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Transcript

July 23, 2025, 4:31PM

R1 Room 140 0:14

Morning everyone.

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

Please note that the meeting will be muted for all participants. You can unmute yourself using the teams app or by dialing *6 if you're calling into the meeting. As a reminder, public comment will be limited to two minutes and may be adjusted if necessary.

We will begin with introductions with the board offices going first. Thank you, Jack.

I'm Tyler Cash from supervisor barger's office in the 5th district.

1st district elizabetht.

I'm Grace Dennis, their district. Alexandra Pras, 4th district.

Thank you. And if County Council, would you like to introduce yourself?

Randy Moore County Council see we have CEO budget on the call.

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

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

CA Cespedes, Anthony 1:22

Hi, this is Anthony.

R1 Room 140 1:27

Introduce yourself one more time.

I think we didn't catch it.

CA Cespedes, Anthony 1:30

Hi, this is Anthony with supervisor solis's office.

R1 Room 140 1:34

Thank you, Anthony.

Do we have any representatives from the 2nd district on the call?

You have any representatives from the third district on the call.

FW Fox, Aaron William 1:46

Aaron Fox, Third District and also the video feed, is not coming through.

R1 Room 140 1:51

For the heads up, let me.

Thank you for reminding me on that one. You have representatives from the district on a call.

LE Lim, Esther 2:07

Hi, this is Esther 4th district supervisor Hahn.

R1 Room 140 2:11

You do.

We have any representatives from the 5th district on the call.

Right. Do we have any representatives from County Council on the call or in the room?

RK Rachel Kleinberg 2:25

Regal Cineburg County Council, DMH.

R1 Room 140 2:31

Do you have any representatives from public health in the room?

Tell me a.

He represented from public health on the call.

JB Joshua Bobrowsky 2:42
Joshua bebrowski.

RR Robert Ragland 2:45
Robert Ragland.

R1 Room 140 2:49
Thank you.
Do we have any representatives from mental health in the room?
Debbie.
He represented us from mental health on the call.

RB Robert Byrd 3:01
Hi Robert Bird from DMH.

KT Kanchana Tate 3:05
Conchi Tate from DMH.

R1 Room 140 3:11
Thank you.
Do we have any representatives from health services in the room?
You represented some health services on the call.

CS Connie Salgado-Sanchez 3:21
Connie Salgado Sanchez, government relations.

R1 Room 140 3:25
Very much. We also had another deputy join us in the room.
Yolanda Vera from Superior Mitchell's office.
We will proceed with today's meeting. As noted on the agenda, we have two information items board motions, 1 presentation item and then another presentation item that was continued from our July 16th calendar.
We will start with the first information item, which is a DPH item recommendation to continue with local health emergency for the January 2025 critical fire.

Air events number 08286.

Any questions from our board offices on this item?

See any questions in the room?

Any questions virtually?

Any hands?

Virtually.

Any public comment on this item?

Public comment on this item in the room.

I don't see any hands.

Virtually, so we will move on to our second information item.

That one's for DMH approval of an amendment to the existing mental Health Services Act master agreement, work order number MH 550002. Sole source spaces with the National Alliance of Mental.

Los Angeles County to increase the total contract amount.

Any questions from our board offices on this item?

A lot.

No questions for me, though. No question.

I have a a question more of a request.

Can they?

The If it's mentioned in the board letter be shared the board offices.

Open the question.

I'm sorry in the exhibits from the board letter he shared with the board offices, I didn't see the exhibits attached. Thank you, crystal.

Any other questions from our board offices in the room?

Questions from the board offices joining us virtually.

Any hands?

Any public comment on this item in the room?

Any public comment in the room?

Any public comment on this item?

Willie, see any hands raised?

So we will move on to our.

Board motion by SD3, advocating for Planned Parenthood health centers.

You go ahead and share the presentation.

Let you. Yes. You just got both items right.

FW **Fox, Aaron William** 6:09

I think I think we're finished with the presentation.

Yeah, that's the end.

So I think we're good.

R1 **Room 140** 6:14

You just got the floor for.

I'll go back.

I will share the screen and then.

Yeah.

FW **Fox, Aaron William** 6:37

Fine.

R1 **Room 140** 6:39

Almost there.

FW **Fox, Aaron William** 6:41

OK.

R1 **Room 140** 6:41

Nations.

It.

Head over to SD3.

FW **Fox, Aaron William** 6:50

Thanks, apologies for not being there everyone.

I'm feeling a little under the weather today.

So this is Supervisor Horvath's motion regarding advocating for Planned Parenthood health centers. We put a couple of slides together.

Sorry, that's my dog.

R1 **Room 140** 7:10

Can't even hear it.

FW **Fox, Aaron William** 7:11

You can.

You can go to the next slide please.

