and the board chair.

Also, I joined us as is typical.

The discussions were remarkable. As you know, the county has excellent credit ratings, both short term and long term borrowing and that saves us money at the end of the day. Excellent ratings means that we can borrow money for less, and we borrow a lot of money.

We specifically go to New York for our Tran, which is our, they're called temporary revenue anticipation notes. I I only know that.

Well, but essentially that money floats us while we wait for property tax revenue to come. So.

I think last year we borrowed 700 million and it smooths out our revenue.

We get most of our revenue in April and December each year when people pay their property taxes and and as we're getting close to those property tax deadlines, our cash flow can get pretty low.

That's why we have these these notes.

What was remarkable about this trip was that.

The agencies acknowledged that the county has an excellent track record since the 90s in managing its budget.

But the financial pressures on the county were not lost on them either.

They have analysts that watch this very closely.

We.

We have 82184 billion settlement liability.

We have more cases pending.

We have Labor deal that is still being negotiated. We have wildfire recovery.

On top of all that, those are we call unique to LA County for now.

How about all that we have the loss of federal.

One of the.

Specific things that the agencies called out was our no back fill policy.

And it was extraordinary because they knew the policy.

They knew how we budget and they called that out as a in their view, and this is their view as as a ratings agency focused on a very specific thing, which is how counties and other agencies manage their money.

Their view.

That policy represents a strength of governance, governance and if we backed away from it, we find that material.

What that means to a ratings agency is that they want us to disclose it and they want to consider that as they look at our ratings and we know that they can change their ratings in the middle of the year and they don't have to do it, Ann.

We just saw a ratings change for the city of Los Angeles with some of their budget issues came out couple months ago.

So all of that is really important, I think for everyone here to understand is that we have.

A substantial financial pressures already you know that we're cutting our budget.

Ready to pay for AB 218?

We're looking at federal cuts and in the midst of that, our office is very concerned that we might see additional financial pressures in the millions of dollars annually borrowing costs because our rating might take a hit.

Our CEO is very concerned and has been discussing this in open session with the board on a number of occasions and so.

In anticipation of this motion going to the board for discussion, she wanted us to tee up that conversation here. So again.

A little background on why we're here. Appreciate the.

The discussion on what's happening.

I appreciate the invite, but it wasn't an invite.

We paid for the room renovations, so we're like we're.

Taxpayers pay for the room. So.

So I I think that looking at the motion, we might have some specific recommendations on the language.

Because what I heard today is that the bridge, not a back fill.

And there might be some language changes that we would recommend to better reflect that so that when outside stakeholders like our ratings agencies are tracking this.

Progress. They can see that intention reflected in the language of the motion I will.

Let Mason talk a little bit about some of the ways that we support public health

already and some of the money that's already budgeted.

I'll turn it over to Mason and so and maybe I'll do that in the context of the motion and some of the the changes just to kind of get through it, maybe a little quicker.

So are you gonna suggest verbal changes during this meeting now or is that was going to well, maybe just in a high level sense I could?

Go offline after it.

Yeah, that makes it to your office.

But in general, I you know, hearing you that it's not a mission backfill.

I'll just say anyone reading this would not understand that. I think it every page and almost every paragraph it talks about federal cuts and money that needs to be given to the department.

I think it maybe this way you could reorient the wording. The first directive talks about the 5 million in one time funding.

Believe the department submitted a request specifically for STI as part of their final changes.

Budget. I don't know if this is the same thing.

But again, it says, you know, money to otherwise to kind of cover some programs that otherwise be lost by federal funding cuts.

So I think if there was a desire to support that request 'cause it, this sounds like just support it so.

But again, maybe the linking it to the fact that it's to replace federal funding.

Is problematic.

I don't think that the the reference here to the sheriff, it is similar.

They're not in a situation of losing federal funding.

When I think how their budget works a little bit different than public policy, but just say maybe we could tighten up the wording on the first one. I think the point the point is though that we continue to find money for the sheriff.

No, there's cost overruns.

And so the push was to try to have public health be considered as part of this push on public safety. OK. And and I I think again, when we think about the context of who would be reading this.

They don't have that context, so that's why I wasn't finding it helpful I think.

Think for directive #2 public health has 2P FUS.

