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Transcript

June 18, 2025, 4:02PM

Room 140 0:05

Good morning, everyone.

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

Note that the meeting will be muted for all participants.

You can unmute yourself using this the teams app or by dialing *6 following into the meeting. As a reminder, public comment limited to two minutes be reduced if you run out of time.

Now start with introductions. In this room of the board offices going first.

Hi, Yolanda Vera, second District, Victoria Goma, second district. Villa Urbina. SD1

Esther, 4th district. Highland Codes, 4th district.

We also have our chair joining us virtually.

Let's do the board office introductions first, then we'll move around the room.

Have representatives from the first district on the call.

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

Cespedes, Anthony 1:01

Hi, this is Anthony from the 1st district.

Room 140 1:04

Thank you, Anthony. I'm sorry.

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

That represents from the third district on the call.

That represents from the 4th district on the call.

Represents from the 5th district on the call.

Cash, Tyler 1:30

Hey Jack, everybody.
It's Tyler from supervisor barger's office.

Room 140 1:31
Thank you.
Thank you very much.
Back to the room in person, introductions of folks that are joining us today. If you can start with you, can we handle chief deputy the Dmh Kitty Dmh, will Bernie County Council General counsel for Dmh, Colin Gomez, Department of Health Services, governor relations, Carly, it's going to commun.
For DHS.
And natellis government and various public health. Matt von W with the Department of Health Services, housing for health.
Kathleen Austria, second district behavioral health commissioner.
Albert Chief medical officer, LA General Medical Center Elaine Kushan, chief psychiatry.
Connie Salgado Sanchez, DHS office of Government Affairs.
Natasha Mosley, Deputy County Council Health Services division. Thank you very much.
I see we have CEO budget on the call.
Do we have any other CEO staff on the call that would like to introduce themselves?
Do we have representatives from County Council on the call?
F represents from public health on the call.
Hello, Melissa.

Melissa Franklin 2:45
The Franklin director of maternal child and adolescent health.

Room 140 2:47
From maternal child end.
Do we have representatives from mental health on the call?

Martin Jones 2:58
Good morning. Martin Jones, Dmh care court, alt.

Room 140 2:59
Martin Jones.
You.
We have representatives from health services on the call.

Jorge Orozco 3:13
Hi Jorge Orosco, CEO, Ellie general.

Room 140 3:22
Do we have any representatives from associations or organizations on the call that would like to introduce themselves?

Danny Gonzalez - LA LGBT Center (he/him) 3:29
Hi everyone.

Wason Fu 3:29
Good morning.
This is wassenfru from dpss.

Danny Gonzalez - LA LGBT Center (he/him) 3:30
This is Danny Gonzalez from the.
Sorry about that.
Hi there, this is Danny Gonzalez from the Los Angeles LGBT Center. Good morning.

Room 140 3:36
One more.
The second person.

Tia Delaney-Stewart 3:43
Good morning.
This is Tia Delaney Stewart, La County Commissioner for the 2nd district over hospital and healthcare delivery systems. Good morning everyone.

Room 140 3:53

You have any members of the public on the call.
That would like to introduce themselves.
We had a few deputies that joined us while we were collections.
Do you want to introduce yourself?
I mean everyone.
Elizabeth Arasola second district morning.
Angelica Yala, third district.
You.
The we also have a couple folks that introductions here on virtually.
Chat.
May have already spoken on it. OK. All right, great.
OK, you'll now proceed with today's meeting. As noted on the agenda, we have two board motions and also a discussion item. So we'll start off with the first board motion SD1 enhancing support for pregnant people and new parents who are experiencing homelessness.
B1 thank you.
Yeah, this motion fails on a motion supervisor Solis introduced last year to support on house, pregnant people and new parents.
And was subsequently approved by the board in November of last year.
This motion, the original motion, was driven by two neonatal deaths that occurred close to one another at the time.
But we also know that there are high rates of pregnancy among people experiencing homelessness, were assigned to female at birth and are reproductive age.
So as a result, the previous motion asked housing for health Lhasa, HIDMHDPHDPSS, OIA and DCFS to report back in 90 days for the plan to better support pregnant people.
Any parents experiencing homelessness, with a focus on Skid Row?
Based on the plan identified need the motion again builds on that prior motion and this this motion directs Lhasa Epss Hi, housing for health and once established, the new County Department on Homelessness to report back twice a year with an assessment of the capacity of Cal works home.
Programs and the family coal related entry system to meet the demand for support of families experiencing homelessness.
Including system utilization, data, language access, resource gaps, immigration status concerns, and a funding centers to address unmanned needs.

And you know this directive.
Is created because oftentimes, when the economy wants support on house pregnant people, there aren't enough resources, right?
So it's a good way to continue to elevate and better understand that need.
It also directs the CEO and DPH to report back in 90 days on proposed funding options to continue and potentially expand.
The Department of Public Health Project hope and Abundant birth project.
Hope is a pilot that is working well in spas 2 and six, but we know that there are needs and other spouse, spouse, spouse 4 and M3 in particular.
And finally, it directs Cpss Oia and DCFS to report back in 90 days on their existing staff training and knowledge and information exchanges related to supporting pregnant people and new parents experiencing homelessness.
And any additional training or knowledge and information exchanges that may be needed, as well as how their staff are connecting these individuals to appropriate resources. And again, the final directive, you know, recognizes that there are a lot of county resources to support new parents and pregnant people, but.
Often you know these different departments may not engage with unhoused.
You know, pregnant people so wanting to better train them and make sure that those supports are available.
Yeah, I'll, I'll just add.
So with Directive one, the board actually used to receive a report like this up until just before the pandemic, and the report were reported on the capacity of the family coordinated entry system gaps. And you know, kind of there was a mandate from the board back then to.
Ensure that individuals who were pregnant were not on the streets, and so this sort of revives that report.
And I know you know.
Obviously right now it's a difficult budget year, but not every year is a difficult budget year and so having this report consistently made available will allow us to direct resources as needed during times when it's a little bit easier to to direct funding to programs and then on.
As Jasmine said on the project, hope only right now in Spas 2 and six and I know for the first district I'm sure that other folks here have experienced it as well.
Just last week we had two pregnant individuals living in Whittier, narrow to just Spa 3.