R1 **Room 140** 7:18

They don't get there. It goes.

FW **Fox, Aaron William** 7:19

So just some background regarding this planned paren. Planned Parenthood LA serves over 250,000 patients annually across 24 health centers.

In all supervisorial districts, Ppla really does offer a wide range of essential services.

R1 **Room 140** 7:32

Thank you.

FW **Fox, Aaron William** 7:36

As you can see, including breast, cervical and testicular cancer screenings, birth control, including IUD's and implants, sex education, perimenopausal care. STI testing and treatment.

HIV Prep and PEB and pregnancy testing and counseling services.

Their education and outreach teams reached nearly 50,000 adults and teens each year in Los Angeles, and this includes their widely respected promotorist, communitarius and Black Health initiative, designed to reach historically underserved families and individuals. Next slide.

R1 **Room 140** 8:16

The slight delay when I do the next slide for the virtual, there you go.

FW **Fox, Aaron William** 8:20

Great.

So the reason that the supervisor wanted to put this this motion forward is really because of the signing of HR one by President Trump on July 4th.

Included in HR One is language that prohibits.

Planned Parenthood, although it does not say that in the bill, that is what the

language how language is targeted specifically at Planned Parenthood.

To not allow them to receive Medicaid reimbursements for one year for any service that that they provide abortion is not currently covered by any federal funding.

So this is for the services that were on slide one that are both preventative and necessary services that any other provider would be allowed to reimburse Medicare for.

The California Primary Care Association sent a letter to both California senators in their analysis.

They said that no other provider would be able to fill the gap left by Planned Parenthood, and if Planned Parenthood is not allowed to build medical.

Or across the nation, Medicaid.

There will be significant impacts.

There will have to reduce services they might have to eliminate services or close their doors altogether.

This will in fact infect the entire communities that will go without care. Cancels will go undetected.

Birth control will be harder to get and our public health infrastructure, which we know is being decimated by federal cuts, will further breakdown.

This will also disproportionately impact people who face systemic racism and other discriminatory discriminatory barriers to care.

Including black, Latino and indigenous.

LGBT plus communities and women.

Next slide please.

So the goal of this motion is truly advocate to keep Planned Parenthood health centers open.

Just some information that's happened recently since HR One was signed on July 7th.

A District Court judge granted Planned Parenthood A2 week temporary restraining order on the Medicaid billing prohibition.

And on July 1st.

A federal District Court judge granted a partial preliminary injunction.

On implementing the Medicaid billing provision in HR1.

We were looking at the opinion and we've asked we've asked some for some analysis from County Council because the opinion is strangely written and because it's partial, it's not clear yet if the injunctive relief provided by the injunction is going to apply to Planned Parenthood health centers.

Within LA or California?

So the California affiliates have been working with the governor and the legislature to identify emergency funding.

R1 Room 140 11:40

Mm.

FW Fox, Aaron William 11:41

While also advocating for sustainable path forward.

Planned Parenthood is a trusted community partner of the county and it provides critical services to county residents, and so we have the next slide directive.

So the directive is for the Chief Executive Office.

Layer in partnership with DPH to send A5 signature letter to Governor Newsom and the director of the California Department of Finance also to be copied to the Los Angeles County State delegation.

Senate pro temp.

Assembly speaker and the chairs of the Senate and Assembly committees on budget and health in support of urgent state budget requests and policy actions that are necessary.

To keep Planned Parenthood health centers open across California and the county, next slide.

You and questions and comments.

R1 Room 140 12:48

Thank you, Aaron.

FW Fox, Aaron William 12:50

You're welcome.

R1 Room 140 12:51

Questions from our Board of sessions.

Thanks Aaron for doing this and.

I also was trying to figure out what it was that the court did.

So really happy that you asked County Council for review, because there's an article.

I think it was in the New York Times talked about some of the States, none of them in

California that were mentioned.

I was curious as to what that meant and didn't mean.

Do we know what the impact? Maybe this is a question for DPH.

What the impact is on the 30 or so schools?

Where public health has been providing these student health centers in partnership.

Planned Parenthood to provide sex education.

And because I'd imagine there's going to have to be a withdrawal of some type.

I've just given these financial pressures.

JB **Joshua Bobrowsky** 13:57

This is Joshua.

It's a very good question, Yolanda. I think any kind of additional financial strain on Planned Parenthood potentially could impact the partnership at the well student well-being centers.

But we can.

We can consult back with our subject matter experts and and get you a response on that that we can share with the deputies.

R1 **Room 140** 14:20

And I'm presuming Planned Parenthood at this point.

I think last I'd heard they were just like we're all the clinics are open.

We're keeping all the hours open.

We're just, we're doing everything we can to maintain access until we get clarity on this all. I don't know if there's someone from Planned Parenthood here who can just comment on that.