Already they work a little bit differently, but they essentially do the same thing.

I would ask that we don't set up a third one. I think the intent here would be, you

know, a direct public health to use some of their existing funding.

There's 13 million across the two of them, 3 million of it's gonna be used for civil testing.

There's 10 million left to me.

That's be would be the first place we would look.

Information on that and I know kofi's listening in on that.

I think the overall goal was to try to figure out how we give public health a certain amount of flexibility so that.

Need to slow down unnecessarily.

Feedback and check off so that they can respond and know that they're responding to whatever the developments might be, given the priorities that they're looking at.

So so in my opinion, there's sufficient flexibility in the two current pfus if there's something about that that needs to change, we could do that. I think the facial, the facial reactions in the department behind you might think otherwise.

So we don't.

We don't actually.

We we don't actually have easy access to either fund.

I mean, we've actually have a request in right now and we've been told.

Request. You know, they'll wait until after we're done closing.

It's really, you know, again, I mean we have an immediate, we have an immediate need.

Don't you know?

So I so I I I do agree that you know there there was an intent there to have some funding that would be available in emergency situations.

I'm I'm completely in agreement with Mason on that.

I.

I don't think it's it's easy at all for us to access it.

And I think we'd have to do some work together to figure out how it could be responsive.

Because you can't really wait until.

End of the fiscal year really to close, which is August.

To be able to access it for an issue that you're facing in June.

And you know, we could do doctor fairer.

So I think we just, we just have to figure out different different ways to have a mutual

understanding of what the funding is, what the restrictions are and and how to clarify about the back shelves. And I wanna clarify the 3 million.

KK **Kouassi, Koffi** 1:06:26

Can I add one thing?

R1 **Room 140** 1:06:27

I also I also wanna clarify.

By the three million for the soil testing we're actually using.

Our lead paint settlement dollars for that. So, so we did not.

Similar reason we did not go to the pfu for that.

Actually went to try to we have some lead settlement dollars that we felt this was you know sort of under the intent of how you could use those lead settlement dollars.

And it was a small enough amount that it wasn't gonna impede the other work we're doing and required to do.

But we did not go to the PFE.

We've been super creative about trying not to go to the pfu until we not identified any of it.

Yeah, we I agree.

KK **Kouassi, Koffi** 1:07:13

Can I?

Can I like?

R1 **Room 140** 1:07:14

So just so Kobe one second.

Just so you know, I mean the way we, the way we budget our PF US is we do not release the money. Typically if departments have money in their budget that is like a standard budgetary practice.

That is the resistance that public health will when they're trying to tap the pfu if the resistance other departments will feel as well.

But the board is telling us is to find \$5 million.

And that's the intent of the board.

Think what Mason saying is it's in the pfu and we can release that.

Kofi.

KK **Kouassi, Koffi** 1:07:49

Yes, if if I. If I'm. Yeah. I think I was just trying to listening and you know, maybe I can bring some of the clarifications here.

Listen, we all want to have a safe.

R1 **Room 140** 1:08:01

I want to.

KK **Kouassi, Koffi** 1:08:02

You know, everyone wants to live in a safe environment. Everyone wants to live in a safe neighborhood.

R1 **Room 140** 1:08:07

Is it?

KK **Kouassi, Koffi** 1:08:08

Everyone want wants to, you know, be able to raise their children, you know, take care of their families in a way that is safe. The way we look at it right now is, you know, through the lens of public safety.

So for example, we don't want people to come rob my house.

I don't want people to come in and, you know, bring a gun to my party and then, you know, hurt everyone. Well, in the case of public health, you may not be someone having a gun coming to, you know, to a party and hurting people, but it's someone.

R1 **Room 140** 1:08:24

OK.

Yeah.

KK **Kouassi, Koffi** 1:08:35

Who annoyingly has a disease and shares it with everyone, and then you know things happen.

It might be a neighbor who's coming to your cook up, who unknowingly.

Had something on their food and everybody eats it and has to go to the emergency room.

You know, some bad things happen.

What we're trying to do with this motion is really to reframe and change the paradigm of funding and how we're thinking about public health.

When will you know one thing that you know? I really want to emphasize. That was on the 1st slide that Yolanda showed. If we just look at you know, the amount of people who come to LA County every day, much less every year, the risk of people bring.