That we had to get housing for and and we only were able to to do that through the the ECRC. The ECRC stands for. But it's our response system that we are able to triage anyone who's unhoused too.
So it's just really important to get and that pilot outside of two and six if there's funding available.
And is yesterday in SPA 7. We also had a a pregnant woman that we found living in her car.
And then the last one, I think just emphasizing the fact that a lot of times we're siloed in our knowledge. I think a lot of the homeless outreach and the health outreach teams are very familiar about how to support people who are pregnant and unhoused, but you know.
The Department of Public Social Services DCFS.
Sometimes there's knowledge gaps in some of those departments that do serve on house people, but whose primary mandate may not be serving on housing. So.
That's sort of the intention of the motion is to continue filling some of those gaps that we see in our system.
Need to better support pregnant people.
I don't know if there's anything else I want to add.
There.
Thank you, Daniella.
Yeah, we're, we're just really grateful to SD1 and supervisor Solis for this follow up motion to continue the momentum on.
This really timely and important issue, and especially on focusing on addressing those gaps and sorry, could you introduce yourself? Yes, absolutely.
I'm Jeanette von West.
Apologies, I'm here representing the HS housing for health.
And I would just add that in response to the report back in momentum has been building the adjust and partners are developing a training for county staff and our contracted provider staff who interact regularly with people who are experiencing homeless who are pregnant, our new parents or of.
Childbearing age and we are working with the Community Health project, LA or CHPLA to develop this training with feedback.
And information from 5 people with lived experience.
Providers so the training is to prepare staff for connecting with pH on resources and identifying people who need these interventions and resources, and really focuses on

providing training to to staff on how to effectively interact with people around pregnancy strategies for continued engagement throughout the trimesters, and finally.
Navigating all of the different resources.
Including linkage to medical interim housing.
Food security, healthcare services like prenatal care, SU DS services, mental health services, abortion access and legal services.
So just wanted to add that we are really grateful for follow up motion and I'm excited to continue this good work forward.
Any questions?
This question might be for Doctor Franklin Public Health, but regarding Directive 2 for the for the abundant program, how much folks based on the data utilizes program? Are they like unhoused or on the bridge of experiencing homelessness?

MF **Melissa Franklin** 11:43
First of all, thank you again for the motion.

R1 **Room 140** 11:44
Thank you.

MF **Melissa Franklin** 11:45
This is really a game changer in our work in NCH as across all of our programs, whether it be from home visitation to doula support to our black human health program or prenatal groups, a number of unhealth pregnant individuals really come across our programs every year. I do.
Have some data on our home visitation programs.
Abundant birth program, which I'll share right now in black and health if you're interested.

R1 **Room 140** 12:20
OK.

MF **Melissa Franklin** 12:22
No strings attached, stipends for a course of 18 months.
That's across all service planning areas. Of those 410 individuals, 45 are pregnant or

recently birthed and unhoused or not stable housed. And so that, you know, among that small, you know, group of individuals. I mean, a significant number of individuals.

Room 140 12:26
Yes.
Yeah.
OK.

Melissa Franklin 12:48
Face housing.
What? They just don't have a stable place to live.
Are there completely unhoused?

Room 140 12:55
Doctor Franklin.
Just to follow up on that, what how much is the stipend?
Does it depend or is it just a straight amount?

Melissa Franklin 13:06
It's $807.00 a month.
And in addition to that, the individuals have the opportunity to opt in to receiving supports from an abundant birth coach who walks alongside them on their pregnancy journey and supports them through child birth.
Connect them to resources, including doulas or home visitors, and helps them access other types of resources.
The there was a pilot up north where this is based on their or other counties that are participating in this current re addition of the pilot. It was imagined that.

Room 140 13:39
OK.

Melissa Franklin 13:42
At most, individuals would agree to receive the support of a birth coach to around 12%. Actually almost 75% of our participants have opted in to receive.

Birth coach support.
So that says a lot about the importance of, you know, supporting mental health and walking alongside individuals who may otherwise not have access to resources or be isolated in some way. In addition to dealing with economic hardship.

Room 140 14:12
In the follow other question I had on Directive 2 is proposed funding options to potentially expand project hope.
Do we have an estimated cost of what that of of what that would cost to expand project hope?

Melissa Franklin 14:26
Yes, to expand project. Hope to all spas as mentioned it currently supports 2 spas and that's because of its current or its previous funding required that. But it would be around $910,000 we looked at could we pull off a streamlined version of it?

Room 140 14:33
Yes.

Melissa Franklin 14:48
And continue just to support our current spas. We know that there is great need and across all spas, because we're seeing those individuals.
And that would be to the tune of 400 to 500,000.

Room 140 14:57
Open.

Melissa Franklin 15:01
But 910,000 is purely for staff training support, which includes public health nurse coaches or individuals with lived experience, either with homelessness themselves or supporting homeless populations and a licensed clinical social worker and some core support.

Room 140 15:21
And then my last question is around directed 1, the continuation of the twice a year

report, is that gonna start once the new county Homelessness department or when it starts new? So once once the motion passes, OK just wasn't OK.
So I just had one question and it's actually a follow up to Esther's in terms of the current cost for project hope.
So just for clarification, you said it's 910,000, is that the current cost for the existing program?
Not what you need.

MF **Melissa Franklin** 16:06
Sorry, trying to unmute the current cost for the existing programs.

R1 **Room 140** 16:06
And.

MF **Melissa Franklin** 16:09
Actually 901,000.
That includes some operating expenses, mostly for our personnel again.
Public health nurses and the actual support staff themselves that we call them.
They're built, designed as home visitors or parent coaches.

R1 **Room 140** 16:21
OK.
So then the the need would be 910,000 also or potentially 400 to 500.
Is that what you were saying?

MF **Melissa Franklin** 16:40
Yes, if we were to remove all operating expenses.
And support staff and only funded the parent coaches, one of public health nurse.
That amount would be between 400 and 500,000.

R1 **Room 140** 17:01
And again, this is for the existing or for the expansion.

MF **Melissa Franklin** 17:05
For the existing to expand, 901,000 would be needed.

R1 **Room 140** 17:11
In addition to the 901, I'm confused so 901 * 2. Is that what you're saying?

MF **Melissa Franklin** 17:13
We'd keep.
No, no, no.
It would be a 901,000. The original cost of the program was 901,000.
That included all the ramp up, multiple public health nurses, all core support, and so we just streamlined it already knowing that the funding source was going to end.
We do see individuals from across all spas, but have not done proactive outreach because of our funding source.
Does not allow for that.
We would be able to serve all spas with 901,000.

R1 **Room 140** 17:55
And when did the funding end? Or when does it end?

MF **Melissa Franklin** 17:58
The funding ends this fiscal year.
It's part of a state block grant pilot. We are funded by the pilot through DCFS and they're a host of other county programs that are funded through that pilot as well.

R1 **Room 140** 18:09
OK.

MF **Melissa Franklin** 18:13
It's part of the family first funding opportunity and the potential FFPSA matching that will come at some point next year. And this was a pilot we introduced knowing that there was a huge need as it relates to really.

R1 **Room 140** 18:16
Thank you.

Melissa Franklin 18:28
Focusing support specifically for unhoused pregnant individuals.

Room 140 18:35
And again, I just want to make sure I understood this.
So right now, 901 is the current cost and you would need 910 to maintain existing services and expand.

Melissa Franklin 18:47
We could continue.
We could expand with the current funding amount.
We would move some of our core operating support onto other funding sources in home visitation and really keep the the coaches themselves.

Room 140 18:59
Yes.

Melissa Franklin 19:06
On a new funding source.
We just know how to make it work.
And MCH, with limited funding, of course, more funding is better.
You know, if we were to fully expand, do what we were doing on the previous funding source, of course that wouldn't be 901,000.
This is really us being conservative and looking at the the realities in our county in terms of funding itself and finding ways to really streamline support.