Up here.

We plan.

So yes, our doors are still open. Is this as usual?

No such time.

That's not an option, but.

As many of us, everyone that's been affected by this.

We're creating pathways that our patients need, which will be met.

Can you introduce yourself so we can have it on the record? I can't.

Ann, just quick question. When public comments come, I'll be representing us. My name is Margo Taylor.

I'm the vice President, strategy advocacy.

And planning.

Thank you for being here, Mario.

Actually, before Mario goes back to any other, my colleagues have questions for parenthood.

Any other questions from our board offices on this motion?

In the room.

How about folks joining us?

Board offices joining us virtually.

OK.

I don't see any questions from our board offices. Do we have any public comments?

FW

Fox, Aaron William 16:13

OK.

I just like to.

I like to think that.

Yeah. I just want to thank the department and and also Planned Parenthood for for working on on this with us.

R1

Room 140 16:27

Thank you.

Any public comment on this item?

Have a public statement in the room.

I want me two minutes.

Make it brief.

OK.

And my name is Margo Taylor.

I'm the vice president of strategy and advocacy for Planned Parenthood Los Angeles.

Excuse me.

Have a call. I'm here to urge your support for Supervisor Orvat's motion to protect and preserve access to essential reproductive health care throughout Los Angeles County by supporting emergency state funding for Planned Parenthood health centers.

The reconciliation bill prohibited Planned Parenthood health centers from receiving Medicaid reimbursement for the essential services we provide every single day.

People like Health Center see approximately 1000 patients.

That's per Health Center, which we have 25.

People come to for birth control, STI testing and treatment, cancer screenings, Wellness exams and more.

5% of these patients rely on medical to cover the cost of their care.

That care is now in jeopardy.

This motion calls on the board to send a United 5 signature letter.

To Governor Newsom and Key stakeholders urging them to act swiftly to provide emergency funding and policy support to keep the health centers open, I ask you to approve this motion today so it can move forward the full board.

Los Angeles thanks supervisor hornbeth.

For this motion to support to move this very important work forward.

Supervisor Mitchell, thank you for always being one of our biggest supporters and ambassadors. In fact, we thank all of the supervisors who have been a constant support throughout the years and it is not gonna notice you very much.

Switching.

This has been great. Thank you.

For being here, do you have any other public comment on this item?

See any hands in A room?

I don't see any virtual hands. Thank you very much.

We will move on to our next pollution.

It's the.

Over to SD3.

Presenting our motion for funding for health at stake, empowering communities to vaccinate today.

Some background.

The role of vaccination and immunization in preventing disease is indispensable, and research consistently shows that vaccines are crucial in preventing communicable disease.

Is under their new award through CDC.

Sorry, I have a hard time pronouncing Immuneization cooperative agreement. The LA County Department of Public Health received a 26% cut to their vaccine preventable Disease Control program, directly impacting local vaccination efforts without stable funding.

Vaccine education campaigns can be stalled.

And vaccine outreach to underserved communities could disappear.

It is essential to collaborate with trusted Community partners that have served their communities for decades, earning deep rooted trust now more than ever.

It is vital that the people of LA County are educated on the facts about vaccinations, can identify misinformation and are informed about the risk that the spread of communicable diseases.

And here's the first directive.

Of our motion.

The motion would direct DPH to provide a written report back to the board within 60 days, and this report would include all current and potential future financial impacts to DPH's vaccine preventable disease program, including services that have already been curtailed, and.

That and those that could be affected in the future and.

The current.

Services, programs and funding available that promote and provide routine vaccinations for communicable diseases, including but not limited to, MMR, HPV, COVID-19 and hepatitis A. The motion also directs DPH to include.

In the report.

To identify communities populations.

And geographic areas of greatest need.

Need for vaccine awareness and services and then also?

A plan to swiftly maximize the use of their current resources that may be vulnerable to cuts in the future.

The second directive directs DPH to coordinate with partner organizations, including community providers in schools, to educate their communities about the following topics.

The topics include the benefits, safety and effectiveness of routine and vaccinations to patients and families.

The importance of vaccinations for high risk individuals like pregnant people.

Or other adults and those with underlying conditions and including those in congregate living facilities.

How do identify misinformation and provide accurate and easily accessible information about vaccines and information about locations within their community for free or low cost?

And lastly, the motion directs DPH to ensure providers have guidance on routine and

recommended vaccine vaccinations through the following platforms.

Semination of information through health advisories, presentations and state visits to provider organizations.

Access to accurate and timely information on vaccine preventable diseases.

And immunization resources through DPH's vaccine provider information hub at the DPH website.

Thank you.

Any questions or comments?

All right.

Thanks from our board offices in the room.

Just a question to DPH on on.

Thank you.

