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COUNTY OF LOS ANGELES

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Chief Executive Officer
Fesia A. Davenport

"To Enrich Lives Through Effective and Caring Service"

September 30, 2025

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**RESPONSES TO THE 2024-2025 CIVIL GRAND JURY FINAL REPORT RECOMMENDATIONS
(ALL DISTRICTS AFFECTED)
(3-VOTES)**

SUBJECT

Approval of the Los Angeles County (County) responses to the findings and recommendations of the 2024-2025 Los Angeles County Civil Grand Jury (CGJ) Final Report, and the transmittal of responses to the CGJ, as well as the Superior Court, upon approval by the County Board of Supervisors (Board).

IT IS RECOMMENDED THAT THE BOARD:

1. Approve the responses to the findings and recommendations of the 2024-2025 Los Angeles County CGJ Final Report that pertain to County government matters under the control of the Board.
2. Instruct the Executive Officer of the Board to transmit copies of this report to the CGJ, upon approval by the Board.
3. Instruct the Executive Officer of the Board to file a copy of this report with the Superior Court, upon approval by the Board.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Section 933 (c) of the California Penal Code establishes that the county boards of supervisors shall comment on grand jury findings and recommendations which pertain to county government matters under control of those boards.

On June 30, 2025, the 2024-2025 CGJ released its Final Report containing findings and recommendations directed to various County and non-County agencies. County department directors have reported back on the CGJ findings and recommendations, and these responses are incorporated and enclosed as the County's official response to the 2024-2025 CGJ Final Report.

Findings and recommendations that refer to non-County agencies have been referred directly by the CGJ to those entities.

Implementation of Strategic Plan Goals

The findings and recommendations in the CGJ Final Report and the County's responses are broadly consistent with all three of the County's major Strategic Plan North Star goals:

North Star No. 1 - Make Investments that Transform Lives: We will aggressively address society's most complicated social, health, and public safety challenges. We want to be a highly responsive organization capable of responding to complex societal challenges - one person at a time.

North Star No. 2 - Foster Vibrant and Resilient Communities: Our investments in the lives of County residents are sustainable only when grounded in strong communities. We want to be the hub of a network of public-private partnering agencies supporting vibrant communities.

North Star No. 3 - Realize Tomorrow's Government Today: Our increasingly dynamic and complex environment challenges our collective abilities to respond to public needs and expectations. We want to be an innovative, flexible, effective, and transparent partner focused on advancing the common good.

FISCAL IMPACT/FINANCING

Any costs associated with implementing CGJ recommendations will be considered in the appropriate budget phase.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Certain CGJ recommendations require additional financing resources. Departments will assess the need for additional funding during the 2025-26 budget cycle and beyond, as appropriate.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

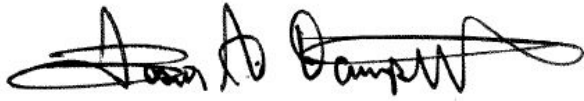
N/A

The Honorable Board of Supervisors

9/30/2025

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Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Fesia A. Davenport', with a stylized, flowing script.

FESIA A. DAVENPORT

Chief Executive Officer

FAD:JMN:CDM

PN:kdm

Enclosures

c: Executive Office, Board of Supervisors
County Counsel
Sheriff
Aging and Disabilities
Animal Care and Control
Fire
Health Services
Internal Services
Mental Health
Parks and Recreation
Public Health
Public Works
Hospital and Health Care Delivery Commission
Sheriff Civilian Oversight Commission

ENCLOSURE

County of Los Angeles Responses

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS; DEPARTMENT OF
ANIMAL CARE AND CONTROL

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR CRISIS IN THE ANIMAL SHELTER: NOTHING CHANGES IF NOTHING CHANGES

SUMMARY (REPORT 1)

"This report is concerned with animal shelters in the County of Los Angeles (County) and the City of Los Angeles (City), looking at the operations, staffing, conditions, and funding for such sites. Site visits were conducted at County and City shelters and the findings from those site visits are presented in this report. The report also considers issues related to preparing for the safety of animals in the event of emergencies (such as the January 2025 fires), as well as issues related to pet adoptions and euthanasia."¹

CIVIL GRAND JURY FINDINGS

FINDING NO. 1

The site visits by the Civil Grand Jury (CGJ) Committee confirmed the multiple **previous reports that decades' long understaffing and chronic lack of funding** continues unabated at the animal shelters.

RESPONSE

Agree.

FINDING NO. 2

Shelter operations and animal care are a 24 hour per day/7 day a week responsibility.

RESPONSE

Agree.

FINDING NO. 3

Most of the shelters are subject to overcrowding.

RESPONSE

Partially disagree. County animal care centers are seeing an increase in incoming animals that can put population pressure on housing. However, proactive animal population management by animal care center leadership addresses this issue.

¹ 2024-2025 Los Angeles County Civil Grand Jury Final Report, Crisis in the Animal Shelter: Nothing Changes if Nothing Changes, p. 11.

FINDING NO. 4

Both City and County animal shelters rely heavily on community involvement and volunteers to augment their work force.

RESPONSE

Agree.

FINDING NO. 5

Enrichment for the animals takes a back seat to basic care and usually is offered by volunteers.

RESPONSE

Disagree. The County's Department of Animal Care and Control (DACC) considers behavioral enrichment to be equally as important as medical care for the animals.

DACC has a Behavior and Enrichment Team that is responsible for managing the behavioral enrichment and behavior evaluation of the animals. Volunteers also play an important role in socializing animals.

FINDING NO. 6

The majority of the facilities are in need of maintenance, repair, or upgrades. Downey, Baldwin Park, Chesterfield Square, and Lacey Street need the most immediate attention.

RESPONSE

Agree.

FINDING NO. 7

The Los Angeles Animal Services Department administration has been in a state of flux for the past few years. Upper-level management has changed, and an acting manager has been in place for about a year. During this period of instability, the euthanasia numbers have doubled over the prior year.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding. This finding is related to City operations.

FINDING NO. 8

The North Central Shelter, aka Lacey Street, was closed during the Covid pandemic and underwent a major renovation during the closure. While the resulting changes appear to be well done, sleek, modern, and efficient. A closer look tells a different story. The overall renovation leads a lot to be desired.

a. The CGJ members found on their visit that the new aggregate floors throughout the interior of the facility had, with the exception of one section, not been sealed. The porous flooring was very hard to clean and presented a health hazard to the shelter since they could not be sanitized.

b. In some rooms the drains in the floors were higher than the floor and could not be hosed down without flooding the rooms.

c. In the lobby there was a floor to ceiling exercise area for cats. It was covered by glass on both sides to be an attractive addition to the facility intended to attract the public to adopt one of the cats. The fly in the ointment, however, was there was limited access to the inside of the cat run and the glass could not be cleaned on the inside thus making the display ineffective for its purpose.

d. The room designed to house reptiles did not contain any electrical outlets. Since cold blooded reptiles need to be kept warm to survive extension cords had to be run into the room to provide the requisite heat.

e. The medical suite had its own special problems. These problems include an operating room with no working ceiling lights, room humidifiers that when used, melt the paint on the walls.

f. An observation hallway, which was designed with large windows to allow recovering animals to be monitored, causes the patients to be agitated every time any of the medical staff walked by. The observation windows are currently covered by newspapers to keep the animals calm.

g. The large dishwasher used to keep the feeding bowls clean was not working and had been out of order for a number of months.

h. The only suite where aggregate flooring had been sealed has been leased to an outside agency which provides low cost spay and neutering, and vaccination services. While the floors are clean and no longer run the risk of spreading disease, the metal holding cages have particle board backs which prevents them from being sanitized and cleaned properly.

i. The outside exercise yard abuts the freeway on one side and a park on another. There are homeless camps in both of these areas and the activities, noise, and distractions from the camps impede the behavioral assessment and/or socialization of the dogs under the shelter's care.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding. This finding is related to City operations.

FINDING NO. 9

The community has an integral role in the success of the shelters. Examples include the extreme willingness to volunteer and tying into school credits. Santa Monica High School gives credit for students who volunteer at the West Los Angeles Shelter, or Agoura High School running team who work with the Agoura Shelter to take dogs on runs, or the Home owners associations which include photos and intakes of animals at the Harbor shelter on their websites, the many people who foster animals, and/or the many rescue organizations who help reduce overcrowding and save lives.

RESPONSE

Agree.

CIVIL GRAND JURY RECOMMENDATIONS

RECOMMENDATION NO. 1.1

Both City and County animal shelters should hire more regular employees to offset reliance on volunteers to ensure regular, consistent care of the animals under their care.

RESPONSE

Agree. However, it is not feasible to implement this recommendation at this time, due to current County budget curtailments.

This request for funding regular employees would need to go through the County's annual budgeting process. Departmental budget requests are prepared and submitted for consideration to the Chief Executive Office (CEO) annually.

Pursuant to California Government Code Section 29040, each budget submission should include a base budget and an official budget request reflecting critical and unmet needs.

The Recommended Budget is the first step in the County's multi-part budget process, which includes Public Hearings in May; deliberations leading to Board of Supervisors (Board) approval of the Adopted Budget in June; and the Supplemental Budget culminating with Board approval of the Final Adopted Budget in the fall.

Any new requests for funding such positions **can be revisited during the County's** annual budgeting process and considered along with requests from other departments and Board priorities.

RECOMMENDATION NO. 1.2

There is an outsized reliance on volunteers to make up the regular workforce in the shelters. An Optimal number of regular employees to care for the animals should be developed while volunteers are always welcome and encouraged, they should be considered to augment the shelter staff.

RESPONSE

Agree. This recommendation has already been implemented. In response to the Board motion (Item 10, Agenda of December 20, 2022), DACC completed a five-year staffing plan and submitted it to the Board in June 2023.

This staffing plan can be found through the following link, in the report dated June 20, 2023: <https://file.lacounty.gov/SDSInter/bos/supdocs/175965.pdf>.

RECOMMENDATION NO. 1.7

Both the City and County should consider expanding formal outreach programs to the local high schools and community organizations in such areas as volunteering, responsible animal care, and ownership.

RESPONSE

Agree. However, it is not feasible to implement this recommendation at this time, due to current County budget curtailments and staffing reductions.

This recommendation will be reconsidered by DACC when DACC staffing is sufficient to implement and manage outreach programs like this.

RECOMMENDATION NO. 1.8

Retired veterinarians should be considered as a resource for offsetting the shortage of trained professionals.

RESPONSE

Agree. DACC will conduct further analysis to determine whether there are viable resources and veterinary volunteers. These efforts will include reaching out to local and State veterinary associations to identify retired veterinarians that can perform shelter medicine and conducting a recruitment campaign to onboard them as volunteers. This process is expected to be completed by December 2025.

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS; CHIEF EXECUTIVE
OFFICE; FIRE DEPARTMENT; DEPARTMENT OF HEALTH SERVICES

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR UP AGAINST THE WALL: EMERGENCY ROOM CROWDING AND AMBULANCE OFFLOAD DELAYS

SUMMARY (REPORT 2)

"This report is concerned with emergency room crowding and ambulance offload delays. The report discusses the history and causes of emergency room waiting, to make recommendations regarding facilitation of movement of patients through this process. The report aims to view these issues holistically, to try aligning practices and procedures, while also maintaining good care of the patients in the hospital system."²

CIVIL GRAND JURY FINDINGS

FINDING NO. 1

When developing new communities and housing projects, little consideration is paid to the healthcare needs of the increasing local population. Water, sewer, roads, electrical, and other utilities are mandated to be part of the development plan that is submitted to the city and/or County.

RESPONSE

Partially disagree. The 2035 General Plan (General Plan) for the County of Los Angeles (County) provides the policy framework for how and where the unincorporated County will grow through the year 2035

(https://planning.lacounty.gov/wp-content/uploads/2023/03/gp_final-general-plan.pdf; last updated April 15, 2025).

One of the guiding principles of this document is to "provide healthy, livable, and equitable communities," incorporating sustainability into planning practices to meet the needs of the County without compromising the ability of its future generations to realize their economic, social, and environmental goals.

The General Plan includes the land use, infrastructure, and community planning policies that support the planning for future development, including healthcare facilities. Community and Area Plans can supplement the General Plan with efforts that are more localized, including the identification of specific healthcare needs in various regions of the County.

² 2024-2025 Los Angeles County Civil Grand Jury Final Report, Up Against the Wall: Emergency Room Crowding and Ambulance Offload Delays, p. 35.

FINDING NO. 2

There is no organized exchange of best practices among the major medical centers, even though they all face similar problems with crowding and Ambulance Patient Offload Times (APOT).

RESPONSE

Disagree. APOT are not unique to the County's Department of Health Services (DHS) Emergency Departments.

According to the Q3 2024 Emergency Medical Services Authority (EMSA) APOT Report, there are sixty-nine (69) 9-1-1 receiving facilities in the County, and the majority struggle with APOT.

As a result, multiple venues exist where APOT discussions occur across the County, including the Hospital Association of Southern California (HASC), the Emergency Medical Services (EMS) Commission, the Base Hospital Advisory Committee (BHAC), and various joint conferences.

HASC has established a multidisciplinary Taskforce through its Emergency Health Services (EHS) Committee to address Emergency Department (ED) Overcrowding and published a white paper of best practices to address ED overcrowding and decrease ambulance diversion. Additionally, the Taskforce developed policy and procedure templates for hospitals to mitigate prolonged ambulance patient offload times as required by Assembly Bill (AB) 40.

The EMS Commission has also developed a multidisciplinary APOT Workgroup to develop a Countywide APOT Policy to address and mitigate prolonged APOT. The policy was vetted through the various subject matter expert committees (including the EMS Provider Agency Advisory, Base Hospital Advisory, Medical Council, Pediatric Advisory committees, EMS Commission, and the HASC EHS Committee). This policy has been in place since 2022.