Room 140 19:30
Yeah.
Can we just get the dollar amount and if we could just get that sent over 'cause?
I know we have other things on the things if we can just kind of get what is the current for those two spas, how much that is and what that all entails and then to expand to the other spas. How much that would be? And then I'm assum.
We just add first column to the second column and that would be the total cost for the entire program.

Including the expansion.
If there was money for it.

Melissa Franklin 20:06
Sounds good. And would you like those broken that broken down by?
Line item budget the types of expenses.

Room 140 20:15
That be great.

Melissa Franklin 20:16
OK.
Yeah, sounds good.

Room 140 20:18
Thanks so much.
Thank you. And and also thank you SG-1 for bringing this motion so important.

Melissa Franklin 20:19
Thank you.

Room 140 20:23
Very, very supportive.
Thank you.
Do we have any other questions from our board offices?
In the room, do we have any questions from our board offices joining us virtually?
Any hands you have any public comment on this item?
Don't see any hands in the room.
I do see one hand.
Ahead, yeah.

Tia Delaney-Stewart 20:54
Some other questions for us really basic. Which spas is this program already serving?

Room 140 21:02

I believe it's two and six for project code.
Yeah, for project code.

Melissa Franklin 21:06
Correct 2:00 and 6:00.

Room 140 21:08
OK, funded program.

Tia Delaney-Stewart 21:09
Thank you.

Room 140 21:11
With six are San Fernando and S la.

Melissa Franklin 21:16
And the abundant birth program.

Room 140 21:16
The.

Melissa Franklin 21:18
It serves all spas.

Tia Delaney-Stewart 21:22
Thank you.

Room 140 21:24
Thank you.
Do we have any other public comment on this item?
We will now move on to the next motion, which is for SD4 improving care court and Los Angeles County before all, right. Thanks.
So this is also a follow up motion in February of this year, the board passed a motion that directed the Department of Mental Health to report back with an analysis of the first year of care cord and to collaborate with the Behavioral Health Commission to

gather stakeholder feed.
On carecort.
On April 4th, the Behavioral Health Commission hosted a care court feedback.
Town Hall that was attended by 82 stakeholders, both in person and virtually, who shared their experiences with Carecorp from the first year of implementation.
Most of the attendees were family members who had submitted care court petitions for their loved ones, and the town hall was very informative.
It was emotional at times and it shared a lot of challenges that people have faced in the first year of Care Corp implementation. So after that April 4th town Hall Dmh submitted a second report back with.
Their internal analysis and a summary of the feedback that was gathered at the town hall, and they included some recommendations for improvement.
So this motion today is the follow up that directs the department to go ahead and move forward with exploring some of those recommendations for improvement and to report back in 120 days with updates. Specifically, it directs them to do a few things like collaborating with.
The court and if code to streamline the process of case processing of cases to help address some of the delays that have been exper.
To collaborate with the court and code to develop a process to implement WIC 5979 which addresses addresses what happens when the respondent has a need for a higher level of care than is provided in care court.
Developing ways for first responders to make referrals to Care Corps, specifically the Fire Department's apru unit. Increasing community awareness of care cord and an understanding of what qualifies and what does not qualify.
Ways to better include the petitioners in the process after petitions are submitted.
And collaborating with our county ledge advocates to identify potential legislative changes that the county can advocate for to continue to improve care coord.
Inator, now being directed to move forward with exploring.
Come directly from the report back. That's LinkedIn, the motion.
Finally, this motion directs CMH to hold another stakeholder forum in partnership with the Behavioral Health Commission in six months and then annually thereafter, and to attend the October Behavioral Health Commission meeting to share.
Their responses to the first stakeholder town hall and how they're planning to work to improve care for it, and I believe Martin Jones is online from DMHI, saw him earlier.

Martin Jones 24:15
Yes, I am. I am here.

Room 140 24:16
Oh, there you are.
Great. Thank you.
Just in case, do you have anything to add, Martin?

Martin Jones 24:22
I don't thank you.
We were able to work together and incorporate some things into the into the language, so I don't have anything to add.

Room 140 24:29
Thank you.

Martin Jones 24:31
Thank you.

Room 140 24:33
Great. Thank you.
Questions.
Perhaps go ahead.
I had a question.
I guess it's really more for for dmh last time I I know we've been talking about care court and and the question of have we hit.
People we can serve, given the current definitions, and I'm curious, and this is the dmh question, I guess is what's the delta between? How many more people we could potentially reach versus what kind of getting to where?
Current legislation allows us to get in terms of capacity and demand.

Martin Jones 25:14
Yes, I think currently based on our staffing, we do have additional capacity.
Particularly in service area.

One and also in service Area 5.
And what we're doing to that wise is we are doubling down on our marketing piece to to ensure that the word continues to move forward in terms of.
The Care court services.
So yes, the the diagnostic criteria are narrow that that is correct.
But we still believe that that there are additional pockets of individuals who could potentially be served, especially in probably service area one and also service Area 5 are some areas where we have lower numbers. And so we're working on that as well.

Room 140 26:12
We're currently able to meet with a likely demand.
Eligible demand is right now so far.
Is that right? Correct.
And then my other question is, Barton, you didn't know or can you summarize the legislative bills right now?
That proposed expanding the definition of care court eligibility.

Martin Jones 26:34
Right.
There, there there was pending legislation to include bipolar, bipolar disorders in terms of expanding the diagnostic.
Spectrum for care court. My understanding is that that that has been paused at this point.
Perhaps it will be picked up again during the next.
You know, legislative period, but my understanding is that that was paused at this point in time.

Room 140 27:11
Mr. Martin.
Any other question?
I had an additional question on. Thank you, Esther for the summary and reading some of like I'm so sorry.
I know.
In kind of reading, I think such fruitful, I think discussion and as you mentioned, what was shared of the current barriers that people were experiencing delays and being

able to transition into kind of higher level of care.
Could you just share a little bit more about what those current delays look like and initial, I guess conversations of the possibility of an easier transition to servership or treatment kind of?
Bed. Yeah, I'd love to see.
Just kind of the initial viability that you have seen.
And Martin, maybe you can help me out on this one, but I know that kind of there were two frustrations that were brought up a lot in the town hall.
One was how long it takes, right?
Which I think is more related to the delays and I think that's why we included in code in this, because sometimes it's the courts delaying things and sometimes it's the public defenders requesting delays and then it being granted by the courts. And so kind of a desire to.
Work together to streamline in a recognition that sometimes delays are necessary if someone is unhoused and difficult to.
Locate right.
It can be challenging and unique those delays, but other times, other things that can be done to streamline the process and then separately, but kind of related, there was frustrations about if someone needs a higher level of care and would potentially qualify for conservatorship, how can you trans?
Someone from care, the care court process into the conservatorship process, obviously within.
The requirements for qualifying for conservatorship and going through that, you know, legally required process.
And so that's why we included this part about WIC 5979. And so Martin, maybe you can explain a little bit what you think that that process might allow for.