And it's it's interesting 'cause. We were just talking about how covid's still going around.

So in our office has COVID and a lot of people. When our office has COVID, I know so.

But I'm curious as to where we are currently on the funding for free vaccines.

And the changes in the federal level.

Sorry and I'm looking at you.

I know someone from BPDC is on or Joshua.

JB **Joshua Bobrowsky** 24:31

Hi, good morning again.

Joshua Bebrowski from government affairs.

Sorry, we don't have our subject matter experts on for the call, but again, Yolanda, the question was whether you know whether there been the changes in terms of the federal funding.

R1 **Room 140** 24:47

Well, and just what what?

Like what?

Our ability is continued ability to give free vaccines to people who may not have health coverage or health insurance to cover it.

And I'm it might vary on the depending on the time, but how are we doing in the far?

JB **Joshua Bobrowsky** 25:04

Yeah. I mean, I think it was kind of noted that you know, we have had a reduced amount of funding.

From the federal government in terms of our vaccine preventable Disease Control program, we're working to see if we can advocate for additional funding at the the state level to ensure that we.

You know, continue to meet the demand and and and work with our our communities, but we can also, you know, follow up with our team and and get you a more full response.

R1 **Room 140** 25:32

That'd be great, Joshua.

Like if, like if we're OK for the next year or something like that, that'd be helpful.

JB **Joshua Bobrowsky** 25:38

Sure.

R1 **Room 140** 25:43

Questions from our board offices in the room.

Questions from our board offices joining us virtually.

Any hands? Do we have any public comment on this item in the room?

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

Public comment for joining us virtually.

We'll comment on this item.

That's someone that says they can't hear anything.

Actually was speaking to us, Joshua.

You could hear, hear us right.

JB **Joshua Bobrowsky** 26:23

Yes, I can hear you.

R1 **Room 140** 26:26

All right, she can break.

She can hear us now as well, OK.

Great. So thank you very much acknowledge. I just wanted to send chat and thank you to DPH and all of your team.

Just the work that you're doing is phenomenal.

Working with us on this motion and the work they continue to do and will continue the challenges that you are facing.

So I just want to acknowledge.

Thank you very much.

And let go there. On that one, we will now move on to our presentation item, CEO, which is responses to the 2024 and 2025 civil grand jury interim report.

Port is there, Jerry Miller and Sheena?

Welcome.

Carrie Miller, CEO.

We are here to present the report on the interim report for the civil grand jury for 2425 and I just wanna explain that a little bit 'cause this year was different.

We had a very active civil grand jury this year who actually has three options for issuing reports, and this year they exercised all three options.

So that's a little new and just wanted to share that to say if you're wondering why are, why are we presenting this multiple times in one year, This is why.

So they do have an option, one which they did in January, which is to look at previous reports and submit to us, follow up questions on any prior report.

So that happened.

Actually, I think we got some responses back in November.

We responded in January.

With those questions.

Then in April, we were given an interim report. So that is what we're here today to talk about, which is the finding our responses to their findings and recommendations on the interim report.

Subsequently, you may have also seen and just wanted to clarify, there's a final report that was released in June.

Your offices may have seen that, and maybe you saw some of that.

We're in the process right now of collecting the responses from departments on the final report, which we will then be coming back to you again.

Likely in September is what we're aiming, so that's why I'm saying you're going to see the civil grand jury multiple times. That is why I just wanted to clarify that in case there's any questions with that, you have the report in front of you and we do have.

On the line of three folks who can answer any questions, if there are any. We did ask Sherid to doff director of the HI initiative as well as.

Doctors Linda Waltman and Dr. Emmanuel campus.

From DHS, who helped us compile some of the answers to this report.

Are on standby if there are any questions.

With that, we will open it up.

Any questions from colleagues here?

I just want to go.

But you want it.

I'm just curious, since you had the people on board, if there were, I would love to hear what their reflections were on the report.

Anything that surprised them? Anything that something they learned along the way? Question.

3 Belinda Manuel.

BW **Belinda Waltman** 29:57

Sure. This is Belinda Waltman.

I'm senior director of population health for DHS.

I think our response is characterized some of the surprise that we had from the report. I personally met with the civil grand jury for a one hour interview and also shared some of the information that we had actually shared previously at the health cluster in December with them.

And found numerous inconsistencies throughout the report that we did respond to trying to clarify, for example.

LA General is part of DHS trying to clarify.

Again, some of our contractual obligations with ECM and the population that we're serving.

So I think we characterize that in our responses, but we were surprised by a number of the inconsistencies in the report.

R1 **Room 140** 30:43

Helpful.

MC **Manuel Campa** 30:49

Hi, good morning.

R1 Room 140 30:49

Wonder if.

MC Manuel Campa 30:50

My name is Manuel Campo.