Additionally, there is a DHS-wide Inpatient Care Council and a DHS Utilization (UM) Committee to discuss best practices implemented to reduce the length of inpatient care, as well as the DHS Emergency Department Effective Practice Committee, where various best clinical practices are discussed.

Unfortunately, there are limited discharge options for many inpatients due to lack of **funding, patients' behavior, and other socioeconomic barriers which prolong unnecessary inpatient admissions.**

FINDING NO. 3

The length of the contract made between the County and EMT Companies is negotiated for a period of ten years. It is difficult to project increased costs for such a long period of time.

RESPONSE

Agree.

FINDING NO. 4

The City and County have Advanced Responder Transports, which include a Nurse Practitioner in the Paramedic Ambulances. The County and City Fire Departments initiated these programs on a trial basis and reported that they were effective and life-saving. Unfortunately, no statistics were available to determine the true efficacy of these programs.

RESPONSE

Partially disagree. It should be noted that the Fire Department does not operate **"Paramedic Ambulances," as mentioned in this finding.**

Fire's Advanced Provider Response Unit (APRU) program began in 2019 and since then, the APRU program has responded on more than 24,000 Emergency Medical Service (EMS) calls for service and successfully diverted more than 10,000 patients from unnecessary ambulance transports and ED visits.

FINDING NO. 5

The discharge process is lengthy and complicated, particularly for individuals with special needs. The ED operates on a 24/7 basis, but many other departments and supporting services do not. The discharge process includes assisting individuals with special needs, e.g., elderly patients, mental illness, and those who are unhoused.

RESPONSE

Agree.

FINDING NO. 6

A discharge lounge for patients without special needs helps to accelerate the discharge process for such patients. Such patients can be fast-tracked for a more speedy discharge.

RESPONSE

Disagree. The existing waiting rooms currently serve this purpose. It would not be beneficial to create another area that has staff who are not familiar with the **patient's condition.**

FINDING NO. 7

Harbor-UCLA Medical Center ED has adopted the practice of having a nurse accompany an ER patient through a course of diagnostic procedures to expedite the collection of patient data for the eventual attending physician. This keeps the patient engaged in their own well-being and lessens the number of patients who leave without being seen. Studies have shown that patients who leave without being seen by a physician contribute to ER Crowding, and thus to extended APOT.

RESPONSE

Agree. Harbor-University of California, Los Angeles (UCLA) Medical Center ED has implemented a rapid medical evaluation system, where a team of providers and nurses conducts triage and Rapid Medical Evaluation (RME).

The patient moves through the RME tasking system, obtaining labs through phlebotomy, medications in a designated area by ED nursing, and diagnostic testing from the medical screening examinations (MSE) triage provider. There is a new

workflow where a new RME flow nurse assists with patient flow; however, not all patients are accompanied by a nurse throughout the process.

Additionally, we are not aware of any studies that show that patients who leave without being seen by a physician contribute to ER crowding. There will be fewer patients in the ED when patients decide to leave without being seen. Instead, ED overcrowding can lead to an increase in the number of patients leaving without being seen.

FINDING NO. 8

Ambulance emergency medical technicians are precluded from working within a hospital. However, County EMS indicated that Emergency Medical Technicians can be hired to work in the ER.

RESPONSE

Agree. State Regulations preclude the holder of an Emergency Medical Technician (EMT) state certification from functioning as an EMT at a hospital setting.

However, some hospitals have required EMT certifications as a condition of employment for hospital classification as emergency department technicians. Additionally, these hospitals often have additional competency requirements upon employment.

Within the County-operated facilities, Hospital Medical Assistants (HMAs) who are EMT-certified or military corpsmen with additional skillsets work in various EDs.

FINDING NO. 9

When an ED adds an additional triage station during peak hours, it helps to alleviate ER crowding later in the day and evening.

RESPONSE

Agree.

FINDING NO. 10

Physician or Surgeon assisted triage helps to optimize walk-in and trauma patients' visits to the ER. Low severity walk-in patients can often be referred to an urgent care center after appropriate stabilization, and Physician assisted triage helps to optimize patient throughput.

RESPONSE

Agree.

CIVIL GRAND JURY RECOMMENDATIONS

RECOMMENDATION NO. 2.1

The City and/or County should require, and plan for, healthcare facilities as necessary to any development proposals for new communities and housing developments, in order to provide for the projected increase in population and medical needs.

RESPONSE

Partially disagree. This recommendation has already been implemented. The 2035 General Plan for the County provides the policy framework for how and where the

unincorporated County will grow through the year 2035 (https://planning.lacounty.gov/wp-content/uploads/2023/03/gp_final-general-plan.pdf; last updated April 15, 2025).

One of the guiding principles of this document is to “provide healthy, livable, and equitable communities,” incorporating sustainability into planning practices to meet the needs of the County without compromising the ability of its future generations to realize their economic, social, and environmental goals.

The General Plan includes the land use, infrastructure, and community planning policies that support the planning for future development, including healthcare facilities. Community and Area Plans can supplement the General Plan with efforts that are more localized, including the identification of specific healthcare needs in various regions of the County.

Development impact fees are collected to help fund public infrastructure improvements, environmental mitigation, affordable housing, and other community services (<https://planning.lacounty.gov/fees/>). The existing environmental review and planning approval process determines whether new development is significant enough to impact local healthcare demand and the type of actions required to help mitigate these impacts.

RECOMMENDATION NO. 2.2

Designate the Department of Health Services as the agency to develop and initiate a quarterly exchange of best practices among 911 receiving hospitals within the **County. The County public hospitals do this on an “as-needed” basis, but not** regularly. Encourage other public medical centers, such as Martin Luther King Jr. Community Hospital and Antelope Valley Medical Center, to send representatives, even though they are not under the jurisdiction of DHS.

RESPONSE

Disagree. This recommendation will not be implemented by DHS and neither Los Angeles General Medical Center (LAGMC), Olive View Medical Center, Harbor-UCLA Medical Center, nor the EMS Agency. As mentioned previously, sixty-nine (69) facilities within the County accept 9-1-1 ambulance traffic, and multiple venues currently exist to discuss issues related to APOT.

Further, a white paper on best practices to mitigate ED overcrowding and decreasing ambulance diversion has been published for hospitals on an annual basis. These various forums are open for all hospital representatives to attend.

The Hospital Association of Southern California Emergency Health Services Committee (HASC-EHS) meets on a quarterly basis and APOT/ED overcrowding has been a recurring agenda item. Meeting invitations are sent by HASC-EHS to all committee members.

RECOMMENDATION NO. 2.3

EMT contractors providing Ambulance services for the County should be allowed shorter contract periods, say around three years, or the contracts should contain clauses so that those bound by longer contract periods can be allowed renegotiation of terms and cost.

RESPONSE

Partially disagree. This recommendation will be partially implemented by DHS and the EMS Agency.

The Los Angeles County Ambulance Ordinance (Title 7, Business Licenses, Division 2, Chapter 7.16.280 through 7.16.340) sets forth the maximum rates chargeable to the public. These rates are adjusted on an annual basis, based on an established formula using the transportation portion of the Consumer Price Index, percentage change in the minimum wage in the County, or 2 percent, whichever is greater.

This methodology assures an annual increase in the maximum allowable charges for ambulance medical transport. The Exclusive Operating Area (EOA) Emergency Ambulance Transportation Agreements allow for the adjustment of the ambulance transportation reimbursement rates in accordance with the annual maximum rates established through the Ordinance during the 10-year term of the agreements.

For the subsequent contracts (effective July 1, 2027), DHS intends to revise the agreement term to five (5) years, with five (5) one (1) year automatic renewals.

However, due to the extensive nature of the solicitation process and the significant resources and capital invested by the ambulance contractors, a shorter (e.g., three-year) term for the Agreement does not benefit the County, the contractors, and the public. This will cause system disruption in the provision of emergency ambulance transportation services every three years.

A change in EOA contractor involves development of a new dispatch center, procurement of dispatch computer and radio systems, development of multiple crew stations and quarters within the EOA, hiring EMTs and paramedics, and the purchase of new ambulances and medical equipment. Any change in the EOA contractor will be impacting between 400,000 to over 1,000,000 residents in the various EOA zones.

RECOMMENDATION NO. 2.4

The City and the County should continue the Advanced Responder Transport programs, and look into expanding them to a wider fleet. Patients admitted to 911 receiving hospitals who are first seen by one of the Advanced Responder Transport personnel should be tracked to gather more information and statistics regarding patient well-being. More information is needed to determine if there is a correlation between Advanced Response and reduced APOT.

RESPONSE

Agree. This recommendation is already being implemented. Such expansion is already taking place through the County Fire Department (Fire) and opportunities for State and federal level advocacy (for modernization of the EMS reimbursement system) are being pursued. However, DHS and the EMS Agency are unable to fully implement this recommendation, since this is a Fire program.

Fire's Advanced Provider Response Unit (APRU) program began in 2019 and since then, the APRU program has responded on more than 24,000 Emergency Medical Service (EMS) calls for service and successfully diverted more than 10,000 patients from unnecessary ambulance transports and ED visits.

The APRU program can backfill increasingly saturated paramedic units and provide treatment and transport for EMS patients that require emergent ambulance transport to an ED. The APRU program has also worked with patients that are high level users of the EMS system and/or have complex medical needs and connects them with the appropriate care that helps preclude the need for future EMS calls.

The EMS reimbursement system makes funding the APRU program extremely challenging since EMS is regulated under the National Highway Traffic Safety Administration. This means that EMS is treated more as a method of transport than as a mobile healthcare provider with transport and is seen as just one intervention that can be provided to EMS patients.

Most EMS providers, including Fire, receive no reimbursement for treatment-in-place, which creates a financial disincentive to providing in-home services like the APRU. Fire continues to work on advocacy at the State and federal levels to modernize the EMS reimbursement system. The hope is that these advocacy efforts will provide a stable funding stream that will enable continued growth of the APRU program across the County.

The **County's** APRU program is no longer in pilot program status and has been approved by the EMS Agency for full implementation, but further expansion beyond the operational periods and number of units established during the pilot phase will remain challenging due to funding constraints. One-time grant funding for the pilot phase has been fully expended and efforts to seek permanent funding continue.

In the meantime, the APRU program has proven to be a valuable service to County communities and Fire will be using funding from Measure E, passed by the voters in November 2024, to fund the existing three APRUs and to expand the program to two additional areas.

In terms of data collection, patients seen by the APRU who are transported to a hospital ED and admitted will have their outcome and experience measured through the **"Hospital Consumer Assessment of Healthcare Providers and Systems" survey**, which is mandated for all hospitals to assess. However, the impact of the APRU program on APOT is extremely difficult to quantify.

The APRU program seeks to reduce ambulance transport by two mechanisms:

- 1) When a low-acuity EMS call is received, the APRU responds and determines whether the patient is appropriate to receive treatment-in-place and a referral for follow-up, in lieu of ambulance transport to an ED.
- 2) The APRU program identifies high EMS system users and patients with complex healthcare needs, and pre-visits those patients in an effort to reduce their use of the 9-1-1 system by connecting them to appropriate resources.

If a call is prevented or received/triaged/diverted from transport, patients that are not transported by ambulance to the ED will not experience an APOT. Thus, while it is certain that the APRU program impacts APOT, it is difficult to quantify the impact.

Fire would need to establish whether the reduction in patient transports, related to treatment-in-place and EMS call prevention, impacts the APOT for those EMS patients who are transported, in order to quantify an APOT reduction. This would have to be calculated in the context of AB 40 implementation, which requires hospitals to take steps to reduce their APOT by improving throughput. The multiple coexisting variables make it nearly impossible to attribute a drop in APOT to any single strategy.

RECOMMENDATION NO. 2.5

Create a discharge lounge for patients awaiting outside social and community services. The patient is moved to an area outside of the ED and monitored by appropriate staff, all of whom will collaborate to provide necessary services, clothing, prescriptions, and transportation that are required by the discharge planner.

RESPONSE

Disagree. This recommendation will not be implemented. There are already inpatient discharges that are open during business hours.

Both LAGMC and Olive View Medical Center have inpatient discharge lounges, while Harbor-UCLA Medical Center has closed its lounge and reallocated nurses to expedite patient discharge from the floor. Specific EDs have piloted discharge lounges, but face staffing limitations and challenges with identifying those patients who meet the requirements of the discharge lounges.

While it will be helpful to have a robust social work presence and case management services available after hours, many resources, such as shelters and other placement or referral options, are not available after hours.

RECOMMENDATION NO. 2.6

Create a discharge lounge, monitored by appropriate staff, for patients who are accompanied by family and being released to home care. Such patients will not require transportation, and their discharge plan can be communicated to family and/or friends who will oversee their care at home.

RESPONSE

Disagree. This recommendation will not be implemented by DHS and neither LAGMC, Olive View Medical Center, nor Harbor-UCLA Medical Center. The patients described currently use the waiting room to wait for their ride. Treatment teams are best positioned to provide follow-up information. While such ideas have been considered in the past, implementation has been challenging due to competing patient needs.

RECOMMENDATION NO. 2.7

Hospitals should study the process that Harbor-UCLA implemented to accompany individual patients to a continuous and comprehensive set of labs and procedures to lessen the probability that a patient will leave the ER without being seen by a physician, and to improve the information provided to attending physicians.

RESPONSE

Agree. This recommendation has already been implemented by DHS and LAGMC, Olive View Medical Center, and Harbor-UCLA Medical Center. The LA General and Olive View Medical Centers have adopted a front-end process similar to the one used by Harbor-UCLA Medical Center wherein doctors and advanced practice providers render medical screening examinations (MSE) and initiate lab draws and order diagnostic tests before being seen by the designated provider.

As a result, this has decreased the door-to-MSE time significantly at all three DHS EDs.