MJ **Martin Jones** 29:17
Yeah, I I think the idea there is we're going to work closely with the judiciary, the, the judges.

R1 **Room 140** 29:19
This idea.
People to judiciaries.

Martin Jones 29:28
To really get their sense on how that particular provision could be implemented here in LA County, of course there are different perspectives on it and because it's legal in, in will is certainly part of our our legal.
Team because it's legal.
Then you have various points of view in terms of how.
Things legally should be implemented, so I think this will open up the discussion with Judge Harrison and the other judges who are part of care court so that we can make sure that we're leveraging the legislation fully.

Room 140 30:07
Yes.

Martin Jones 30:15
To really promote individuals receiving the appropriate.
Care now?
The state has been clear that care court is not necessarily a pipeline to conservatorship.
So the state lot.
The state has been fairly clear about that.
Family members are dismayed at times because their loved ones.
Require rather than voluntary services, their loved one actually needs, you know, probably more so.

Room 140 30:46
Oh.

Martin Jones 30:48
More structured than than what?
A voluntary program can offer, but what we can do at this point is we can make sure that we're fully leveraging all of the provisions of the legislation by working with our Council and also the judiciary to make sure that.

Room 140 31:09
The.

Martin Jones 31:10
At least for those who require more care that there's a clear pathway and that it's understood.
Goodbye all and that everyone is on the same page as it relates right now.
The pathway for conservatorship remains the same. You know, it must be done primarily through a hospital.
In in that process, really has not changed.
We meet with public guardian every other week.
We are in close collaboration with public guardian, but that's primarily cases stepping down from conservatorship.
And into the care court process.
So I think this motion calls out.
To elevate and amplify discussions around individuals who need a higher level of care.

Room 140 32:05
We've engaged in efforts to raise Community awareness around this program.
Are there any like best practices that you're hoping to within the plans under this directive?
To continue to raise community awareness.

Martin Jones 32:20
Yes, I think right now we and dmh are working with our public Information Officer.
In terms of our virtual presence on Facebook, on Twitter, on on all of the public facing.
Outlets we have a care core tool kit. We have a web page.
We are active with all of well. I won't say all we're active with the NAMI mini of the NAMI chapters where we do presentations in the evenings. On the weekends we are implementing.

Room 140 32:44
Stop.

Martin Jones 33:01
A.
A Psycho education form for.
Individuals.
Who would like to petition as well as individuals who have used the petition process because we find that although the information is out there that it's helpful to have a educational form where we can regularly be available, answer questions, walk individuals through the process.
So we're we're really approaching it from.

Room 140 33:30
OK.

Martin Jones 33:33
You know from multi several.

Room 140 33:40
I do just wanna add that the motion was we did send it to the courts for their awareness too.
When it were fully collaborating with the court, they were supported.
Any other questions from our board offices on this item?
Questions joint from the board offices joining virtually.
Any thank you very much.
Do we have any public comment on this item?
Of hand raised in the room.
Go ahead. Yeah, Kathleen.
Austria Behavioral Health Commission commend you for, you know, trying to refine and make this better and I think hard for the public, for the peers, for the families.
Is there so many different silos for people to inter into and it's and it does take a great deal of education.
So you've got, like, emergency room, you've got urgent care, you've got

conservatorships, you've got outpatient clinics and it's really difficult, you know, for people to find the right, you know Aot, you know, they call care core AOT Lite. So directing people and helping people is really critical and.
Getting people to the right service 'cause it's really difficult.
I know I still get calls.
Frequently from not only from peers but from family members.
And they're really frustrated.
So I hope this helps.
Thank you.
Do we have any other public comment on this item?
The room.
Don't see any hands raised.
Thank you very much.
We will now move on to our question item.
Services.
And the relocation of adult and adolescent inpatient psychiatric services from Augustus F Hawkins Medical Center to Los Angeles General Medical Center.
Give me a moment.
Here.
By the errors you guys.
Oh, sure.
Thank you.
Good morning, everyone.
I know some of you, but not all of you.
I am Sharon Reichman.
I'm with the County Council's office since 2017.
I have been in house with health services and prior to that I had his job as the division chief of the Health Services.
We're here today to discuss the relocation of adult and adolescent psychiatric services from Hawkins, which currently is on the MLK campus to LA General, and this is something of a celebration for LA General in the sense that Syde was there many, many years ago and now it's back.
I don't want to go in depth on the slides, I'll save that.
I'll save that, but I just want to clarify why we're here.
There's been some discussion about whether this is humans and covered service, and

SB 1300 covered service.
The answer to those questions is no.
We want to be transparent.
And I'll take it to Brad.
Thank you so much. So again, Brad Spellberg, chief meteorologist.
Let's start with who is our chief of psychiatry and we really do appreciate the opportunity to speak with you all today about this relocation that is looming and we do understand and are very sympathetic to community concerns around the relocation. Want to give context and I think some.
Context and some history, as Miss Reichman alluded to, it's really important to understanding this this move.
So until 1994.
Play general inpatient Psycho Psychiatry Hospital was at La general.
Was in fact the Northridge earthquake badly damaged that building and rendered it unusable for patient care?
Caused us to have to relocate and So what the county did at that time is they started paying private hospitals lease site phones.
We still had patients who needed care at La general, so physically moved the patients and the LA General staff.
And paid tax dollars to lease these private beds.
Continue until the MLK County Hospital closed.
When the MLK County Hospital closed the Augustus Hawkins building, which was at the time the MLK inpatient psych facility was emptied out and the county said, well, wait, why are we paying tax dollars to these private beds?
We now have an empty psych facility that the county owns.
So the county decided very rationally for fiscal reasons, to relocate the LA general patients and staff.
Into that building at that time.
And since then, that has been the location of LA General's inpatient Psych hospital.
Now that decision made a lot of sense fiscally, but it did have some repercussions related to patient care and staff safety.
Reality is Hawkins and the MLK campus is 17 miles across.
Is the LA County freeways from the LA General Hospital?
And because this is the LA general inpatient psych facility, the way you get into it is from the LA general Psych emergency department.

There is no direct access into that hospital from the now community MLK Hospital and not get directly into that hospital.

Yolanda Arias 39:46
Thank you.

Room 140 39:48
Do you have to go up to the LA general psyche if you need to be admitted, then we had to put you in a van and drive you 17 miles across traffic.
You are having hallucinations or hearing voices, or maybe coming off drugs.
Which was not safe. I mean, at that point, what's to stop someone from popping the door traffic, which means we had to restrain people and have had to restrain people for all of these transport.
It also has created some patient hair issues.
So I think patients who are in the hospital for psych reasons, they can also have diabetes, they can have high blood pressure, they could get an infection, they can have other medical problems or surgical problems which require air from a internist or surgeon. The only way we could.

Yolanda Arias 40:27
Do I have a middle?