In diseases from other places is so high.

70,000 at his flights, you know, come through LAX. I think you know the the thought here is not that we're not. We're saying we're not funding public health or we're not doing this. What we're trying to say here is we are not thinking about public health as.

A public safety policy or public safety issue or public safety function, much like we're thinking about the sheriff as public safety further.

The same way the Sheriff authority is delegated from.

You know.

It is delegated from the state. The same is applies with with public health. And again we are trying to shift that paradigm as far as the you know the 2nd Directive about the 20 million, the goal is to find to start thinking about a reserve, a reserve that. Public health will use in case you know we have an emergency and there's no additional funding.

R1 Room 140 1:10:06

Yes.

KK Kouassi, Koffi 1:10:09

You know, so.

R1 Room 140 1:10:09

You know.

KK Kouassi, Koffi 1:10:11

And again, the supervisor, even when she was at the state level, she has led an effort to have a safety net.

Reserve, which was you know where to put money aside for safety net programs.

And as you know you you tracked from last year when the state had their budget issues, the state used the \$900 million from that safety net you know reserve to solve some of.

R1 Room 140 1:10:28

Repeat.
Is there?

KK Kouassi, Koffi 1:10:34

The issues they had, again, we're trying to, you know, kind of along along those lines trying to create a reserve here for public health and again at a high level as far as you know, the budget is concerned, yes.

Our supervisor is the budget queen.

She understands the concerns that you know and this threats and the constraints that you know, our our funds have. But this this motion is really to again shift our paradigm of on how we think about public health and how we fund it. And two think about a res.

R1 Room 140 1:11:04

Thank you.

KK Kouassi, Koffi 1:11:04

For if we have another, you know, crisis that is happening, I mean, even right now we have measles crises, you know, happening, you know, throughout the country.

That that, that's the paradigm.

That at least what I wanted to add, and you know if it was kind of lost because I really haven't heard a lot about an emphasis on that paradigm shift that that's all I want to add for now.

R1 Room 140 1:11:18

This world.

KK Kouassi, Koffi 1:11:27

Thank you.

R1 Room 140 1:11:30

And I and I just.

I appreciate that. And I I just wanna manage expectations.

What we have is a a directive to look within public health, NCC, existing NCC and and look at think that list of things that Doctor Ferrer had on her slide.

There is an expectation that we're gonna find a bunch of new money to to things that the feds currently fund.

You know we are.

We are not in a position to make those recommendations in and even if we had that directive, we'd we'd come back with our pockets empty.

We don't have that.

Revenue. So I just wanna make sure.

We're clear. I mean, in a in an area where we're cutting funding already and in addition, losing federal money isn't extra money to put on the line so.

I I read this as looking inside public health.

I mean on at least on 2B and they they will, they will have to be the lead on sort of telling us how they want department to look.

But, but I don't read that as finding additional money. So I just wanted to make sure I'm clear.

KK Kouassi, Koffi 1:12:35

We're not yet.

Yeah, we what we're trying to see is, you know, for us to figure out how can we be creative enough to, you know, again find those 20,000,000 or even give public health the flexibility and have the the hardest spending their monies.

Yes. We're not saying go find 4050 million somewhere to backfill behind what the Feds are doing. But what we're also asking is yes, the Feds are making all those cuts. How do we take a step back and figure out?

A way to.

As much as we can as much as possible to mitigate the deleterious impact on our communities from those cuts, we're not saying take money and then put put it back in there like necessarily that's that's not what this motion is. This motion is about.

R1 Room 140 1:13:09

You too.

KK Kouassi, Koffi 1:13:19

Let's take a step back from everything that's happening.

Let's reframe how we're thinking about funding public health.

Let's get ready and prepared. You know, by with that reserve and let's really be creative so that whatever impact from the federal cuts.

Doesn't delete.

It's gonna have an impact, a deleterious impact.

But how do we make sure that we we we reduce that impact in a way that we're still able to be?

To optimally provide the same public Health Protection that we provide to the public and again like, I'm pretty sure if I mean.

R1 Room 140 1:13:51

I.

KK Kouassi, Koffi 1:13:56

Again, yeah, that, that's that's essentially what we're trying to do through this motion.

Not really saying.