RECOMMENDATION NO. 2.8

Hospitals may hire Emergency Medical Technicians to work in the ER. Such technicians can directly offload the patient from an ambulance gurney onto a hospital owned gurney, and provide the same oversight as an ambulance technician, as part of the medical staff. This frees the EMT staff to return to service.

RESPONSE

Agree. However, this recommendation will not be implemented, at this time, by DHS and the EMS Agency.

There is agreement that HMAs (EMTs) working as regular ED staff members would be beneficial, since this is a highly recognized need and is agreed upon by all DHS ED leadership, as it would help ED Operations. The main benefits include offloading certain tasks, helping nursing, advanced practice providers (APP), and physician staff work at the top of their licenses, which could help lead to the evaluation and treatment of more patients.

However, there is no revenue source for this new staffing and given the current financial challenges, this recommendation cannot be implemented at this time.

RECOMMENDATION NO. 2.9

Hospitals should add additional triage stations in the period from noon until later afternoon to see if it consistently alleviates crowding later in the day.

RESPONSE

Agree. This recommendation will be implemented, and further analysis of this recommendation will be completed within the next six months. DHS and LAGMC, Olive View Medical Center, and Harbor-UCLA Medical Center will assess if nurses can be flexed to triage during times of need and effectiveness will be measured by tracking door-to-triage time.

RECOMMENDATION NO. 2.10

A hospital ED should have physicians and surgeons assist with triage of low-severity and trauma patients, particularly when there is an expectation of an increased intake of patients and **determine if this practice optimizes the patients' time in the ER.**

RESPONSE

Agree. This recommendation has already been implemented. DHS and LAGMC, Olive View Medical Center, and Harbor-UCLA Medical Center agree that having providers in triage is beneficial for ED throughput, particularly when skilled providers can see a variety of patients. Currently, various DHS EDs use some providers in triage, and DHS recognizes a need for additional personnel to match the volume of patients arriving at the ED at times.

However, prolonged APOT is a consequence of the current system. Consideration of how DHS can reduce unnecessary transportation by members of the public and ambulances to the ED is needed.

Many patients use 9-1-1 and the ED to obtain non-emergent care instead of seeking assistance from their primary care providers or urgent care facilities. There should be a campaign to promote the appropriate use of the ED.

Additionally, an increasing number of psychiatric patients are being transported to the ED, which requires additional staff to monitor and safely transition them from the ambulance, resulting in prolonged APOT.

EMS systems across the United States are experimenting with advanced response teams, such as Nurse Practitioner (NP) programs in the County, to decrease ambulance transports. Places like Harris County in Texas have adopted Mobile Integrated Health and its associated community paramedicine, which aims to empower EMS agencies to make onsite treatment referrals and collaborate via telemedicine with local providers to deliver more effective care onsite. This has led to a reduction in unnecessary ED visits and is something to consider in the future.

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS; CHIEF EXECUTIVE
OFFICE

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR TREES IN LOS ANGELES

SUMMARY (REPORT 3)

"This report is concerned with trees in both the City and County of Los Angeles (County), and the distribution of benefits provided by tree canopy. The report also the analyzes the history of development in the region and the impacts these have had on the distribution of tree canopy. The report discusses the challenges with planting new trees and some additional historical context about trees and crops that have been grown in the region."³

CIVIL GRAND JURY FINDINGS

FINDING NO. 1

The tree canopy in the County is unevenly distributed. There are far fewer trees in formerly redlined areas than in wealthier areas.

RESPONSE

Partially disagree. The uneven distribution of tree canopy can also be due to additional factors such as the diverse ecological conditions of the County, which spans deserts, mountains, and beaches. Some of the variation in tree canopy distribution is also due to development patterns, with communities in the County ranging from densely urbanized areas to suburban and even rural areas (source: <https://file.lacounty.gov/SDSInter/bos/supdocs/196618.pdf>).

The following report details such information further and provides goals for addressing the challenges faced with tree canopy distribution:
https://file.lacounty.gov/SDSInter/bos/lacfm/1183085_LA_County_CFMP.pdf.

FINDING NO. 2

The City and County need more trees.

RESPONSE

Agree.

CIVIL GRAND JURY RECOMMENDATIONS

RECOMMENDATION NO. 3.1

The City and the County should plant more trees.

RESPONSE

Agree. This recommendation has already been implemented. The County has planted 3,210 trees since January 1, 2024. Opportunities to plant more trees will be considered, as they arise.

³ 2024-2025 Los Angeles County Civil Grand Jury Final Report, Trees in Los Angeles, p. 69.

RECOMMENDATION NO. 3.2

Recommend new construction regulations include requirements for more trees to be planted on the roofs of new buildings, providing adequate sunlight for healthy growth. Suggest roofs be reinforced for planters deep enough to support larger trees.

RESPONSE

Partially disagree. While opportunities for rooftop tree planting may provide some benefits, having this as a blanket requirement for all new construction is not feasible and will not be implemented. This is because each new construction project is unique and may not have the site **conditions that allow for "providing adequate sunlight for healthy growth," as mentioned here.**

Green roofs are already permissible by the Building Code. However, requiring substantial rooftop planting such as trees would require an upgrade to the structural system, and root intrusion may compromise the waterproofing and structural integrity in the future. Some new construction projects may not have roof designs that allow for the deep planters that may be required for such rooftop planting of larger trees, as mentioned here.

Opportunities to develop or update further guidelines on such rooftop tree planting (as an option, rather than requirement) will be considered, as they arise.

RECOMMENDATION NO. 3.3

When repairing or enlarging roadways, the County and City should plant trees as the final step in the process after the construction and installation of conduits, sewers, electrical wires, etc. **so the new trees won't interfere with new construction.**

RESPONSE

Agree. The recommendation has been implemented. The County plants trees at the appropriate step in the process when repairing or enlarging roadways, after construction and installation of conduits, sewers, electrical wires, etc., so the new trees will not interfere with the new construction.

The County's Department of Public Works (PW) agrees that trees should be planted at the appropriate stage of a project to avoid conflicts with underground utilities and ensure long-term success. **PW's** approach aligns with best practices and is guided by the principle of "Right Tree, Right Place," ensuring trees are selected and planted based on site-specific conditions, utility constraints, and long-term growth potential.

RECOMMENDATION NO. 3.4

The County and City should purchase empty lots in formerly redlined areas and establish orchards for community use.

RESPONSE

Partially disagree. Such opportunities to create such community orchards will need to be analyzed, as they arise. The current budget constraints do not allow for the new purchase of such lots and the ongoing operations of such orchards.

However, an analysis of potentially piloting such a program of planting fruit trees on public property already owned by the County has already been completed in the Community Forest Management Plan (CFMP)

(https://file.lacounty.gov/SDSInter/bos/lacfmp/1183085_LA_County_CFMP.pdf; p. 91-93.).

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS; CHIEF
SUSTAINABILITY OFFICE; DEPARTMENT OF PUBLIC WORKS

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR WATER QUALITY ISSUES IN LOS ANGELES COUNTY: CONTAMINANTS AFFECTING DRINKING WATER

SUMMARY (REPORT 4)

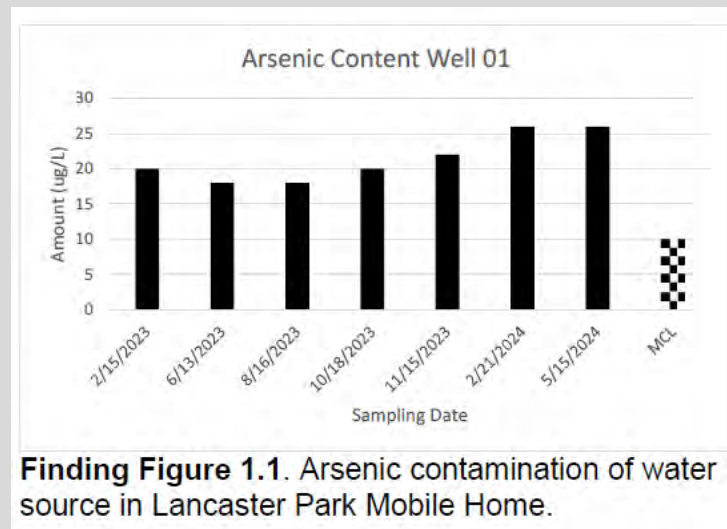
"This report is concerned with water quality issues in the County of Los Angeles (County) and the contaminants affecting drinking water. The report looks at the prevalence of contaminants affecting the quality of drinking water supply, using publicly available water analysis data and interviews with officers of the corresponding water districts being impacted. This report also looked at the potential health impacts of such contaminants and the efforts that are being undertaken to remediate these contaminants and alleviate the problems they can cause in drinking water supplies."⁴

CIVIL GRAND JURY FINDINGS

FINDING NO. 1

The only water well being used by the Lancaster Park Mobile Home Park (PWSID: CA1900038) contains high levels of arsenic. In 2023 and 2024, the level of arsenic was twice the maximum contaminant level (MCL) set by the EPA. This is summarized in Finding Figure 1.1 below.

There was no effluent or treated water analysis data submitted by Lancaster Park Mobile to the California State Water Resources Control Board (CSWRCB).



⁴ 2024-2025 Los Angeles County Civil Grand Jury Final Report, Water Quality Issues in Los Angeles County: Contaminants Affecting Drinking Water, p. 85.

RESPONSE

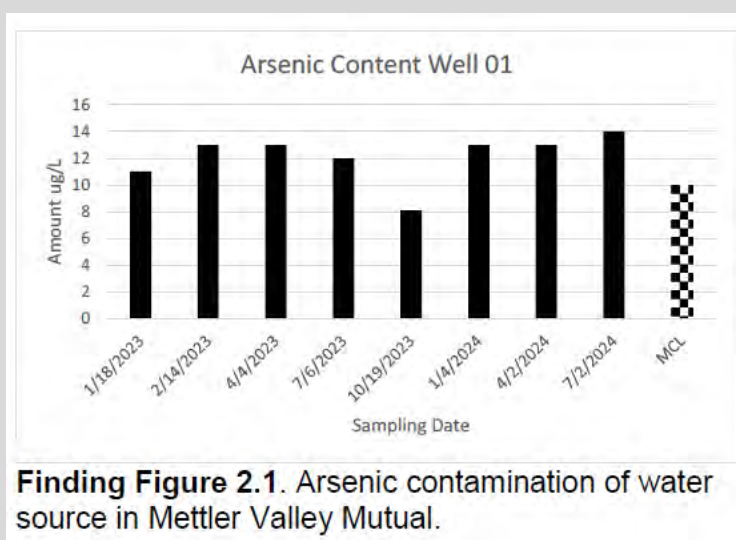
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 2

The only source well being used by the Mettler Valley Mutual (PWSID: CA1900100; located in Lancaster) contains high levels of arsenic. In 2023 and 2024, the level of arsenic was about 1.5X the MCL set by the EPA. This is summarized in the Finding Figure 2.1 below.

Mettler Valley Mutual is currently not treating the water from their wells to remove the arsenic. To resolve the arsenic contamination, they are working with the EPA and the State of California, which has given them a grant (Interviewee from Mettler Valley Mutual, November 22, 2024, and January 14, 2025). They are working with an engineering company to drill a new well in a different location and depth. If the new well produces clean water, they may be able to mix water from the new and old wells to reduce the level of arsenic and bring the water back into compliance. If this plan works, they will not have to purchase a filter to remove arsenic from the water supply. To prepare for this plan, they have procured easements from the local landowners.

Until the problem is resolved, the water district is distributing bottled water to all their customers and keeping them informed on the progress of remediation (Interviewee from Mettler Valley Mutual, November 22, 2024, and January 14, 2025).



RESPONSE

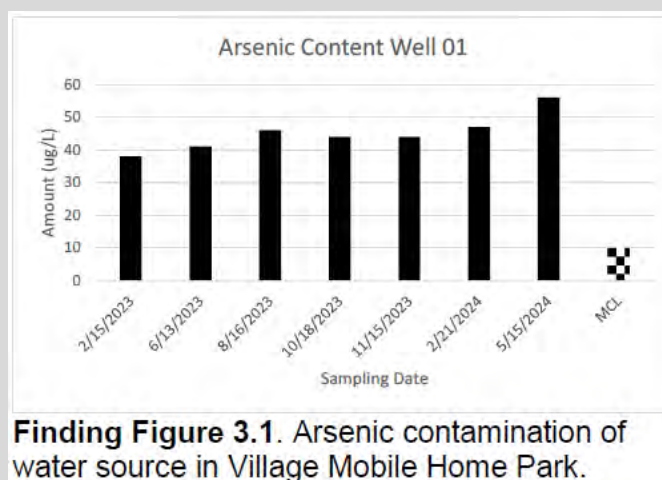
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County of Los Angeles. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 3

The single well being used by the Village Mobile Home Park (PWSID: CA1900520; located in Lancaster) contains a high level of arsenic. In 2023 and 2024, the level of arsenic was 3.5X to 4.5X the MCL set by the EPA. This is summarized in Finding Figure 3.1 below.

There was no effluent or treated water analysis data submitted by Village Mobile Home Park to California State Water Resources Control Board (CSWRCB).

Arsenic naturally occurs in the aquifer source. The water district has been dealing with the problem of remediation since 2008 (Interviewee from Village Mobile Home Park, November 21, 2024). To remediate the problem, the water district has applied for \$2 million funding from the state to drill a new 700 feet deep well located about 650 feet from the old well. Water pulled from the new well shows low traces of arsenic. The State Water Board has already approved the new well. They will not use the old well once the new one is operational, which is around the end of 2025.