I'm Primary care director at La General, and I oversee the primary care services here at the Medical Center and and I reflect the same sentiments as Doctor Waltman.

I think the the system is quite confusing and and we, you know found some inconsistencies with what the civil grand jury had reported out and hopefully clarify that in the responses that were sent in the final report.

R1 Room 140 31:23

Any questions?

Given the level of inconsistencies and how much work it created for the department.

It is I. I wonder.

I know it's always hard to have someone from the outside try to understand the county system, which even if you're following it, it's hard to understand it.

It's hard to understand it from the impact on the inside and so I guess I just, I just wonder if like how to use.

Any thoughts on how to use the reports in a way where it's the best use of everyone's time?

And Cherry commissioners and and the staff that need to respond.

Or even the the subject matter experts.

And I mean the topics that they want to get into.

Just say I think that's a great question.

I think it's something we struggle with every year to try to figure out what is the best approach and the best way to do that.

As someone who has been interviewed by civil grand jury many times over, I I think it is really difficult to try to explain all the nuances and so forth of very complex issues.

And you know, they're hearing they interview multiple people, but it's all done under a CL.

Of confidentiality.

So you don't know who else they're speaking to.

So what happens a lot is like you may say, oh, here's the way I think about this.

And this is how I look at it.

And then Paul may have an entirely different take on it, but we don't know that we both told them anything, let alone things that sound very different.

And so then it's hard, I think from the the grand jury's perspective to take very different perspectives.

And then try to weave it into a report that we then have to respond to that.

And come out differently than perhaps how we think we presented information.

I think it's just I. I would just say it's kind of the nature of the process unfortunately.

And I think what we try to do is given that spend the best we can and trying to clarify and respond to what was presented back. I don't have any grand.

Ideas on how to fix that?

But it is an ongoing issue.

I'm trying to wonder if were there, are there grand jury reports that we really thought, wow, those were really great, grand jury reports on the in the justice base.

Yeah, we're around central juvenile hall.

There are several grand jury reports about.

The facility to close what was the difference?

Was it just like why?

Why was that one much better?

I think I mean to your point, I mean I agree with you alonda about like you know, because I'm going through this and our response is like.

Disagree. Disagree. Disagree, right?

And some of the reason why we're disagreeing is because, you know, maybe the the, you know, the Commissioners just don't have standing the full history, right.

Like actually we are doing this. In fact there was a motion or yes, you know there was a report back and now we're like trying to do it and we're in the process of doing that. So I don't know if it's like the.

You know the the quality of the interviews update that I'm doing.

More info you know or what?

But I mean, I'm only familiar with the justice related ones and some of the more helpful and some of them were not.

But I feel like some of our responses here isn't to be, you know, like mean about things saying no. We would completely disagree with what you think.

It's more of the maybe not understanding of all the work that you know the board has done.

You know, on some of these, you know, on some of these issues.

How to fix that? I don't know to your point if these are based solely on interviews, I wonder if.

The misunderstanding is coming internal staff.

Maybe our folks are not fully understanding aware of what is happening.

So maybe that's the big take away from this.

I know that's valid because you know, we do so many motions and lovely, great.

They're all great.

All great.

Especially yours.

All of them.

All of them are great, but yeah, to your point, right.

Like I think it's the whether maybe the department heads or as a government relations folks have the respective department check know what we're doing. But right, it doesn't trickle down and so.

So if the folks are not interviewing those who know, then they're like, yeah, actually we we don't know if anything is being done in front.

Nothing is being done, and so actually we're doing stuff.

Maybe it's a top down communication thing.

Controlling who gets interviewed, right?

But maybe that's hard because of confidentiality piece, right?

You can't control here. We are seeing these reports, but I think are the major and I think everybody should be aware of.

So maybe we as a county need to.

Do a better job to make sure that everybody understands these big pieces that are happening.

Maybe it's more of a communication internal communication issue.

And could I ask for the departments who are here when there are motion that I'm looking everywhere because I don't.

But you know, like for government relations folks who are listening to the cluster and you're hearing these motions, whether in cluster or at the board meeting, how is then, you know, the information passed down is it only?

To the department that's impacted or is there like a memo that goes out, you know, to all the staff saying, OK, this motion passed, blah blah blah.

Or is there some sort of like Intranet? You know that that has it there?

There is a little board correspondence once. Well, once the motion passes, it's all posted within board correspondence and every responses in board.

Correspondence and that is open to everybody, but I think to your point and you know helica what you're raising about communication. I don't think everyone goes to read those. So it has to be someone who actually spends time reading what's in board correspondence to know otherwise I'm not.

Sure you would know.

So it's there, but I'm not sure that we are communicating it out more widely or broadly so that people know what's there.