Room 140 40:36
Get them those care.
That care was to put them back in a van, ride them back across 17 miles of traffic, hit the care, and then they'd have to go back.
This created a lot of fragmentation of care. I can tell you for Doctor Kashishin has spent innumerable hours trying to coordinate medical and surgical care for inpatients. Psychiatrists at the Hawkins facility over the last decade.
There are also some facility limitations.
Hawkins was constructed in 1976.
Got really thick concrete walls which make it hard to upgrade technology and so modern Wi-Fi and radio frequency coverage is really problematic and spotty throughout the building.
This is operationally challenging for your electronic medical record, but also this is a

real staff safety concern. In 2025, you want to have an emergency system where staff member who's in duress or a patient who's in duress.
Press a button and it summons your safety team to that area in real time.
We have had real challenges implementing that kind of a system because of the spotty Wi-Fi and electrical radio frequency coverage.
So we've got both operational safety and patient care challenges.
The relocation.
The return of the LA General inpatient psych facility to our campus really does alleviate these.
I'm not going to have to transport across the county anymore.
We're not going to have to put people in restraints for that transport.
I was at Harbor UCLA for 15 years before I moved to LA, General Barber. The psych hospital's on the 8th floor of the inpatient structure. When I'm an internist and I'm taking care of patients on 456.
They need a consult.
I can just run upstairs and see the patient.
Just immediately.
And that's what we're gonna go back to.
We're gonna have all that care Co located in one structure.
It's gonna be better for our patients.
It's gonna be safer for our staff and we're not, you know, it's been a very expensive operation to maintain the Hawkins facility, so we're gonna also reduce county costs for maintenance.
Again, this is a relocation, not a closure.
We are very sympathetic to the Community concerns that they receive, that they're losing beds, but really it's relocating beds because even at the Hawkins facility, once again can't get into the Hawkins facility from the MLK Community Hospital. Ed.
It's not on the MLK Community Hospital license. It's on the LA general.
So you have to go through LA general get into those beds, even in the current state.
It's a relocation, not closure.
We have been operating between 30 and 35 staffed beds at the Harkins facility for about the last 18 months. When we relocate, we will relocate to 34 beds in new facilities, 10 adolescent beds.
That number stays the same 24 adult beds, and that's about the number of beds that we have been staffing for adults for the last 18 months. But we're going to transfer

our current patients and staff.
Into the new facility as is.
Sort of a one for one switch.
I'm going to turn things over to Jacqueline Baucom from Dmh to make some comments.
So just wanted to summarize some of the things that MH has been working on in partnership with DHS.
So as you all know, operate the local mental health plan, which we maintain a network for specialty mental health across the whole county and DHS, one of our many acute inpatient providers in LA County.
There's over 5000 licensed acute inpatient beds, so we appreciate the coordination.
This is a small portion of our network.
We've expanded the network of services.
Across the county in recent years and.
Leverage state grants to build out infrastructure for all levels of care.
And then on the BHC campus in particular, we're at MLK.
We've built a behavioral Health Center there.
This includes PUF, acute and crtp beds.
So this is already on the MLK campus.
Classes are not strong enough.
Exodus Urgent Care Center will also remain there.
But if there's any questions regarding.
Jack oh, basically.
Bottom line, we're gonna relocate the existing LA general site facility to the place it started or the Northridge earthquake, which is gonna improve our ability to provide integrated mental health and medical and surgical care in the same structure, eliminate the need to to do these risky transfers across.
The county eliminate the need to put people in restraints for those transfers and help us reduce our maintenance costs.
Cost for the new facility.
Happy to open up to questions.
Thank you.
Questions for Marber we actually have a.
So just going back to the history and and thank you for the presentation history and contacts.

So when Ellie Jen was leasing these beds into the community facilities, how were they being transported?
Same way mine I this was before my time, right?
My understanding was it was the same 1OK.
Like having to travel all around the different.
The only difference is I think they were closer.
They weren't 17 miles away.
And then.
As as we've talked about in history, this is like almost 31 years ago, right?
And so during the 31 years, I imagine the the concerns that you brought up today around staff safety, you know, the traveling and transportation and all of that, then have we looked into?
Reconsidering the situation during those 31 years? Or is this like now? We're like, hey, there's an opportunity here.
Let's do it now.
That's a great question. I can speak to the last 11 years.
I don't know if you can speak to before the last 11 years.
I think you all are super young and so.
What about when?
So 11 years is good.
Young, it's the.
When I first got Telegen, 2014 conversations, Vicky.
Why are we doing?
We just did.
We could not figure out how to reconfigure.
Existing. So what we're doing is we're moving Hawkins patients into what used to be a behavioral health Med surg ward.
But the nurses there have a little bit of extra training in patients with behavioral difficulties and we couldn't figure out how to. They actually asked our facilities folks in DPW to assess this and it was just thought to be Uber complex.
And where was the funding?
So I think this is a conversation that's been going on for many years.
It it has been.
And I I think it's no secret that the health department was in financial straits largely until the Affordable Care Act kicked in. And even for a few years after that, we were

still trying to stabilize that department financially.
So when you're constantly in a crisis mode, there's no long term planning that takes place right there and there's no money to fund long term planning anyway.
So when finally the financial situation began to stabilize.
DHS could be more thoughtful about its entire system of care.
Hawkins has been a problematic facility for quite some time, and I think it's, you know, I'm not telling Kais here that there are better environments for the patients treated there than that place. But it just took a while to have the revenue, the planning and the space.
And then can we just go back to the losing of the feds, right?
Or allegedly just around losing of the beds.
How many or what was the capacity at Hawkins? I know you talked about how the relocated will have a 34 bed and just in the past 18 months there's been 30 to 35 staff beds.
What? What was the capacity and where are folks getting this idea that we're losing losing beds?
Is it because Hawkins had more capacity?
And now moving to Jen.
Capacity is at 34.
Harkins facility historically has been licensed for 76 beds.
We've never staffed it 76 most we've ever staffed it in my tenure in the 11 years that I've been approximately 60.
And.
A variety of reasons, including budget constraints, including knowing that we're going to relocate, including frankly as mentioned already, dmh has been doing lots of work around Burling with us.
We have been able to reduce staffing.
But not experience any increase or changes to our psychiatric 80 wait times were able to provide the same service with fewer staffed beds for our patients at this point.
Have been for more than 18 months now.
And I know that you only went 18 months, but you know, if we were to look in the last like three years, has it always kind of averaged to 3035?
Well, we had been.
We had been coming down. Like I said, I think we were sort of probably two to three

years ago. We were probably around 50 staffed beds.
So it's been coming down a bit and then you're attributing to the reduction because of other resources available that they weren't able to.
I think it's been A and I'm happy to have.
Do you wanna?
Sure. Yeah.
Hi tell in case you didn't see psychiatry.
I'm older than him, so I have a little bit more historical knowledge.
Here I am.
Only 12 years pass.
But since 2012, we have been I was involved.
Well, Hawkins always been there temporarily.
It's just been years and years of temporary.
The plan was always to come back and we were always trying to figure out how best to come back.
Regarding the number of beds at Augustus Hawkins, my doctor Spellberg said license for 76, but we could never actually operate at 76 due to the many limitations of the building which definitely caught staff and patient safety, but more importantly, the patient safety required a reduction of.
Beds all throughout the years and then COVID required even more reduction of beds right for safety purposes.
And as we know, there's a staffing crisis just in general.
When it comes to mental health, more reduction of that so throughout the time actually safety and acuity has been the number one reason that has driven.
Kind of our bed allocation within the facility and maintenance and repairs and the ability to operate the staffing.
Kind of brought us down throughout the years, especially as the fact that we could not upgrade the necessary upgrades that we needed to do something as simple as a walkie-talkie not work on Augustus talking. We have a patio that you need to go to. We have the.
RT rec room. You need to go to. We have the OT room. You these are all for the patients.
But if we can't communicate to get them there safely, just using a walkie-talkie or get a fancy dress system, it really puts a lot of barriers on the services we can provide. So throughout the time you've just adapted to what we can meet for.