Yeah. Go find 40,000,050 million.

And 60 million or something and backfill behind what the feds are cutting.

That's not what we're asking for.

R1 Room 140 1:14:12

Thank you.

Thank you, Kofi. I for the sake of time I I want to end the conversation now, but we appreciate CEO coming down here and I encourage my colleagues to that office just to make sure that we can smooth out. I think the the points raised around language but.

Move on to the other items.

Yeah, we're happy to connect with the CEO to talk about the language and know we can't get let out of attorney.

Thank you.

Thank you.

Very much.

As our chair mentioned, for the sake of time, we're gonna limit the comment to one minute.

So we will begin with a public comment in the room.

I are there any public comments in the room?

That's free to hear from the mayor.

Mayor positions represent doctors, Dennis and the veterinarians.

Health we have concerns about cuts. You know, our Members are over at LAX, the veterinarians making sure that there's no medical diseases coming in or monitoring the bird flu. They're doing all this other stuff.

It's important that they're able to practice for the best of their abilities or patient care immunity and stop the prevention.

Of spreading the diseases. Thank you.

Thank you.

Any other public comment in the room?

All right. We will move on to our public comment.

We'll go on the order of the hands raised.

We'll start with Neha.

SN Saxena, Neha 1:15:45

Hi, good morning, everyone.

My name is Neha Saxana from essential access health.

I am in support of this motion and doctor fares ask to preserve critical elements of our public health infrastructure, particularly to support HIV and STI prevention work.

The federal cuts we are facing in our field will be devastating for our residents.

These cuts will undo decades of progress and worsen inequities. As of last Friday.

Essential access health, expedited partner therapy, or EPD distribution program.

R1 Room 140 1:16:14

Yes.

SN Saxena, Neha 1:16:15

At the halt distribution.

Medication the EPT program provides free medication for the partners of patients who test positive for Sti's. It is an evidence based clinical practice to help people who face barriers coming into clinics and accessing STI treatment in the last two years.

R1 Room 140 1:16:22
OK.

SN Saxena, Neha 1:16:30

My agency essential access health distributed over 4500 doses of STI treatment to clinics in Los Angeles County under this program.

These cuts will cause residents to lose access to critical services.

There will be more misdiagnoses and higher rates of HIV.

Sci infection all while clinics and community organizations will have.

R1 Room 140 1:16:49

Thank you very much.

We will move on to the next public comment, Paula Khan.

PK Paula Kahn 1:16:58

Hi yes, today I'm giving public comment, as Angelino, a resident of the county and just given how the direction of where the federal budget is going, it's going towards more militarization.

And so I'm keen on this reframing of reframing public safety as public Health and Human rights. And I do want to call on our county.

Representatives to really dissent in the federal budget.

Because we're seeing an escalation of authoritarianism, and we're seeing how that's impacting our public health infrastructure.

So I hope that our county leadership can join forces with other counties and other local and state governments across the country to dissent. This federal administration that's waging war on public health through dictatorship. Thank you.

R1 Room 140 1:17:49

You public comment, Kathleen Austria.

Clean. Are you able to unmute yourself?

Right. We'll move on to the next public comment, Crystal.

C **Crystal (she/ella)** 1:18:14

Hi, good morning.

My name is Crystal Savile from essential access health.

I stand behind Doctor Farrar's request to save our public health infrastructure, especially our HIV and STI prevention services. Our STI Prevention Center partners with clinics in Los Angeles County to provide training, quality improvement initiatives and technical assistance focused on best practices in prevention and management of S.

'S between 2023 and 2025, we have been able to train 400.

R1 **Room 140** 1:18:38

Excuse me.

C **Crystal (she/ella)** 1:18:42

And 444 clinic staff.

And conducted 122 technical assistance encounters with clinics in Los Angeles.

Without sustained funding, there will be less availability of trainings and resources for clinics to provide patient centered sexual care, leading to a ripple effect of higher transmission rates of Sti's. Eliminating funding will.

R1 **Room 140** 1:18:54

OK.

You need to.

C **Crystal (she/ella)** 1:19:01

Lead to more misdiagnosis, higher rates of infection and more people with left without care.

I'm urging leaders to be able to step in and provide this funding that will save lives.

Thank you so much.