So for instance, in this report back, there was a there was a set of recommendations on a report that we submitted back in February, but it was written as if that report hadn't been.

So I just assume that means folks didn't see it or didn't know it was there. It was available.

But again, I didn't get interviewed for this report or I would have said, oh, did you see this report? This will help to answer your question.

I know that, but whoever they spoke to may not have known that and therefore.

That's why the question was raised.

Pay your point. When I was at DHS, I never saw a memo.

That kind of said, this is what the board did and and I I would only just because I didn't the the board and went to a department would look at the agenda.

See what happened.

But that was the only reason so it wasn't.

Yeah, it was interesting for me because it was in some ways humbling, because when you're thinking.

And they don't, they don't.

They don't really sell.

Right.

We do a motion just.

A motion to have it.

Yeah. Do we know if, like, the jury members do any sort of, like, be like on boarding?

Like, if they are going to be studying, for example, Houma services that they know, hey, this is where you can go to, like, research stuff. And I know that, you know.

We some of our jury members are, you know, age wise technology, you know whatever like from the spectrum.

Of things and you know a lot of our stuff is on the Internet, but is there some sort of maybe improving our boarding process where if you're gonna be, you know, looking into public health or DHS, here's our website. Here is the board, whatever correspondence thing here the.

Here are the here are the and. Then you know, maybe you wanna, you know, pop a look.

Before you say some things that are not right, because we actually did the motion where we did report.

I believe there is an onboarding process, but we can definitely share that information to save, you know, at least remind that these tools do exist and that can encourage people to take a look at them.

But there is a.

There is a staff member that works with the new grand jury each year, so I and I know there's some process, so I would assume that's part of it, but we will certainly share that.

And make sure that they incorporate that judgment. We want to make sure that this is helpful for everyone.

And so, you know, if we can improve it.

Any other questions from our board or presenters?

Joining us virtually.

Board offices joining us virtually. Any questions?

Thank you very much panel.

Any public comment on this item?

I don't see any hands in the room, don't see any virtual hands.

Thank you very much.

Thank you.

Thank you.

On to our.

Last item, which was an item continued from a previous meeting.

And it is the DMH approval execute 5 new contracts for the provision of city and family Resource Center.

Chris.

Hi, I'm crystal kibby. The the Department of Mental Health Liaison.

Thank you for having us here on June 21st, 2024, DMH released a request for proposals to solicit proposals for five community and family Resource Center service

services contracts that will be able to operate.

The CFRC so community and Family Resource Center. I'm gonna call that by the abbreviation providing services including case navigation.

Referrals and linkages to various services.

Community capacity building.

And community outreach and engagement services will address and reduce risk factors while increasing protective factors that impact mental health and well-being.

Of families and communities, 5 contractors that were selected through this process.

Sorry, there were five contractors selected through this process.

Each contractor will serve a minimum of 4000.

Unduplicated individuals annually and the individuals served. Maybe any member of the Community seeking services at these centers?

Their immediate families and extended families.

As the contract will be prorated, the number of individuals required to be seen will also be prorated.

According to the length of the contract for the first year.

The performance of all of the contractors will be evaluated.

By DMH on an annual basis to ensure the contractor's compliance with all contract terms and performance standards.

This board letter requests approval to execute these new contracts with five or more organizations, including parents Anonymous.

All for kids organization. Penny Lanes will get 2 contracts for two different soup districts and help line Youth Counseling Inc.

These will be two year contracts effective.

Upon.

You and crystal another coffee.

These will be two year contracts effective upon board approval to June 30th, 2027 with a maximum contract amount of \$5,000,000 per contract per fiscal year for a total of \$25 million for fiscal year.

The contracts will be funded using mhsa prevention and early intervention for the first year and mental health 2011 realignment health revenue for the 2nd year.

But also requests delegated authority to amend the contracts to for several reasons for it to extend by one year to June 30th, 2028 if needed to revise the language or revise the MCA to extend the term of the contract to using to use other funding S.

If needed and to modify the statement of work as necessary without any

interruptions of services.

And lastly, to terminate the contract in a current in accordance.

With any of the termination provisions.

All with approval from County Council to form and with written notification to the board and to the CEO.

I do have.

Our DMH.

Colleagues on the line, if there are any questions from the board offices.

Thanks crystal.

Just a quick question.

Do these establish like new centres?

I'm sure a lot of these, you know, organizations already have these centers or centers that do similar services, I guess.

Do they establish?

Does this contract establish new ones? And then since there are new contracts, is there gonna be any just plan on doing any outreach to community members to let them know that these services are now available in their communities?

Doctor Byrd, I'm not sure if you heard the question. Are do the contracts establish new facilities and are we doing any outreach to the Community to make sure that people know that they're there and that the services are available?

RB **Robert Byrd** 45:04

So good morning everybody.