RESPONSE

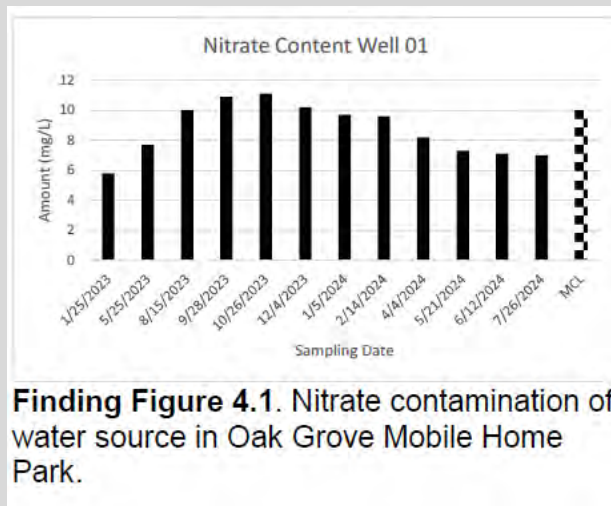
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 4

There was no effluent or treated water analysis data submitted by Oak Grove Mobile Home Park (PWSID: CA1900537; located at Agua Dulce) to California State Water Resources Control Board (CSWRCB).

In the second half of 2023, the only source well was contaminated by nitrates (see Finding Figure 4.1). Its level exceeded the MCL set by the EPA. The recorded rise in nitrates came after tremendous rainstorms. A possible source of contamination was the effluent from livestock living nearby (Interviewee from Oak Grove Mobile Home Park, November 20, 2024). Agua Dulce is a very rural community and many households have a few horses and/or cows. The nearest animals are upstream but are a long way from the water supply (Interviewee from Oak Grove Mobile Home Park, November 20, 2024). So, the source of nitrate contamination is still not

conclusively determined. Oak Grove considered installing a filtration system to remove the nitrates but the levels started to drop back down to acceptable levels, so they did not install it (Interviewee from Oak Grove Mobile Home Park, November 20, 2024). They are prepared to install if the levels return and remain high.



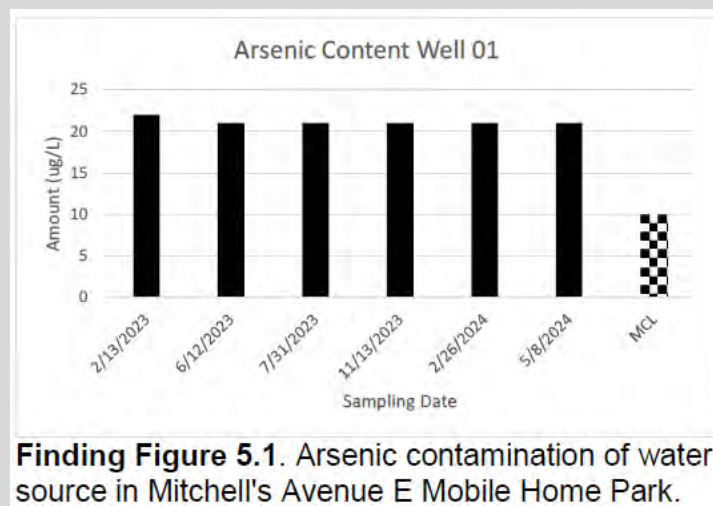
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 5

The only source well being used by the Mitchell's Avenue E Mobile Home Park (PWSID: CA1900785; located in Lancaster) is contaminated with arsenic. In 2023 and 2024, the level of arsenic was twice the MCL set by the EPA. This is summarized in Finding Figure 5.1.

There was no effluent or treated water data provided by Mitchell's Avenue E Mobile Home Park.



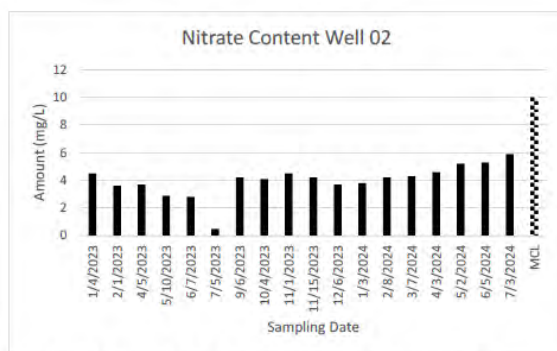
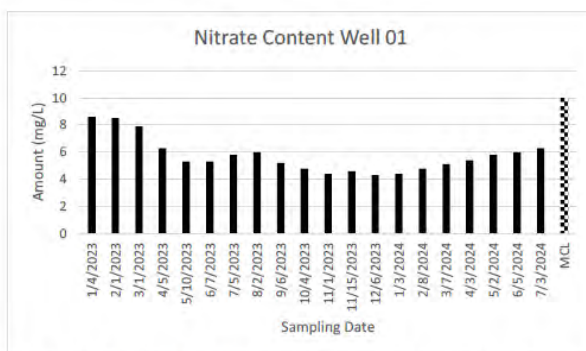
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

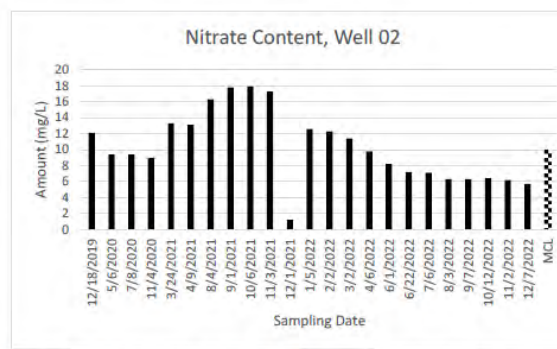
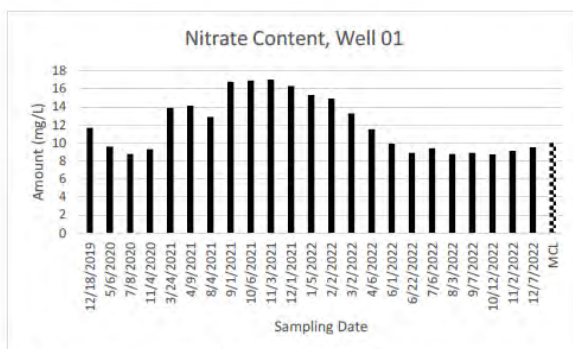
FINDING NO. 6

The two water wells of Sleepy Valley Water Company (PWSID: CA1900903; located in Santa Clarita) are contaminated with nitrates. In 2023-2024, the level of contamination was below the MCL set by the EPA (see Finding Figure 6.1). However, in 2020-2022, the level of nitrates had exceeded the MCL (see Finding Figure 6.2).

The water analysis report submitted by Sleepy Valley to CSWRCB did not include treatment information.



Finding Figure 6.1. Nitrate contamination of water wells of Sleepy Valley Water Company in 2023-2024.



Finding Figure 6.2. Nitrate contamination of water wells of Sleepy Valley Water Company in 2020-2022.

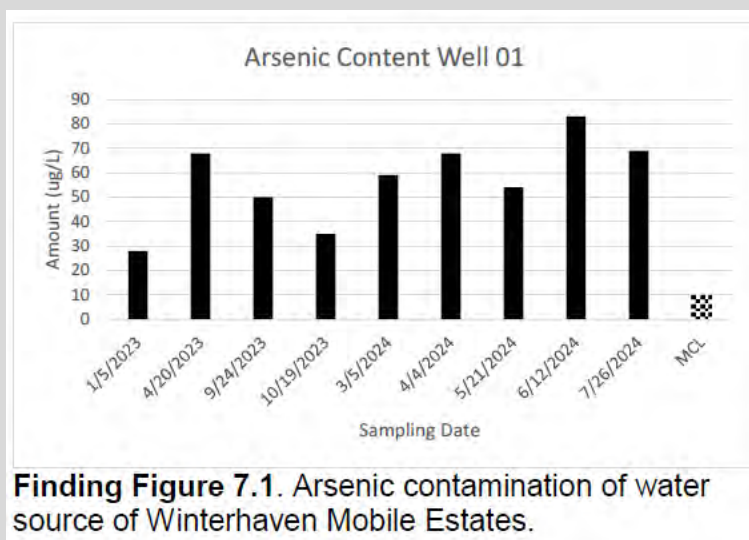
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 7

The only source well being used by Winterhaven Mobile Estates (PWSID: CA1900961; located in Lancaster) is contaminated with arsenic. In 2023 and 2024, the level of arsenic was detected to be 7X the MCL set by the EPA. This is summarized in Finding Figure 7.1 shown below. There was no effluent or treated water analysis data submitted by Winterhaven Mobile Estates to California State Water Resources Control Board (CSWRCB).

The Jury reached out to Winterhaven Mobile Estate, but the call was not returned (Call placed on November 19, 2024).



RESPONSE

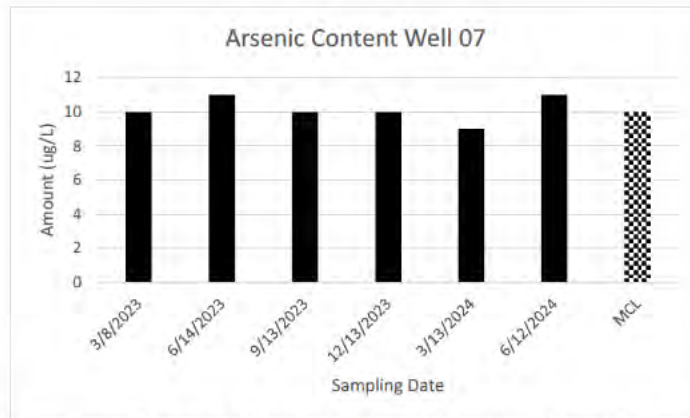
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 8

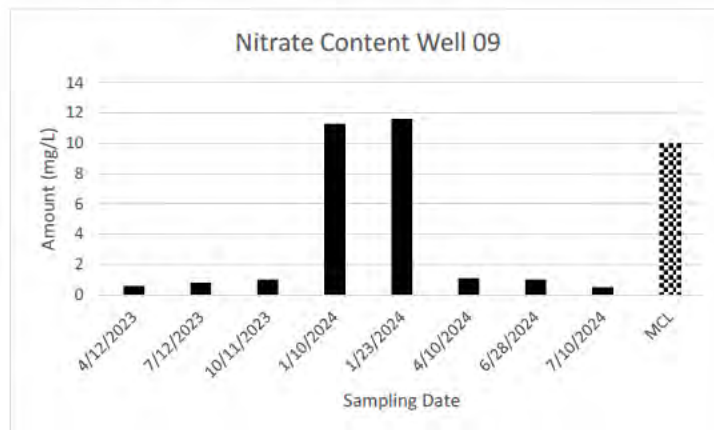
There are three source wells being used by North Trails Mutual Water Company (PWSID: CA1907014; located in Agua Dulce). In 2023 and 2024, its water analysis showed that well #7 contain arsenic level nearly above MCL (see Finding Figure 8.1). In early 2024, its #9 well had a nitrate level above the MCL (see Finding Figure 8.2). The source of nitrate contamination is unknown.

There was no effluent or treated water analysis data submitted by North Trails Mutual to California State Water Resources Control Board (CSWRCB).

The Jury reached out to North Trails Mutual, but call was not returned (Call placed on November 21, 2024).



Finding Figure 8.1. Arsenic contamination of one of the water sources of North Trails Mutual Water Company.



Finding Figure 8.2. Nitrate contamination of one of the water sources of North Trails Mutual Water Company.

RESPONSE

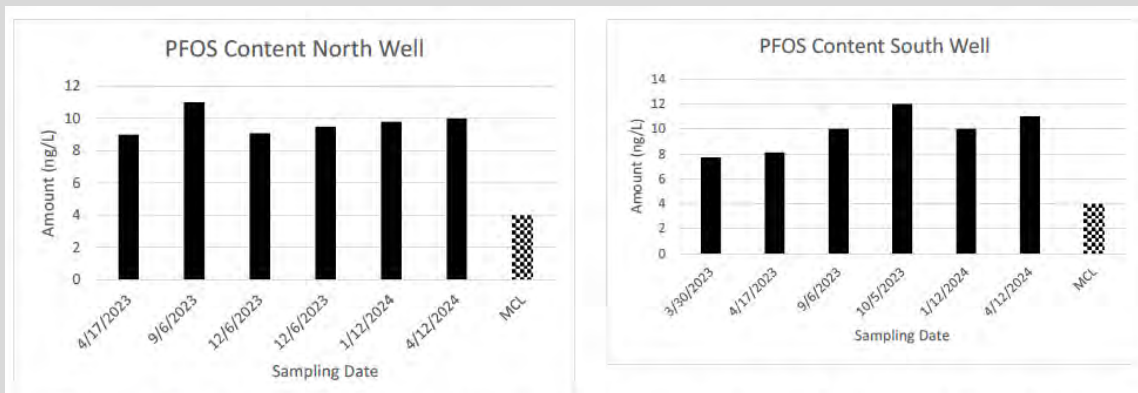
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 9

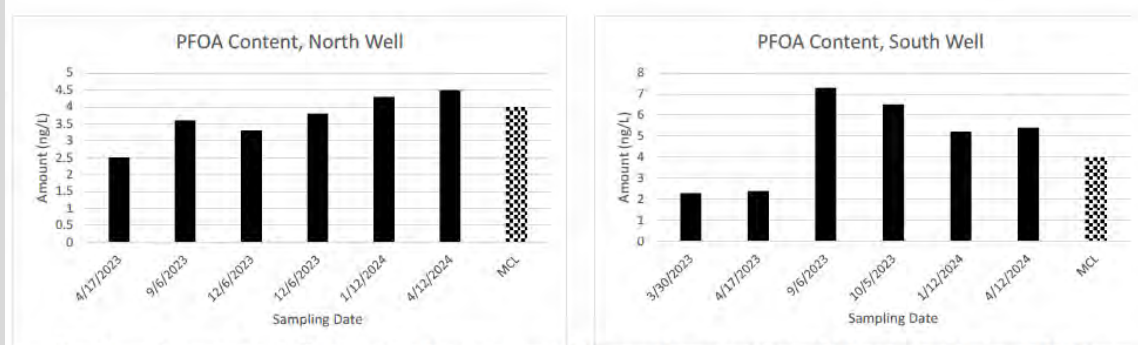
Hemlock Mutual Water Company (PWSID: CA1910053; located in El Monte) has two wells that serve as its water sources. In 2023 and 2024, these two wells were contaminated with several volatile organic compounds, particularly PFOS and PFOA (see Finding Figures 9.1 and 9.2), with levels twice exceeding the MCL (4 ng/L) set for these two chemicals. Other organic contaminants were also present (data not shown) but at a level below MCL.