R1 **Room 140** 1:19:12

Hey, crystal. Kathleen, are you able to unmute yourself?

We will move on to Jessica L.

JP **Jessica Parral** 1:19:24

Hi, good morning.

My name is Jessica Peralt, on behalf of the Los Angeles LGBT Center. I wanted to raise the issue of HIV prevention funding because we are in support of bridge funding as we are becoming increasingly confident in federal and state funding laying on the board to support temporary BR.

Fundings to our community based organizations stopping the H.

That will continue to operate as we await the other sources of funding.

R1 **Room 140** 1:19:50

Yes.

JP **Jessica Parral** 1:19:51

I hope that during Pride month pride and how we collaborate and move forward.

R1 **Room 140** 1:19:51

OK.

JP **Jessica Parral** 1:19:54

Thank you.

R1 **Room 140** 1:19:58

Kathleen, are you able to speak now?

KA **Kathleen Austria** 1:20:01

Yes.

R1 **Room 140** 1:20:01

Go ahead.

KA **Kathleen Austria** 1:20:03

I support this motion as a critical necessity to ensure the health of our vast and diverse Community.

Dph is a small but mighty department that provides a vast array of services to protect the people of LA County.

R1 Room 140 1:20:16
OK.

KA Kathleen Austria 1:20:18
This motion secures the public health safety net and a plan to support the community's health.

R1 Room 140 1:20:19
Close.

KA Kathleen Austria 1:20:24
Please support the motion.
Please support the health of our community.
These cuts.
Won't heal, and I think you can clean up the language to make sure that we take care of our people. Thank you.

R1 Room 140 1:20:37
You.
Mend reading.

RR Raymond Reding 1:20:42
Yes, hello. My name is Raymond Redding.
I work with Community Health Project Los Angeles.
I am specifically a sexual health expert.
I have been in the field of eliminating sexually transmitted infections for a long time.
I just wanted to remind the board of our duty in LA County, especially to get transmissions of HIV aids down to 0.
That has been an aspiration and a duty for a long time in our county, especially since onset.
Of HIV and AIDS, and without funding, that is never going to be an accomplishment for us.

R1 Room 140 1:21:12

Thank you.

RR Raymond Reding 1:21:17

So I wanted to remind us of those values. I also have worked one-on-one with LGBT Center.

I I think you all for being here as well and representing.

R1 Room 140 1:21:29

Q Emily wasson.

WE Wasson, Emily 1:21:33

Hi everyone.

R1 Room 140 1:21:34

You're welcome.

WE Wasson, Emily 1:21:34

I'm Emily and I'm a resident and also work at essential Access health and I am urging you all to vote in support of this motion.

We know that without adequate funding, STI rates will increase and go undiagnosed, which will have huge impacts on our community and all while leaving Community partners and clinics with less resources and support to support these patients.

It's critical that we affirm our commitment to the health of our residents and protect the public.

Health and safety of our communities.

Thank you.

R1 Room 140 1:22:06

You melody why?

MY Melody Y. (She/her) 1:22:10

Hi, good morning, Melody Yan. With essential access health.

R1 Room 140 1:22:11

Morning.

MY Melody Y. (She/her) 1:22:14

Similarly, I just wanted to voice my support for the motion to save the public health infrastructure, save HIV STI services and existing programs.

R1 Room 140 1:22:24

And.

MY Melody Y. (She/her) 1:22:25

Especially with federal cuts and a lack of funding from the state with the governors may revise really just turning his back on public health?

So I really urge the county leaders to step in with funding so that we can help preserve the progress we've made in reversing the STI.

HIV epidemic.

Thank you.

R1 Room 140 1:22:44

Thank you, Danielle.

D Danielle 1:22:49

You for acknowledging my hand.

My name is Danielle Campbell. As the two resident graduate student.

And chair of the Los Angeles County Commission on HIV. Speaking in favor and fervent favour of the motion, much to the chagrin of my colleagues on the call, it is critical effort that is in need of saving and servicing to protect the county's public health as it.

Relates to sexual health.

I won't belabor the point.

But speaking in fervent favour of the motion, it's much needed now than ever to support the sexual health of people in the county, regardless of what county policies exist around providing a backfield to federal funding that is lost. This is a critical public health issue, and we do.