One of the requirements for this solicitation was that agencies had location already established within the soup district for which they were responding to the solicitation.

So we're trying to leverage that rather than come up with new money for infrastructure or building and another part of the contract is to do capacity building within communities. So the organizations themselves will be.

Responsible for networking with communities organizations within those communities, providers participating in our service area leadership team meetings.

Health neighborhoods to get the word out that these new centers are available.

R1 **Room 140** 45:51

Thank you.

A couple of questions. So one for clarification.

So this is a new program, right?

And can you share?

Because it doesn't say a lot. I mean obviously case navigation referrals, I just couldn't be a lot of different things.

Can you just walk us through what this actually is and how it's different from existing services?

RB **Robert Byrd** 46:15

So this.

So.

R1 **Room 140** 46:23

We can hear you.

We can hear you now.

RB **Robert Byrd** 46:24

OK, good. My computer just completely went black, so I'm not sure what's going on.

As long as you can hear me, that's good.

So this is modeled off of the CFRC that stood up in service Area 1.

In District 5 that we stood up through.

That was stood up through the prevention regional investment funding in 2122.

Continued in 2223. Then we transition to prevention funding.

For the past couple of fiscal years, So what they do is they create.

In a center like a hub where organizations can come in to provide services, we've identified some of the critical services that need to be provided, such as intimate partner violence, parenting, education groups, etc.

So there's a menu that organizations can select from.

They're not your traditional specialty mental health services. They're more.

Hub outreach, engagement, navigation, linkage, referral services to a variety of needs. So we'll have subject matter experts within the CFR CS that will be able to triage, meet with individuals, see what their needs are, and provide the linkage to appropriate services.

And then the organizations who responded will also be able to subcontract out some

of the services to bring in organizations.

To that hub so that services are local and provided based on community need.

R1 Room 140 48:18

So it sounds like it's very broad.

Does this mean that each provider will be able to tailor their services as needed?

Will they? They.

Are they delegated?

Certain responsibilities, certain types of services per area.

RB Robert Byrd 48:36

There yes and no.

So we have some menu of of services that can be provided in the statement of work.

So they will have to adhere to those and then if there's unique services needed

within an area, we can have that conversation with the provider to see how we meet

those needs and if it's within the statement of work parameters.

R1 Room 140 49:05

Thank you.

RB Robert Byrd 49:06

Sure.

R1 Room 140 49:09

I had a few questions.

Thank you, crystal.

Thank you, Doctor Byrd.

I was wondering when we will be notified of the physical locations within each district that address or spa area that they're directly located in can be shared.

We can send you that information. We have it broken down by soup district and I'm sure we have the addresses as well.

ET Erika Toriz 49:32

Hello, this is Julie.

I'm calling.

I can't transfer you right now.

Please review the options and I'll call you back as soon as.

R1 Room 140 49:36

We can please make sure we're on mute.

The second question I saw in the.

Statement of work.

Targeted populations that are trying to reach.

The social determinants of health. I thought that was really helpful to reference of kind of the targeted populations that these hubs are are meant to engage with.

I did see.

Or I guess I didn't see any specific reference to immigrants or mixed status families, and I was wondering.

If that was more of a strategic consideration from DMH, or if that is, yeah, if that's sort of AI, guess the reasoning for perhaps not including mixed status families in one of those as one of those social determinants of health.

Especially with with just the the federal environment, immigrants. If if I could get a better understanding of perhaps that not being.

The populations.

RB Robert Byrd 50:43

So I don't think it was this.

My screen just went blank again. I don't think it was an intentional.

Decision or active decision the department made.

I think that this solicitation's been.

Being worked on for two years now.

So well before the current administration.

We did map the we did.

Use the equity explore in mapping and identifying what populations and we will.

Be monitoring to make sure those at greatest risk greatest need.

Are the ones being served, so the equity explorer is the is kind of our bread and butter for all everything coming out of our shop right now. Most of our solicitations are pulling that data before things are even begun getting written.

So it is a population we're aware of that's at great risk in terms of just the aces that that these individuals experience.

And other risks. So we will be.
Making sure that those populations are included.

R1 Room 140 52:07

Any other questions from our board offices?
Folks joining court officers joining us from.
From virtual.
Right. Any public comment on this item?
I don't see any hands in the room.
Hands raised.
Thank you very much.
DMH.
We don't have anything further on the agenda today, so we will move on to item 6,
which?

DL Dr. Lisa 52:40

I raised my hand.
Sorry.

R1 Room 140 52:46

Go ahead.

DL Dr. Lisa 52:48

Morning's ****.
That thing you got? Are you talking to me online? This is.

R1 Room 140 52:51

Yes, doctor. Lisa.