There was no effluent or treated water analysis data submitted by Hemlock Mutual to California State Water Resources Control Board (CSWRCB).

The Jury reached out to Hemlock Mutual, but calls were not returned (Calls placed on November 13, 2024 and December 4, 2024).



Finding Figure 9.1. PFOS contamination of the water sources of Hemlock Mutual Water Company.



Finding Figure 9.2. PFOA contamination of the water sources of Hemlock Mutual Water Company.

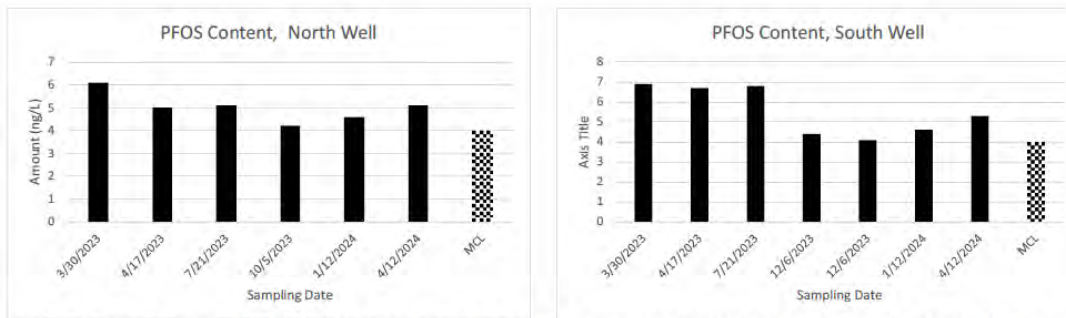
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

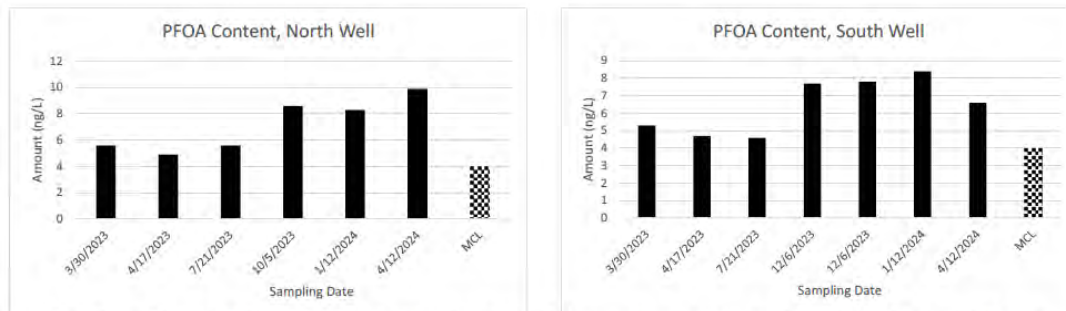
FINDING NO. 10

Sterling Mutual Water Company (PWSID: CA1910158; located in El Monte) has two wells that serve as its water sources. Water analyses done in 2023 and 2024 indicate that the two wells were contaminated with several organic compounds including PFOS and PFOA (see Finding Figures 10.1 and 10.2), with levels almost twice exceeding the MCL set for these two compounds at 4 ng/L. Other organic contaminants were also present (data not shown) but at a level below MCL.

There was no effluent or treated water analysis data available provided by Sterling Mutual to California State Water Resources Control Board (CSWRCB), which indicate that Sterling Mutual is not doing any water treatment. This was confirmed by a representative of Sterling Mutual (Interviewee from Sterling Mutual Water Company, November 18, 2024).



Finding Figure 10.1. PFOS contamination of the water sources of Sterling Mutual Water Company.



Finding Figure 10.2. PFOA contamination of the water sources of Sterling Mutual Water Company.

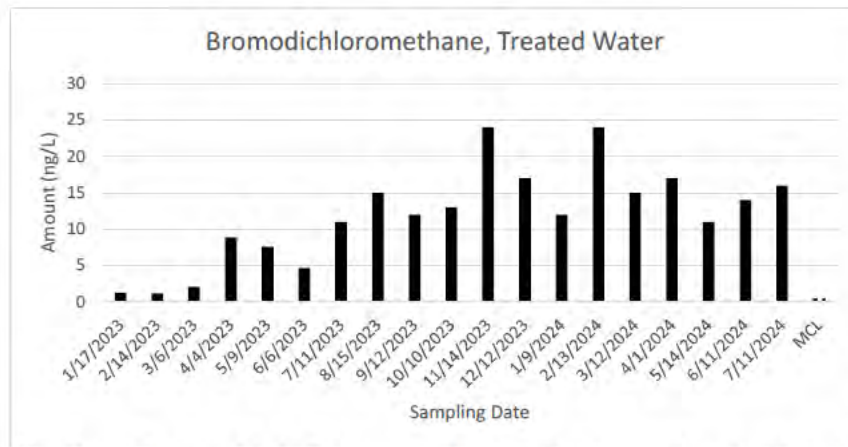
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 11

Based on the 2023 and 2024 water analyses data reported by California Water Service Company - Leona Valley (PWSID: CA1910243), the waters from their several sources were being blended and treated. However, the treated water still had several organic compounds including bromodichloromethane (see Finding Figure 11.1). Note that the recommended MCLG set by the EPA for this compound is zero. Other volatile organic compounds were also detected at levels below the recommended MCL (data not shown).

The Jury inquired as to the possible source of bromodichloromethane and what treatment California Water Service is doing for its removal or reduction. Representative from the district returned the call and informed the Jury that somebody would call to answer the question (Calls on November 19 and 20, 2024). The Jury did not receive a call back.



Finding Figure 11.1. Bromodichloromethane contamination of the water source of California Water Service Company - Leona Valley.

RESPONSE

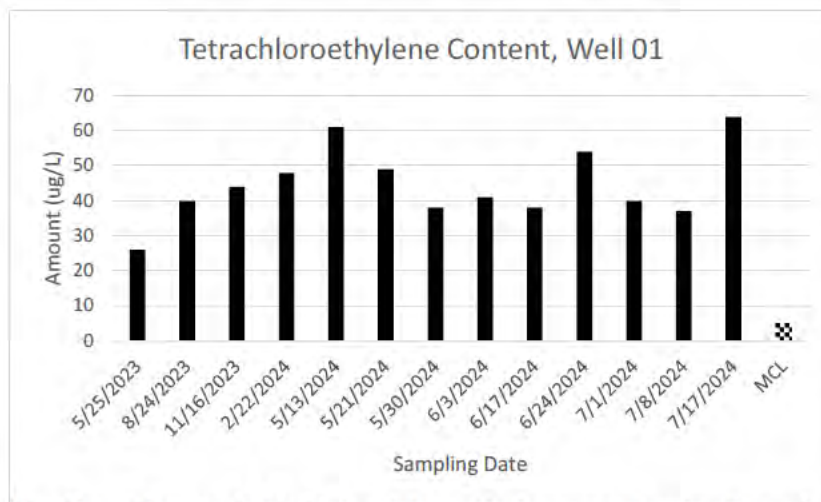
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 12

The well source of Amarillo Mutual Water Company (PWSID: CA1910002; located in Rosemead) is contaminated with a number of volatile organic compounds including tetrachloroethylene (see Finding Figure 12.1). Amarillo Mutual has acknowledged that there have been problems with the water quality from its source for several years now. They draw their water from Well #1 which is pulled from the aquifer that is shared by several users. Well #1 is located near where the contaminants are concentrated. Since the water is contaminated, Amarillo Mutual purchases water from the San Gabriel water district for distribution to its customers (Interviewee from Amarillo Mutual Water Company, October 24, 2024).

A superfund called the El Monte superfund was established to clean up the site of the contamination several years ago. It is called the El Monte superfund and is managed by San Gabriel Basin Water Quality Authority (WQA) (Source: <https://wqa.com/about/>, Accessed: December 16, 2024). The aquifer is swept by WQA periodically and the contaminants get moved to the Northeast end of the aquifer (Interviewee from Amarillo Mutual Water Company, October 24, 2024).

Amarillo Mutual has installed an activated carbon filter to absorb the problematic chemicals from the water and it is working to bring down the numbers to an undetectable level (Based on the water analysis data provided by Interviewee from Amarillo Mutual Water Co., November 4, 2024). This costs the water district more than \$1 million. Amarillo Mutual has applied for reimbursement from the California State Water Board but their application was denied (Interviewee from Amarillo Mutual Water Co., October 24, 2024).



Finding Figure 12.1. Tetrachloroethylene contamination of water source in Amarillo Mutual Water Company.

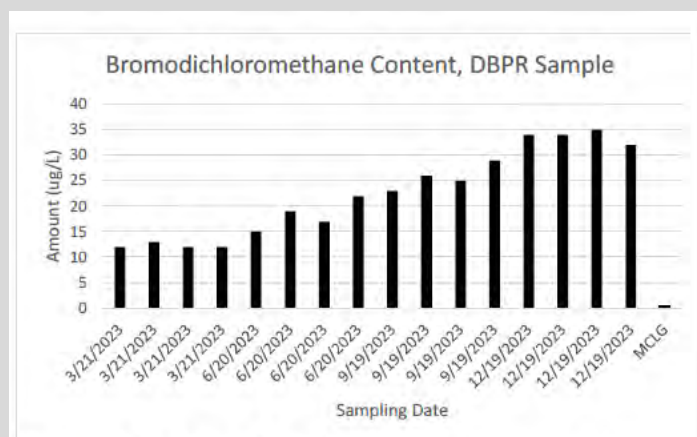
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

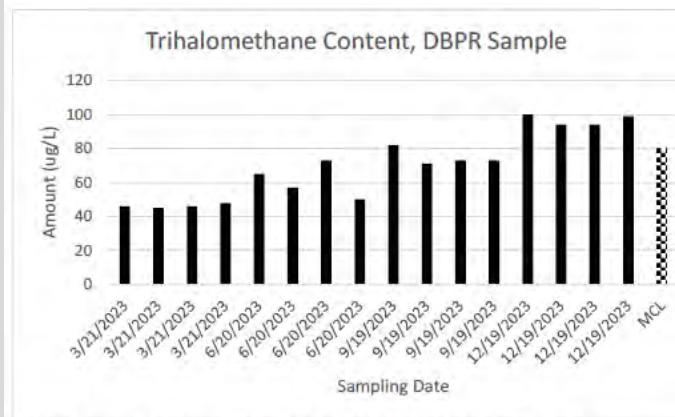
FINDING NO. 13

In 2023, the treated water from California State Polytechnic University – Pomona (PWSID: CA1910022) water district was contaminated with bromodichloromethane (see Finding Figure 13.1), whose MCLG is set to zero by the EPA. In addition, the total trihalomethanes (TTHM) content in the treated water was above the 80 ug/L MCL (see Finding Figure 13.2). Other organic compounds were also detected but were below the MCL.

The Jury reached out to CSU-Pomona, but the call was not returned (Call placed on November 15, 2024).



Finding Figure 13.1. Bromodichloromethane contamination of treated water in California State Polytechnic University – Pomona.



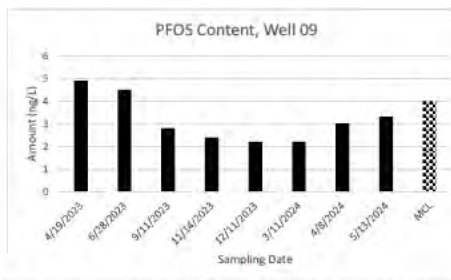
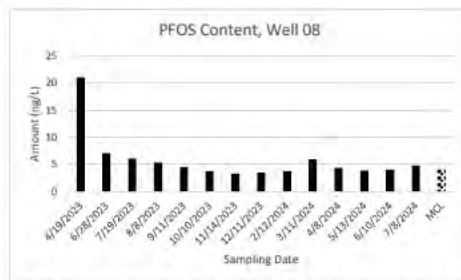
Finding Figure 13.2. Total trihalomethane detected in the treated water in California State Polytechnic University – Pomona.

RESPONSE

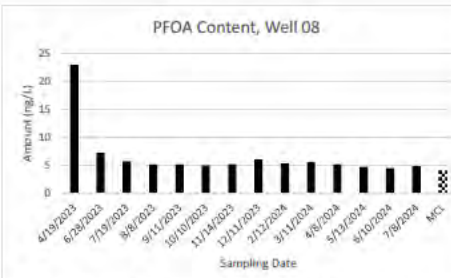
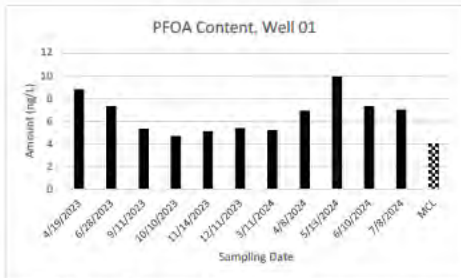
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 14

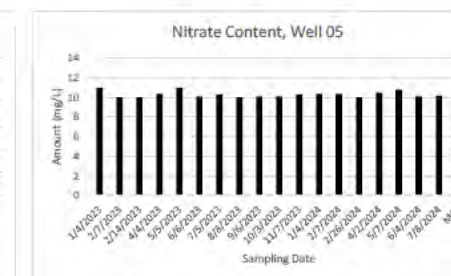
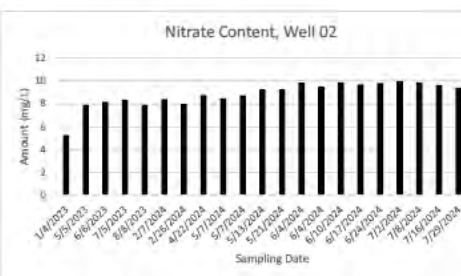
Results from water analysis submitted by Crescenta Valley Water District (CWD; PWSID: CA1910028) in 2023 and 2024 indicate that some of the water wells being used by CWD were contaminated with a number of chemicals including PFOS, PFOA, and nitrate. These are highlighted in Finding Figures 14.1 to 14.3. The MCL for both PFOS and PFOA is 4 ng/L, and for nitrate is 10 mg/L.