R1 Room 140 1:23:25

Yes.

D Danielle 1:23:41

Hope that you all recognize that and will dedicate the funding support that is needed to preserve our county's infrastructure.

Thank you.

R1 Room 140 1:23:49

Thank you. And I don't see any other virtual hands.

No other hands in the room. Thank you very much.

We will move on to our last motion on this agenda, which is for.

+19***38** 1:23:59

Hello.

Excuse me, I'm sorry.

I have public comment.

R1 Room 140 1:24:03

OK.

Go ahead.

+19***38** 1:24:06

I.

I apologize.

I'm. I'm on the phone had difficulties raising my hand, but good morning everyone.

My name is Chad Monk and I'm calling in today on the proposed motion as a member of the and Co, chair of the Los Angeles County Community Prevention and Population Health Task Force.

This task force was actually created by the Board of Supervisors to advise the supervisors on public health and HealthEquity priority areas.

And at our last meeting on May 16th, every appointed member of the Task force.

Force loaded to support this request, and we're asking that all Board of Supervisors vote for this motion.

We know with the funding cuts, we have to actually be prepared, not backfill, but prepare for emergencies and suspended issues in the county.
Thank you.

R1 Room 140 1:24:56

Do you have any other participants joining us via telephone that want to make public comment?

Thank you very much again.

We will move on to the next agenda item, which is our third motion SD3 and SD1 joining the WFU pledge to reduce greenhouse gas emissions for Los Angeles County food systems.

You're on A roll today.

I'm gonna refer to my colleagues being us virtually.

EE Ellison, Emily 1:25:28

Hi. Can you all hear me?

R1 Room 140 1:25:30

Yes.

EE Ellison, Emily 1:25:31

Well, good morning.

My name is Emily Ellison.

I'm with SD3.

This motion is a follow up motion by Supervisor Horvath and Solis from a motion in January 2025 that was titled expanding County Action to reduce greenhouse gas emissions through food procurement.

The motion did a number of things, but relevant to the motion today it directed public health and.

CSO to create baselines of greenhouse gas.

Admissions from departments in the counties that purchase and serve food.

It also called for CSO and DPH to create admissions reduction targets using those baseline and produce annual reports to the board on on progress towards those targets.

So the motion called for using resources like the World Resource Institute or WRI. It's a global research nonprofit that.

R1 Room 140 1:26:28
OK.

EE Ellison, Emily 1:26:31
Is dedicated to supporting sustainable food systems and works with local governments and corporations and institutions on having a more sustainable food system. They do a number of things, but notably they provide free assessments to governments on their climate impacts.

R1 Room 140 1:26:34
It's.

EE Ellison, Emily 1:26:49
So the motion today calls for public health to enter into a data use agreement with WRI to access food purchased from departments. And the reason is.
That they can calculate the GHG admissions from the food that we buy and provide those annual reports to the board and track our emissions reductions goals. The motion also calls for the CEO to commit the county as a whole to joining the cool food pledge. This is a.
Pledge from WRI, which sets the target of.
Reducing greenhouse gas emissions by 25% by 2030.
Relative to a 2015 baseline, this is a voluntary agreement and it's aligned with the Paris Agreement goals.
Other jurisdictions around the country have committed to this pledge, like the City of New York, as well as local institutions like UCLA.
So the motion does those two things today.
And I'll open it up to my colleagues from SD1 and public health for any comments and happy to answer any questions.
Thanks.

R1 Room 140 1:28:10
Questions from our board offices joining us online.

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

See any hands in the room?

See any virtual hands.

On joining us Telephonically that has any public comment.

All right.

Thank you very much.

We don't have anything for items four and five, so we'll move on to item 6, which is general public.

Comment this also includes the closed session item that we're gonna be hearing soon.

It's CS1 conference with legal counsel.

Gabriela Brownlee versus County of Los Angeles case #221 CV 01118. Department of Health Services any general public comment on today's agenda?

Thank you very much.

I don't see any hands in the room.

I don't see any virtual hands.

We will now move to adjourn this meeting and begin our closed session item.

Thank you everyone for participating you.

Thank you.

The room.

Hopefully, I'm sorry, we're we're running quite.

● **Jack Arutyunyan** stopped transcription