DL Dr. Lisa 52:53

Yeah. Thank you. Thank you.
I'm from parents anonymous.
We are one of the prospective.
Providers of the CFRC for SD1, of course, pending the board's approval next week.
I just wanted in looking at the scope of work.

Two things to consider is that it was supposed to start for a full year July 1.

We know that it's a new.

Launch and it's gonna start baby next week.

And we are advocating to make sure that the deliverables are adjusted based on the time frame and that there is adequate start up money for an operation like this. Even though we have been working in the community of SD one for 56 years, this is a 5. \$1,000,000 operation to REACH.

4000 humans.

That's a lot of people unduplicated and with 11 months in the first year. I'm just advocating that maybe there be an adjustment on the deliverables in the scope of work and many of us have advocated for that.

There's startup time period and funding be included in the contract, which I didn't see on the documents given at a cluster.

R1 **Room 140** 54:04

Mm-hmm.

DL **Dr. Lisa** 54:05

So I'm just advocating for those things as a nonprofit implementer.

Of a huge operation like this.

So it's like a 22.

I guess it's a 23 month.

With some renewals that maybe it would be better to make it three years because this is a lot of work to be done and I a district that serves almost 2 million people in other districts that serve over 2 million people to try to have the reach at.

The Community level and the capacity building we want to have. Thank you.

R1 **Room 140** 54:33

Thank you very much.

Any other public comment on this item?

No other public comment.

We will move on to our next item or general public comment. Reminder that general public comment on the agenda is limited to two minutes.

Please be mindful of this time limit. Providing general public comment.

Do we have any general public comment on today's agenda?

Go ahead. We have a general bill of comment in the room.

Hello, my name is Julie Friedman and I am a third district appointee to the LA County Commission for women.

I'm the chair of the health committee.

I also am the director of the UCLA Irish Care UCLA Women's Health Education and Research Center.

The reason that I'm here today is just to give you a couple of updates about what the Health Committee is doing.

First of all, I don't know if any of you have seen a report that we produced a couple years ago about narrowing the health wealth gap for women.

LA county. But I have some copies. If you want to look at it.

The Health Committee's been focused in on the health wealth gap and really trying to integrate the public health sector and the financial sector to really look at why there is a gap and how we can narrow the gap in LA County. One of the outcomes of that.

Was in May, May 21st, we held a conference on Women's Health and economic empowerment.

And it was really.

Inspiring. We had both.

There's other financial institutions represented along with community health workers, recipients of guaranteed basic income.

Really trying to create.

A.

An opportunity for education and cross pollination and one of the outcomes of that between May and now.

The reason I'm here now is to let you know that the Health Committee has been re energized by the attendance at this conference and the enthusiasm.

Was really in digging deep about how we can address these disparities, given that there's no funding and the staffing. So what?

The Health Committee is going to be doing and I just want to kind of let you all know and see if you want to participate, is trying to create sort of a clearinghouse of how can we, with our limited ability.

Be able to help leverage resources within existing organizations that are trying to improve the health and financial stability of low income women.

In Atlanta County, there's two sectors are pretty much work in parallel function and

our goal through the Health Committee is really try to integrate these to look at how can guaranteed basic income programs not only teach financial literacy, but also talk about health, education, navigation, access to care.

Enrollment and and educate the financial sector about what are some of the resources in the Community.

Related to health, we found that there's a lot of.

Misinformation and lack of understanding, yet a real hunger for trying to integrate and so.

Not, you know, I just basically want all of you to know about what we are doing.

And through the health committee.

With the Commission and trying to see if there's opportunities for collaboration to use all of you as sort of a grade trust, if we need resources in terms of identifying other organizations.

Thank you very much for what we're doing for joining us.

Thank you.

And I believe these.

Do we have any other general public comment on today's agenda?

Alright, I don't see any hands raised.

He will move to adjourn the meeting.

Thank you everyone for participating in the meeting today.

Enjoy the rest of the week.

Thank you, Sir.

You have a hand raised by Erica Torres.

Sorry, hold on.

We'll we'll take general public comment from Erica. Go ahead.

ET **Erika Toriz** 58:49

Hi just to go back on on on the point of Commissioner Julie Friedman, I think that we need to pay more attention to and as an advocate, as a, as a leader in my community.

For underserved women that don't understand the basic financial, education and and the health disparities and what the detriment it causes when people, when women don't have their finances understood, the IT goes to back to the mental health, so I think.

It's very important to really hone in on this issue and really my call to action is to

really.

Get support from from you to help us empower women.

In their financial basic financial well-being and their mental health. Thank you.

R1 Room 140 59:39

Thank you very much, Erika.

Any other general public comment before we close this meeting?

Alright, going once, going twice.

No more hands will.

We say conclude the meeting today, adjourn the meeting. The thank you.

□ **Jack Arutyunyan** stopped transcription