Finding Figure 14.1. PFOS contamination of wells #8 and #9 of Crescenta Valley Water District.



Finding Figure 14.2. PFOA contamination of wells #1 and #8 of Crescenta Valley Water District.



Finding Figure 14.3. Nitrate contamination of wells #2 and #5 of Crescenta Valley Water District.

CWD mentioned that the possible source of the volatile organic compounds is a superfund site (Interviewee from Crescenta Valley CWD, December 2, 2024). However, while the source of contamination for nitrates is unknown CWD suspects that it is coming from either failing septic tanks or from accumulated fire retardants used in fighting fires or both (Interviewee from Crescenta Valley CWD, December 2, 2024). In addition, CWD mentioned the area was an agricultural area which may have too many nitrates.

For immediate remediation, CWD is purchasing water from Metropolitan Water District and blending it with water from their well to dilute the contaminants. Results of the analysis indicate that the levels of contaminants contained in the blended water are below the specified MCL. They are also testing a pilot plan to treat water using granulated activated carbon or ion exchange to remove the contaminants permanently (Interviewee from Crescenta Valley CWD, December 2, 2024).

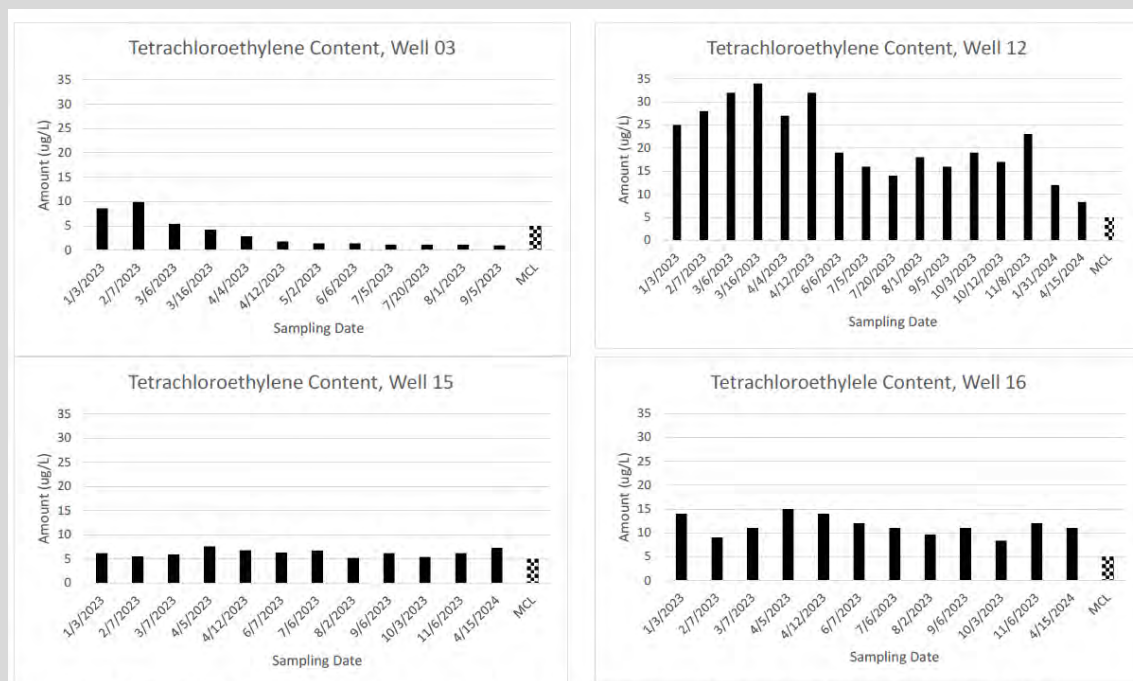
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes

discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 15

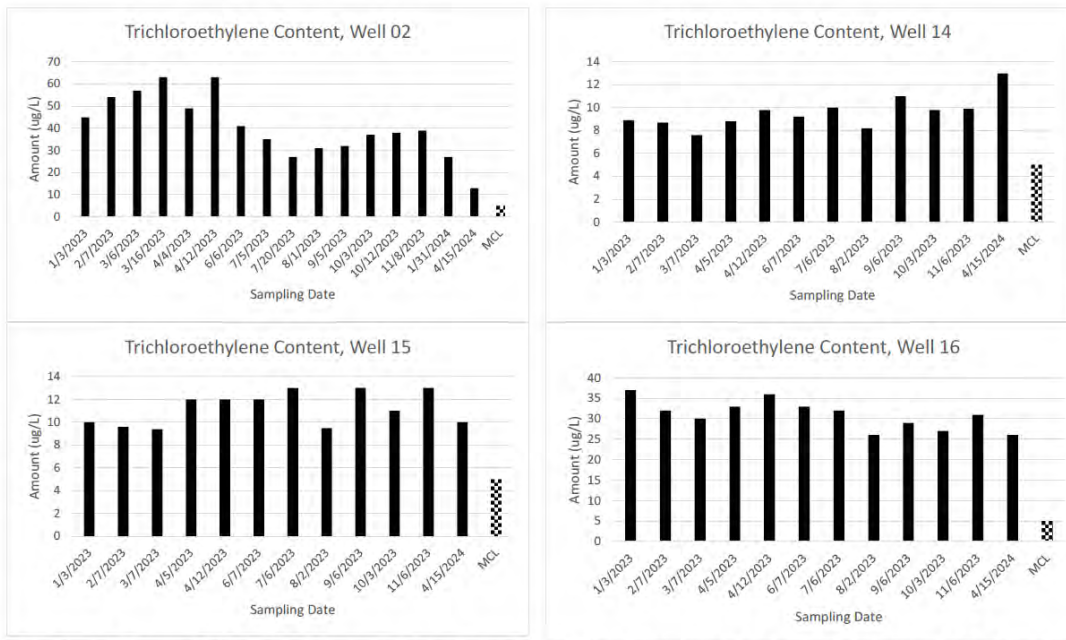
El Monte City Water District (PWSID: CA1910038) has six wells as sources of water for distribution; five are contaminated with tetrachloroethylene, also known as PCE. In Finding Figure 15.1, four of the wells are highlighted. The levels of PCE were above MCL as indicated in the 2023 and early 2024 analyses. In the case of well #12, the PCE level was about 6.5X of the MCL.



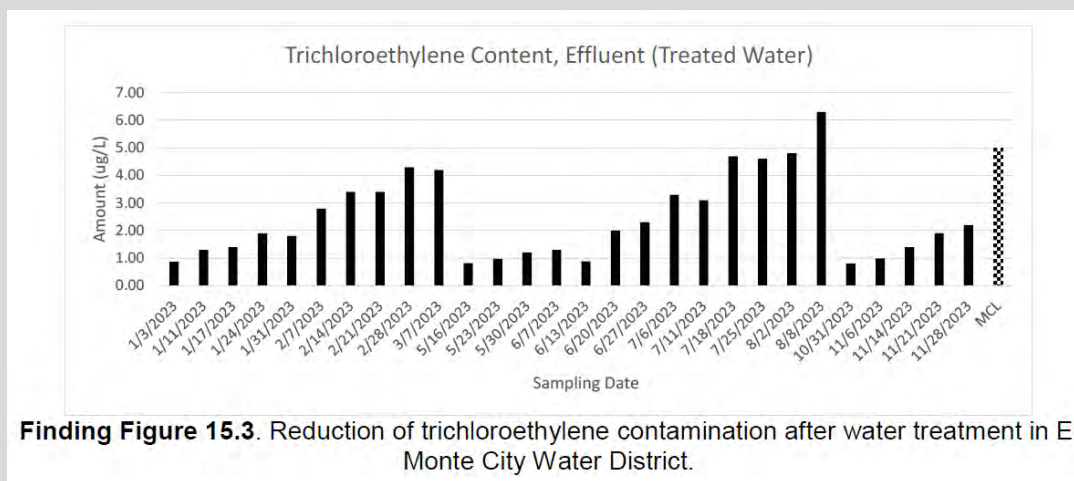
Finding Figure 15.1. Tetrachloroethylene contamination of some of the water wells of El Monte City Water District. (Note: The y-axes for all graphs are adjusted to be of the same scale.)

Other organic compounds, including trichloroethylene, were also detected above the MCL level (see Finding Figure 15.2).

The source of contamination appears to be the superfund site that is being managed by the San Gabriel Basin Water Quality Authority (WQA) (Interviewee from El Monte City Water District, December 2, 2024). El Monte City Water District installed a granular activated carbon treatment system to filter the water before it enters the supply lines. The treated water has reduced levels of contaminants (Interviewee from El Monte City Water District, December 2, 2024). This is evident in Finding Figure 15.3. El Monte City Water District applied for reimbursement from the EPA funds through WQA.



Finding Figure 15.2. Trichloroethylene contamination of some of the water wells of El Monte City Water District.



Finding Figure 15.3. Reduction of trichloroethylene contamination after water treatment in El Monte City Water District.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 16

Nitrate, perchlorate, carbon tetrachloride, and volatile organic compounds are found to be present in the water sources used by Lincoln Avenue Water Co. (PWSID: CA1910063; located in Altadena). In 2023 and 2024 analyses, the levels of these contaminants were below MCL (data not shown). Lincoln Avenue Water is using appropriate steps to resolve the problem. Treatment facilities were installed (ionic exchanger and granular activated carbon) to remove the VOCs (Interviewee from Lincoln Avenue Water Co., November 13, 2024). Hence, water being distributed by Lincoln Avenue Water to its consumers is up to the EPA and California standards.

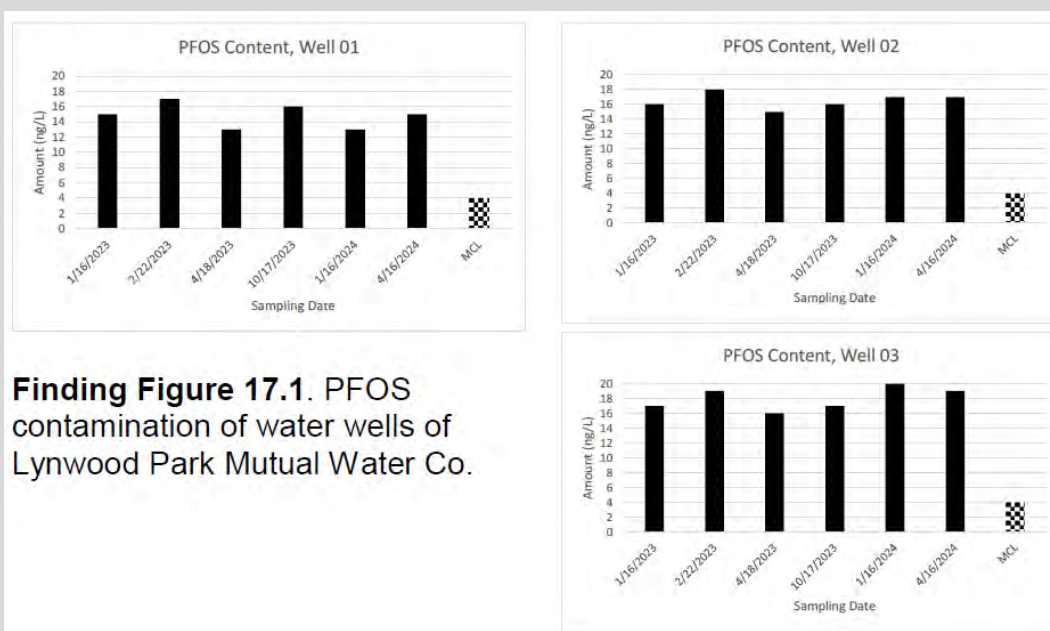
A possible source of the volatile organic compounds that are present in the district's water wells is NASA JPL site (Interviewee from Lincoln Avenue Water Co., November 13, 2024). This has been considered a superfund site since the 1980s (Interviewee from Lincoln Avenue Water Co., November 13, 2024).