And then my last kind of question is just around the acuity of the patients, right, that these are our are severely mentally ill, very acute patients.
Are we concerned with?
If we need more.
Acute beds like do we have for that?
Because, I mean, I hear you in terms of, you know, Augustus or Hawkins had the capacity of 76 because safety and whatever else we couldn't, you know.
You know, we couldn't safely get there.
However, I know that there's a need for acute beds and typically we have found, you know, Kyle and I used to do these like tours of various acute facilities because there's such a need for them.
Are we concerned at all that we're not gonna have enough?
Before some of our acute, I'll speak for LA general and then I'll ask Jacqueline to comment.
We're actually, we're pretty confident.
Or the LA general population that we have the proper number of acute beds, as I said.
As Doctor Kay mentioned you during COVID, we had to scale down.
We had infrastructure reasons, we had to scale down.
We have seen no increase in our wait times in our psychiatric.
In fact, they've been coming down this dmh has been doing a truly phenomenal job of helping us move the patients on the back end.
So we're we're feeling very good about this at La General and I know we only represent a very small percentage of the overall acute beds.
Yeah, there was some acute inpatient growth with Bhsip round three across other hospitals as well.
So I mean usually what we do is we coordinate with DHS out of their Ed the PES.
So if they don't have an acute inpatient bed, then our teams work together to basically channel them somewhere else.
First, they do it on their own, and then they call us if they're having trouble.
So.
I mean, I'm not really worried about it from the perspective of the growth of the sub acute beds.
I think specifically is where a lot of the clients need to be after they have an acute inpatient stay, which might only be seven days, we can move to another level of care

if the beds are being turned over. You don't need as many.
We're doing a better job of that, right? Yeah.
Thank you.
Thank you. First of all in having been at MLK Outpatient center, it is so confusing. The Hawkins building and it was confusing as administrator and for the staff because sometimes they didn't know who to turn to for repairs when there was security issues, which there were a lot.
They would come and and when we would do the data pull, we would find that the majority, it's true of patients using it.
There are very few from the local area.
Most of them came from the first district areas.
I remember when we would pull it regularly, so appreciate how efficiency wise it was a horrible way to do it that building itself.
You walk in and it's so easy to get lost as many times as I've been in there and they've had all sorts of problems and floods and whatnot.
So I really had just more of a general question.
Jacqueline, you mentioned the Behavioral Health Center.
Can you remind me the number?
Of beds that are gonna be open there. And I know we've been working with Dmh and trying to open up the locked beds in particular.
Yeah. So sure.
There's two crtps that are 16 beds each.
Those are crisis beds.
There are two puffs, which is psychiatric health facilities.
Those are licensed as acute inpatient beds and Lp's designated they don't have the medical capacity, but they are for psych inpatient and then three mental health rehabilitation centers, 16 beds each. And then when do we anticipate the new beds, the relocated beds to open if everything goes?
Well, and the state approves everything in LA general.

+13*****00(2)** 56:20
Well.

R1 **Room 140** 56:21
Hey, my understanding, Yolanda is August Ish but.

+13*****00(2)** 56:22
Oh my.
Oh, OK.

Room 140 56:28
I you know, I'm not the COO.

+13*****00(2)** 56:30
I thought.
I thought you didn't negotiate.

Room 140 56:31
And so I think it's August Ish.

+13*****00(2)** 56:32
You and I thought it was a bidding downtown.

Room 140 56:34
I'm sorry.
I'm hearing things.
I don't know if that's, can we please mute if you're joining us virtually, we can hear folks speaking.

+13*****00(2)** 56:37
Thank you.

Room 140 56:43
I think that the goal is mid August, but mid August actually open up the beds.
There are a lot of variables when we're building out, particularly site space.
So we're hopeful that that's not concrete yet.
Can you remind us of a total number of beds that will be at La general and then the breakdown adolescent adult 34 beds, total 10 adolescent, 24 adult?
I will mention that we're also as part of our restorative care village, we are.
Emh is building out a number of subacute beds on our campus as well.

96 although we're looking into the feasibility of potentially using.
One or two of the 16 bed pods for puffs because that will allow the flow into the subcube beds without necessarily having to go through the Ed laundry.
Do you anticipate it will take to get those beds open?
I have Damian's CHEAT SHEET.
Hold on.
If it's me.
I know that that received some pH sip.
Sorry, there's a lot of projects.

CA **Cespedes, Anthony** 57:53
Jacqueline, do you need to phone a friend? It's Anthony.

R1 **Room 140** 57:54
Jaclyn, do you need to phone a friend?
It's Anthony. Oh.
Phone a friend. Go ahead.

CA **Cespedes, Anthony** 58:00
Hi olonda.

R1 **Room 140** 58:00
Go for it like that.

CA **Cespedes, Anthony** 58:01
The goal is to have the those beds complete construction by the end of 2026 and then subject to usual licensing after that.

R1 **Room 140** 58:10
No. Remind me.
I get Anthony the total on those beds. I think we all need we all need.

CA **Cespedes, Anthony** 58:14
96 subacute beds.

Room 140 58:16

Six. But we're actually working on.
Solicitations. Now, because we don't want it to start after because the licensure takes so long with the state, even with the BHC we have been with your help.
You know, kind of doggedly pursuing dhcs to get down and do the licensure that took, I think for the PUC about nine months.
NC license.
I think it's the last thing to say is really just thanks.
One thanks to the first district as I know you've been trying to navigate.
Because it's both a first and a second district issue, and we wanted to be sure that there was clarification on what was happening, but also a thanks to the staff at Hawkins.
Because having been on the campus for four years.
They work in really hard circumstances.
And I I remember.
That there was some press about the use of restraints.
And a number of advocates were very upset.
And they went and the site visits and talked to the staff and they would call afterwards and say we're so impressed with how dedicated they are and how they try to make the best of the space that they have to serve the clients that are there.
And so.
We're we're happy that this is no, there's no question.
On the beds issue and it's very, very confusing given that it's fluid and moving, but I just administratively it makes sense that those particular beds, if they're run by LA general that they be on LA general site so.
I just had a couple of questions.
Most of my questions were already asked first.
Thank you so much for this presentation and you've kind of touched on it a little bit.
First on the staffing.
So will all the existing Hawkins staff be transferred over to Tal?
In general.
Sort of a couple of them have decided that the commute would be rough.
So actually we've had people transfer to Harbor cause it's closer to where they live and as part of the MSA conversion, we already anticipating you know a change.