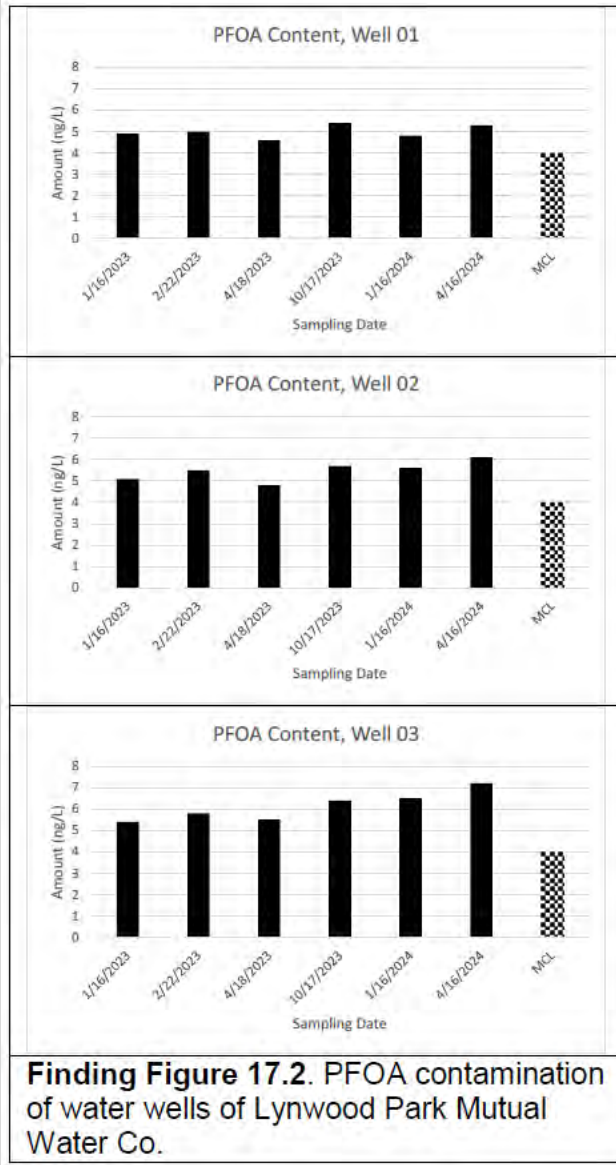
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 17

There are three wells currently being used by Lynwood Park Mutual Water Co. (PWSID: CA1910081; located in Compton) as sources of water for their customers. Based on 2023 and 2024 analyses, the wells contained PFOS (see Finding Figure 17.1) and PFOA (see Finding Figure 17.2) that were above the MCL (4 ng/L for both PFOS and PFOA). In the case of PFOS, it was about 4X the MCL standard. Other volatile organic compounds (e.g., tetrachloroethylene and trichloroethylene) were also detectable but below MCL (data not shown).





Lynwood Park Mutual does not know the source of the contamination. As far as they know, no superfund site is involved (Interviewee from Lynwood Park Mutual Water Co., November 19, 2024). They are developing a plan to assess the source of the contamination. As of this report writing, Lynwood Park is still in the process of drafting a plan and finding a suitable solution to install a treatment system that will remove the contaminants. Accordingly, the cost is quite prohibitive (Interviewee from Lynwood Park Mutual Water Co., January 14, 2025).

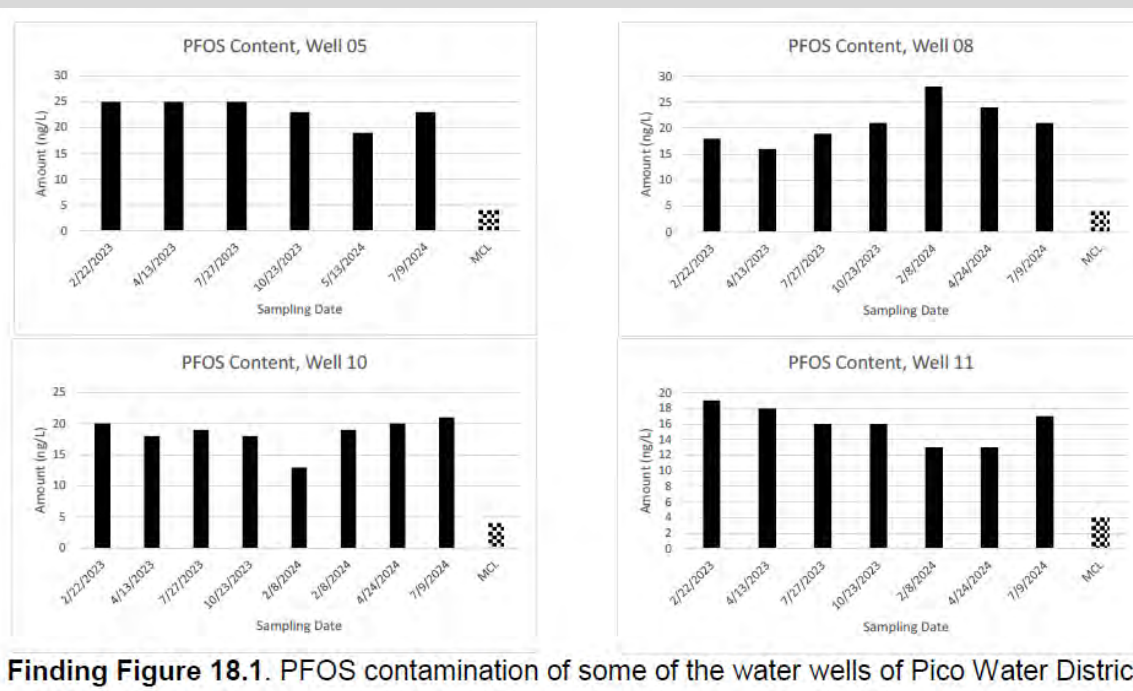
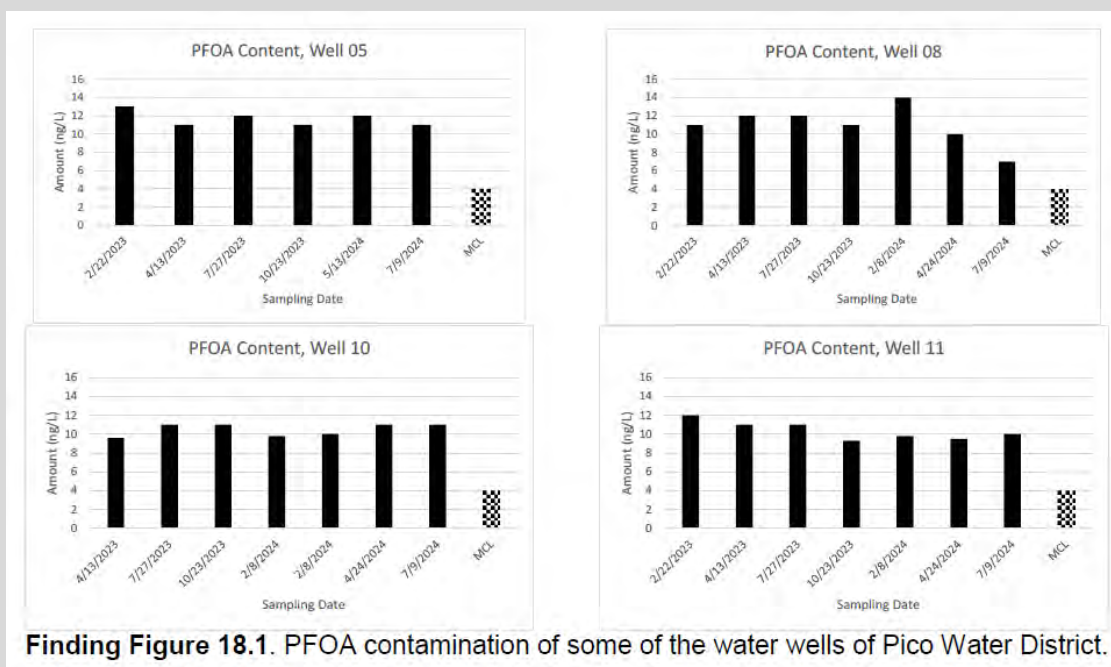
There was no effluent or treated water analysis data submitted by Lynwood Park Mutual to California State Water Resources Control Board (CSWRCB).

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 18

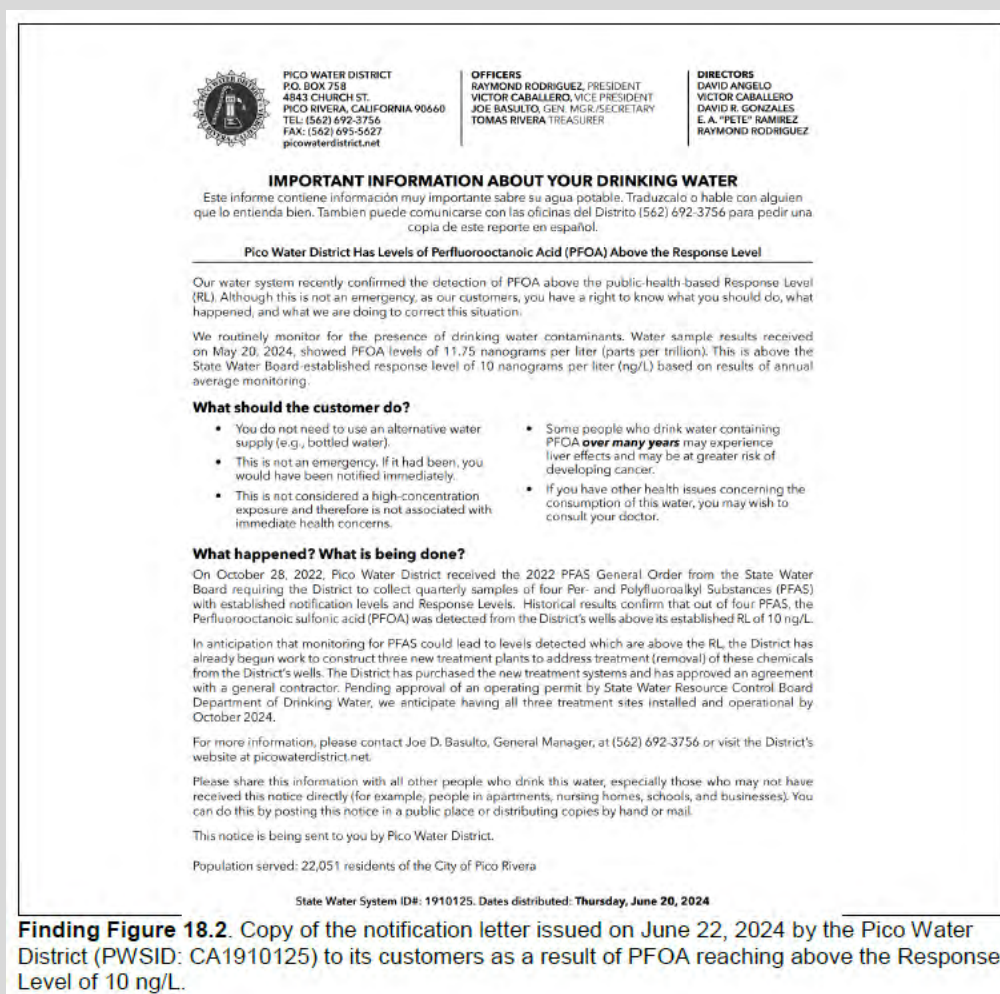
PFOA and PFOS are two of the major contaminants found in the source wells being used by Pico Water District (PWSID: CA1910125; located in Pico Rivera) at a level way above their MCL (4 ng/L) set by the EPA. These are highlighted in Finding Figures 18.1 and 18.2. At some point in 2023 and 2024, the PFOA and PFOS levels were about 3X and 6X the MCL, respectively.



The amount of PFOA is above the Response Level (10 ng/L) set by California State Water Board, which triggered the Pico Water District to issue a notification to its customers about PFOA and its health effects (see Finding Figure 18.2).

A possible source of the contaminants is not clear. Their wells are presumably near the location that used to be occupied by Northrop Corp (Interviewee from Pico Water District, November 5, 2024).

Pico Water District purchased three new treatment plants (ion exchangers) and these have been installed since 2023. These cost them millions of dollars. They applied for a permit to begin using the treatment plants. The district had been waiting for at least a year now for the Division of Drinking Water of the California State Resource Control Board to issue the permit (Interviewee from Pico Water District, November 5, 2024).



RESPONSE

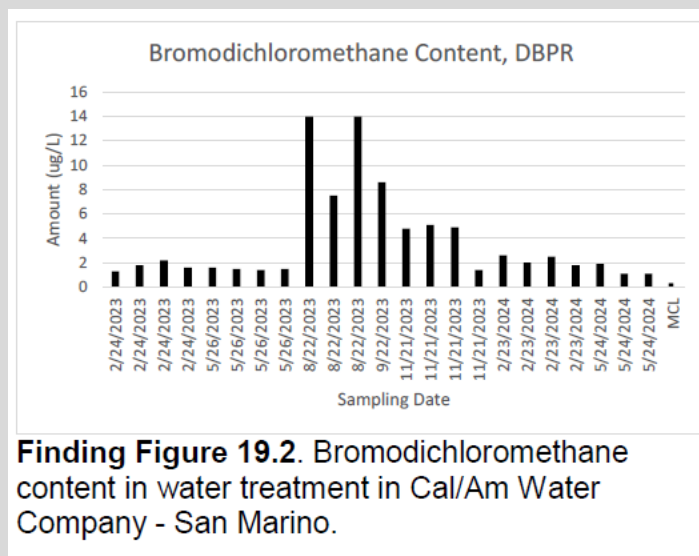
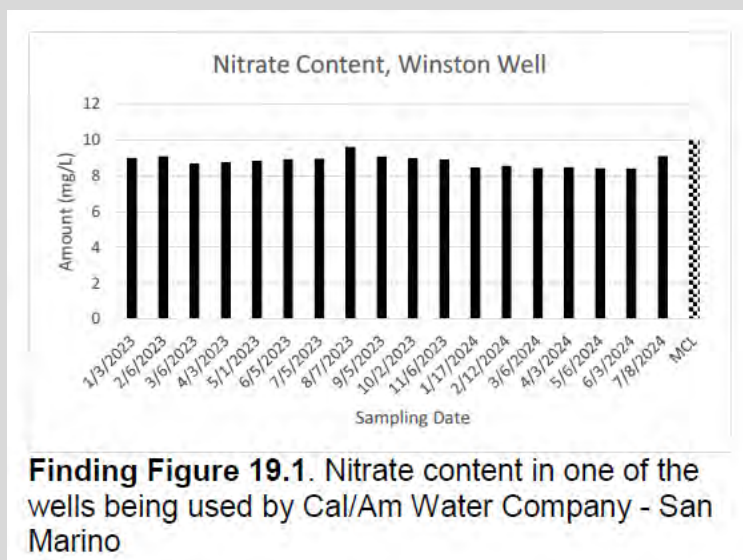
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County of Los Angeles. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 19

Nitrates appear to be ubiquitous in wells being used Cal/Am Water Company - San Marino (PWSID: CA1910139). In 2023 and 2024, the nitrate content of one of its wells was approaching the MCL (Finding Figure 19.1). Based on the water analysis they submitted to California State Water Resources Control Board (CSWRCB), the

district appears to be blending water from different wells to significantly reduce the amount of nitrates in water for distribution.