So we've converted certain number of contract positions from USC into the proper number of count positions.
And that was done in anticipation of this move.
Like to add anything to that.
Oh, I think everybody has a home and figuring out.
And you kind of answered my follow up to that which was going to be, are there any risks to staff shortages? And it sounds like you pre planned, so that's amazing.
Good on that.
Yeah, great.
Yeah, that's wonderful.
The second question I had is you mentioned that you do anticipate cost savings on maintenance.
Do you have a sense of what that is?
No, I we would need our COO to comment.
My understanding is we've been and and actually mentioned this.
I think we've been spending in the order of millions of dollars per year on repairs and I don't know like is that 8 million four I we we could come back to you with that.
That'd be great if you can get back to us on that much.
A few questions as well.
You mentioned there's a one for one transfer, 24 adults, 10 youth currently are youth at Hawkins. Or is that not the case?
Adolescent beds, again depending on beauty and safety.
Always at 10 build, we have the capacity for 10.
They're staffed to 10, right?
Yeah. OK. And I just see some comments in the chat.
I was hoping that they can also be addressed.
I believe some employees from Hopkins as well.
Just when when we do get to public comment or questions hoping that they can be answered.
There questions from one question and maybe for DHS maybe for SD2, I don't know, but are there plans for Augusta Hawkins after this?
So the initial plan, so slowly Augustus Hawkins has been emptied out.
There was a of a Varian, which is no longer there.
That CDU was operating there was a large lab and DHS built a much smaller lab, and it's about to move out of.

The third floor.
To into the new lab space.
Dmh was taking was it moved out both at Avant and there's a few dmh staff there that they were there temporarily until we located Stocker Clinic was found and that was found. And it's I think it'll open up at the end of this year maybe davion's not.
Oh, this was a stalker replacement anyway.
Anyway then with with this, with LA General leaving.
After they leave, it will be empty.
And that the plan was the only footprint.
There's a couple of things.
One contemplation is that the only footprint.
For MLK to grow would be their landlocked.
Either way, the plan was to demolish the site. We need to be sure that we preserve some of the outdoor recreational area that we use for the behavioral Health Center.
So that's what the plan is and we're going to have discussions on what the next steps.
Are, but there was an MO U with DMH and DHS to demolish it. I had to replace it with something not yet to replace it. Yeah.
Will we lose the license?
I guess to the extent, I mean, I don't know what happens in terms of are you losing the licensed beds that are currently there?
Licensed beds at Hawkins maybe decertified, yes.
Some other entity could theoretically pick them up, but again I.
Building is difficult to maintain. I will tell you it's a chiller's the heating, the flooding, the the maintenance guys at MLK campus.
They did miracles regularly and at a certain point the county just stopped investing and trying to keep it maintained because the building was so old and so.
Bad one thing to that too, because the MLK community.
The hospital is not an Lp's designated hospital.
So the flow wouldn't necessarily make sense even if someone else were to come in and operate those beds, which is why we're building PFS on the campus.
Questions from our board offices.
Any hands raised either virtually. So we will move on to public comment.
We have any public comment in the room.
Go ahead again, Kathleen Austria, behavioral Commissioner of the district. I worked

at hockey's.
I worked at La General.
I am the history lesson back here.
The water tanks broke.
It flooded the hospital.
You know, the adults were moved to Metropolitan State Hospital, then to Ingleside and then to Hawkins.
To preserve those beds as we were going to use the beds.
What was relicensing staff consolidated? Hawkins is a terrible place for our patients.
Recreation therapy room.
It didn't just flood, it had a waterfall that lasted for two days.
It was a waterfall.
It wasn't just a leak. It was like a flow.
Out in the patio areas, you know, completely surrounded by cement.
And put plants out there.
There's no source of water.
Patients were trying to haul water out there through locked doors and down hallways.
Mine's usually died.
It's just, it's just not a good place for patients.
They do need to move. I think the concern that people that work there because they invited me back recently as alumni and to talk to me and a lot of the people that are now hired there, come from the 2nd district.
They don't want to move over there.
And so they somebody needs to work with them and make sure that everybody's needs are met patients and staff.
So there's that concern.
Also a concern for the acute beds.
You know, technically what happened was they consolidated LA County, I still call it Lacus for me to say general.
To consolidate the two beds, so 76 and.
Lac user general was 100 and.
80 beds capacity was down to 92 at the time of the earthquake and then because of budget, they just kept shrinking and now we've tried to build out capacity for other.
Thank you very much.

We've hit the two-minute.
There's never going to. Acute beds are never going to go away.
They need to have them, otherwise we're going to continue to have very much.
We've hit the two-minute mark on public comment. Thank you.
Next public comment.
Do we have any other public comment in the room before we move on to the virtual public comment?
Right. Helen, go ahead.

HT **Helen Tran** 1:07:48
Hi, good morning.

R1 **Room 140** 1:07:49
Good morning.

HT **Helen Tran** 1:07:49
This is Helen, senior attorney at the Western Center in law and poverty.

R1 **Room 140** 1:07:49
This is Collins poverty last month meeting we provided.

HT **Helen Tran** 1:07:53
So last month at this cluster meeting, we provided comment about why we believe the public notice that preceded this hearing today was deficient.

R1 **Room 140** 1:07:59
This.

HT **Helen Tran** 1:08:01
That notice failed to inform the public of pertinent facts about the closure of the Augustus Hawkins Mental Health Center ahead of this hearing today, including reasons for the reduction or elimination of any psychiatric services.
We did, however, hear that presented at the presentation.
A couple minutes ago, our main concern is whether there will be a reduction of inpatient beds when Augustus Hawkins relocates or closes completely and the public

needs to see documentation for any of these claims.
We have requested this information in detail from health services and the Department of Mental Health, but have not received the numbers, so in the presentation today, the slides state that the relocated LA general psychiatric units will have 34 total beds and the number of adult beds will.

R1 **Room 140** 1:08:40
OK.

HT **Helen Tran** 1:08:46
Be equivalent to?
Number of beds historically occupied by patients. So we have a lot of questions about this statement.
For example, what is the difference between beds that have been historically occupied versus the number of beds that were available?
How will the LA?

R1 **Room 140** 1:09:00
Build.

HT **Helen Tran** 1:09:00
General psychiatric beds be staffed.
How do these numbers compare to the needs of patients for acute services, regardless of the number of beds that have been historically staffed?

R1 **Room 140** 1:09:03
You've.

HT **Helen Tran** 1:09:10
Was there a reduction in beds prior to the 18 month look back period?
How does this relocation impact any existing services?
Or beds already at general. So before the board finalizes a relocation or closure of Augustus Hawkins, we would really like these answers, these questions to be answered, and the numbers to be more detailed and transparent.
As such, we recommend another hearing to be held to, to provide documentation

and support for the statements provided today, and to answer the questions raised here. Thank you.

R1 **Room 140** 1:09:40
Thank you very much.
Next public comment. Tia.

TD **Tia Delaney-Stewart** 1:09:48
Good morning, everyone.
Commissioner Delaney Stewart, District 2 Hospital and health care delivery system. I want to 1st thank you for providing really detailed information about the benefits related to the moving of the patients over to LA general such as improved care coordination, staff safety, integrated care and services and as a.

R1 **Room 140** 1:09:50
OK.

TD **Tia Delaney-Stewart** 1:10:10
Clinician, I definitely understand what that looks like, but I do think and I have some agreement with the previous speaker, Helen, that optics are very important.
And I think we have to do somewhere in District 2A better job at relaying this information because a lot of folks don't realize that patients don't transfer from LAK MLK to Augustus Hawkins.

R1 **Room 140** 1:10:24
Thank you.
Like.

TD **Tia Delaney-Stewart** 1:10:32
And so I think that's where some of the conversation about losing the beds come from.
They don't understand about that 17 mile journey from LA General to Augustine. Hawkins has to happen.
So I think we do have to do a much better job.

At relaying this information, because again.
The lay community member.

Room 140 1:10:49
Yeah.

Tia Delaney-Stewart 1:10:49
That's being a belief. They're being affected by. This change is really what matters.
And so I think we have to find a way to deliver this information in a more community related way and to ensure that everyone understands the benefits of doing this and that they're not losing.
Services and losing care and losing bed. Really gaining access to better quality care for the patients that really are at high risk.
So that's just my comment is how we can work together to relay this messaging in a way that all can understand.
Not just us who work in this environment and have that clinical background and expertise.

Room 140 1:11:24
Thank you, Tia.
Do we have any other public comment on this item?
I we have a couple of chats.
Did you want me to read them out loud or OK?
It's from Yolanda Arias. If Hawkins has 34 bits, does LA General Medical currently have its own number of bits?
If so, if the 34 Hopkins beds are relocated to LA General Medical Center, will lagm then have just have a total of 34 beds? If Lagm currently has beds of its own, won't those beds be lost?
Yolanda Aria's Legal Aid foundation of Los Angeles.
She also had a follow up comment as well.
There are.
There is a clear statement that number of beds have been reduced because of basically not enough money to staff them safely, as a loan requires a public hearing.
Additionally, there has been no acknowledgment that the number of beds have been reduced without considering the demand and need for more beds.

One more comment from Olivia.
Ricardos, the current Hawkins employee.
I'm grateful and excited to be back on Lag campus to be able to provide improved patient care logistics and safely safety for staff and patients. However, most of us find it a travesty that their that we are cutting the number of adult beds in half when we left.
Lag 1994 there were over 100 adult inpatient beds.
You will only have 24 adult beds.
Move back the population of LA County has only grown since 1994, as well as the number of people requiring inpatient acute psychiatric care.
Well, it's great that there will be additional subacute beds available in the future.
We still need acute inpatient beds as well.
Do you have any other public comment on items?
You follow up on that.
Is that a question that can be answered?
Are any of those questions both in the comments?
Can we address those?
In some way, and if not, also we're happy to follow up and get additional information. But if those can, you know we touched.
I know we touched on puff pads opening up in the future.
But that I think clear trend that we've seen of PED slowly kind of going down.
It's Hopkins. I I see that people are noticing that.
So if there's a way that we can address that, I'll make a couple comments and then.
So.
First the easy one.
We are converting as I had mentioned behavioral health beds which are actually Med surg beds with special expertise for people at behavioral issues.
That is what is being converted to the psych inpatient unit.
Those behavioral health beds are then going to be moved to another Med surge board on our campus. It turns out that during the last five years, as we have converted from a contract position, labor force.
County physician labor force our length of stay is down more than a day on average per patient.
We absolutely have capacity to convert those beds from Med surge to behavioral health. So we have plenty of capacity at this point.

In fact, we're talking about what else are we going to do to make sure our beds are filled because our efficiency, we're turning the beds over so much faster than we used to turn them.
Not at all concerned about.
Not having enough beds.
Or other types of ads. I think that it's important to recognize that LA general, as alluded to already, is only one piece. The acute inpatient bed count that is county wide and that Dmh has worked to bring other acute beds online over the last X number of years.
We are not experiencing any increase in our psyche. D wait times to get into the inpatient facility. If we were short of beds.
Those numbers would be going up.
So I think there have been changes to how medicine is practiced in the last 30 years. And there are other beds that have gone online during the last 10 years and more will come online.
So that's why I think we feel comfortable with this.
I don't know if you guys would like to expand.
I'm just gonna add on a lot has changed in the last 30.
That's the key here.
Population has changed the way we practice medicine has changed.
We've adapted and I think.
Our goal.
Everybody sitting up here is to get to the patient, to the right level of care as quickly as possible.
I think that's what we've made our focus, working with our partners at DMH is to get the patient acutely stabilized the inpatient service, whether it's coming to the emergency room and then get requiring impatient psychiatric staff for a brief period of time and then getting them to the.
Next level of care, whatever that may be, and that's what we're working on with our.
I think they covered it all pretty much.
I think just to echo what they're saying, you know, to run a comprehensive utilization management program as the mental health Plan goal is always to make sure everyone's in the right level of care at the right time.
Have any other public comment or questions from our board offices on this item?
Thank you very much.

And we don't have any item for items or and 5:00. So we will move on to item 6, which is the general public comment reminded that general public comment is limited to two minutes.
Any general public comment on today's agenda?
I don't see any hands in the room, don't see any virtual hands.

D **Danny Gonzalez - LA LGBT Center (he/him)** 1:17:16
Oh, I do.

R1 **Room 140** 1:17:18
Have a virtual D Gonzalez.
Go ahead, Danny.

D **Danny Gonzalez - LA LGBT Center (he/him)** 1:17:20
Yes.
Good morning.
My name is Danny Gonzalez, and I'm a policy advocate at the Los Angeles LGBT Center.

R1 **Room 140** 1:17:26
Center.

D **Danny Gonzalez - LA LGBT Center (he/him)** 1:17:27
I want to thank the Board of Supervisors and the Commission on HIV for actively working towards solutions so that we can continue to maintain and provide prevention programs within the county and progress in our fight against HIV and Std's in Los Angeles. The absence of prevention infrast.
Could lead to an estimated 9000 new HIV infections over the five years in Los Angeles County alone.
It's imperative that funding continue for these programs that serve those impacted by HIV and SIDS disproportionately so that we can combat rising cases. We remain committed to collaborating with the county to maintain existing infrastructure and protect our communities.
We support using the AIDS Drug Assistance Program Rebate fund to sustain county HIV programs. We also want to express our gratitude and support to supervisors,

Solis and Horvath for the care for.
Recommendation to the Department of Mental Health.
Thank you very much.

R1 **Room 140** 1:18:18
Thank you very much.
Do we have any other public comment on on this general public comment on this agenda today?
Any hands?
I don't see any virtual hands. Thank you very much everyone for participating.
Have a great rest of your day, you and I move to adjourn this meeting.

Jack Arutyunyan stopped transcription