The water analysis also indicates that bromodichloromethane was significantly higher than the recommended MCL for this chemical which is zero.

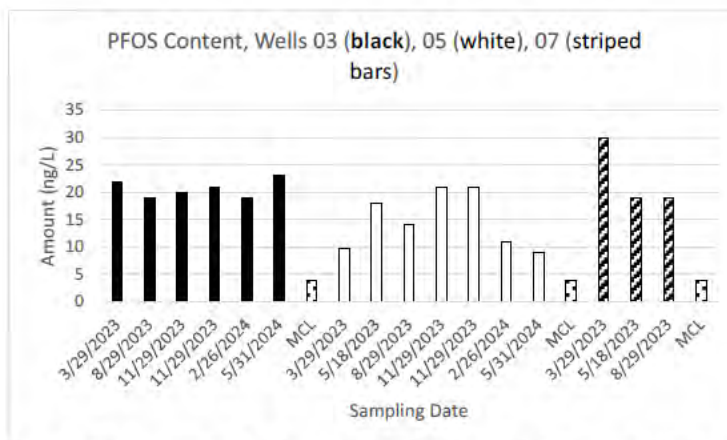


RESPONSE

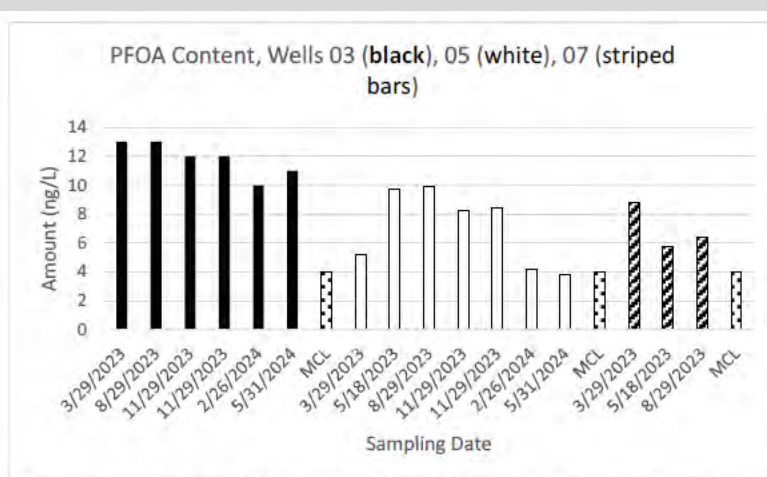
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 20

South Montebello Irrigation District (PWSID: CA1910153) has three wells as water sources. Based on the results of water analysis in 2023-2024, all of the three wells were contaminated with PFOS and PFOA at about 5X and 3X the recommended MCL, respectively (see Finding Figures 20.1 and 20.2).



Finding Figure 20.1. PFOS contamination in water wells of South Montebello Irrigation District.



Finding Figure 20.2. PFOA contamination in water wells of South Montebello Irrigation District.

South Montebello Irrigation District (SMID) is aware of the presence of these chemicals (Interviewee from South Montebello Irrigation District, February 5, 2025). According to SMID, the aquifer associated with their wells are contaminated. They do not know the source of these contaminants, but they suspect that the sources are the run-off from fire-fighting foam retardants used in the hills above Montebello that washed into the Rio Hondo River and then into the aquifer. They have been told by the Fire Department that the current water retardants no longer have these chemicals.

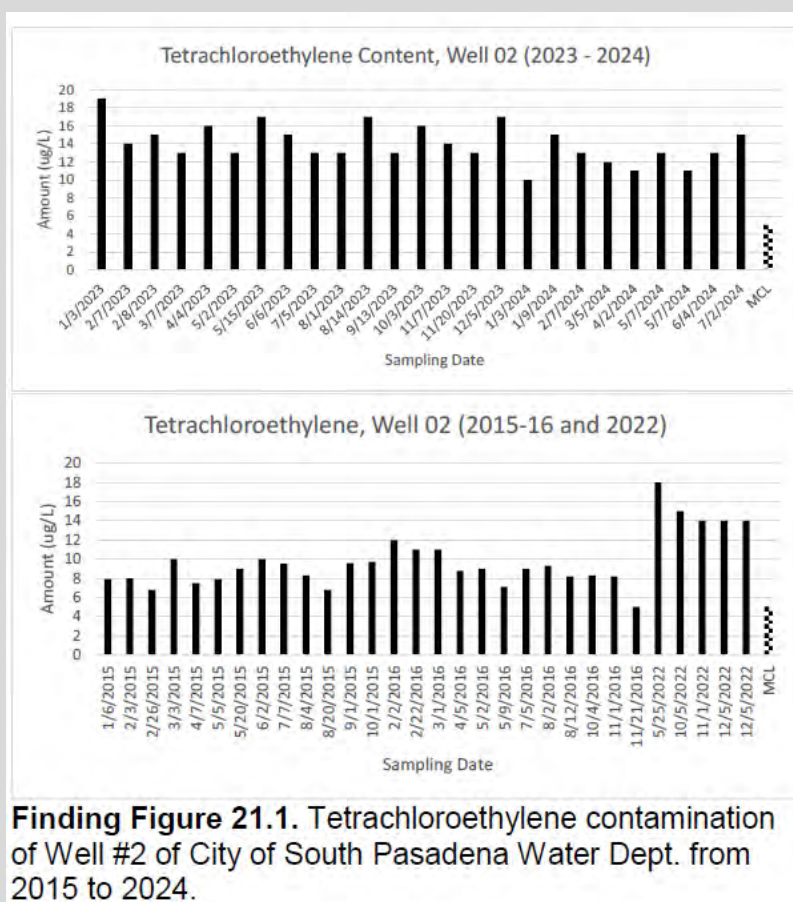
SMID has issued notification warning to their customers about these contaminants (Source: <https://smid.specialdistrict.org/files/f11e9aa63/SMID+PFA+Notification+9-5-24.pdf>. Accessed: February 5, 2025). They are drawing up plans to remediate the problem including installation of water treatment and creation of new wells and a new emergency generator. They believe that these plans will be implemented starting in 2026 (Interviewee from South Montebello Irrigation District, February 5, 2025).

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 21

Based on their submitted water analysis report in 2023-2024, results indicate that one (Well #2) of the wells being used by the City of South Pasadena Water Department (PWSID: CA1910154) was contaminated with tetrachloroethylene (or PCE) at a level 3X the MCL (see Finding Figure 21.1, upper panel). In the previous years (2015 to 2022), this chemical was also detected above MCL in Well #2 (see lower panel of Finding Figure 21.1). The other wells also contained tetrachloroethylene that was below MCL (data not shown).



There was no data submitted to the California State Water Resources Control Board (CSWRCB) regarding tetrachloroethylene content in treated (effluent) water. According to the City of South Pasadena Water Department, water from this well is just being monitored but not being used for distribution to consumers (Interviewee from City of South Pasadena Water Department, February 28, 2025). Hence, there is no treated water sample available from this well.

The source of PCE in their water system is the San Gabriel Water Basin, where a number of superfund sites are located. The Basin serves as the water source for some of the wells of City of South Pasadena Water Dept (Interviewee from City of South Pasadena Water Department, February 28, 2025). Aside from PCE, the City

has to monitor other organic compounds (e.g., trichloroethylene and 1,2,3-Trichloropropane) (Interviewee from City of South Pasadena Water Department, February 28, 2025). For this reason, the City had to install treatment facilities (e.g., granulated activated charcoal and ion-exchanger) in 2022 at a cost of about \$11.2 million.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 22

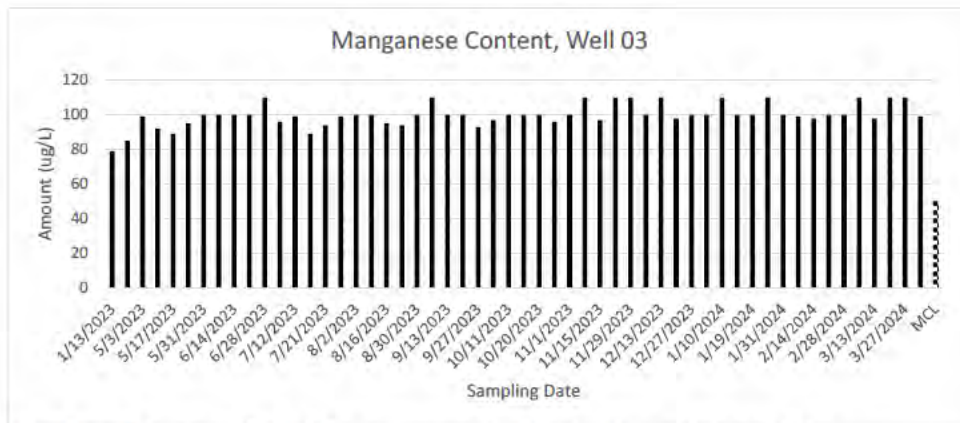
In the 2023-2024 the analysis indicated that nitrates and some volatile organic compounds were detected at some of the wells being used by Sunny Slope Water Company (PWSID: CA1910157) but they were below the corresponding MCL (data not shown). Analyses done in 2019 to 2022 indicated similar results. In addition, data regarding analysis of effluent samples indicates that Sunny Slope is performing treatment of water coming from these wells.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

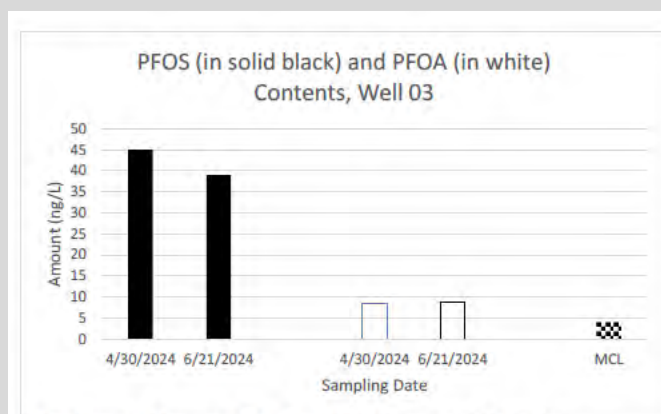
FINDING NO. 23

There are two wells being used by Tract 349 Mutual Water Company (PWSID: CA1910160; located in Cudahy). One of them (Well #3) was contaminated with manganese (see Finding Figure 23.1) at 2X the MCL. In addition, the well had has high levels of PFOA (at 2X) and PFOS (at 11X) that are above MCL (see Finding Figure 23.2). Other VOCs were also present in the well but they were below the corresponding MCL (data not shown). Tract 349 was already notified by the State Water Regulatory Board about the high level of manganese in their water (Interviewee from Tract 349 Mutual Water Co., November 18 and 21, 2024). However, they have not been notified about the presence of high levels of some VOCs (Interviewee from Tract 349 Mutual Water Co., November 18 and 21, 2024).



Finding Figure 23.1. Manganese contamination of one of the wells of Tract 349 Mutual Water Company

According to Tract 349, Well #4 serves as the water supply source and Well #3 is pumped for sampling and for monitoring purposes only and is not part of water supply (Based on the document submitted by Tract 349 Mutual Water Co., December 14, 2024). The levels of manganese and VOCs in Well #4 are below their corresponding MCLs (data not shown).



Finding Figure 23.2. PFOS and PFOA contamination of one of the wells of Tract 349 Mutual Water Company.

The source of water for the two wells is the groundwater from the Central Basin (Based on the document submitted by Tract 349 Mutual Water Co., December 14, 2024). Manganese is prevalent throughout this basin and it has been present from the time of the formation of Tract 349 in 1912. PFOS and PFOA have been detected in the Central Basin beginning in the late 2010s and were detected in Tract 349's wells in or about April 2024 (Based on the document submitted by Tract 349 Mutual Water Co., December 14, 2024).

Tract 349 is drafting a plan to remedy the manganese problem. As part of this plan, they wrote a grant to seek funding from the state of California for the water treatment to remove manganese in Well #4 (Interviewee from Tract 349 Mutual Water Co., November 18 and 21, 2024).

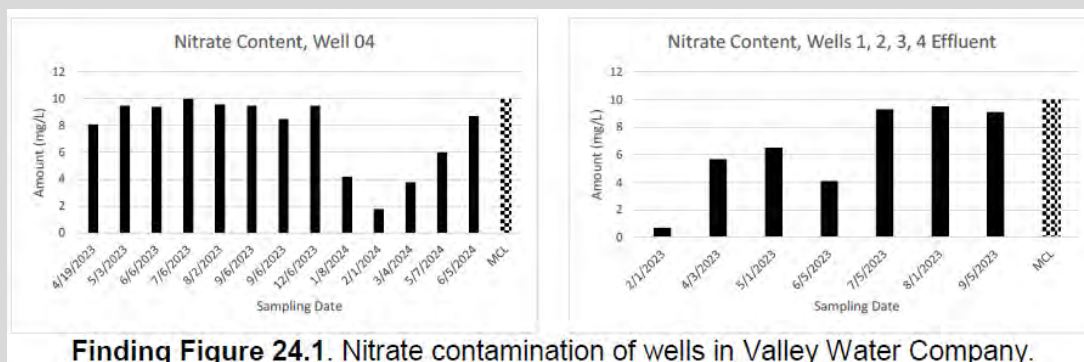
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction

over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

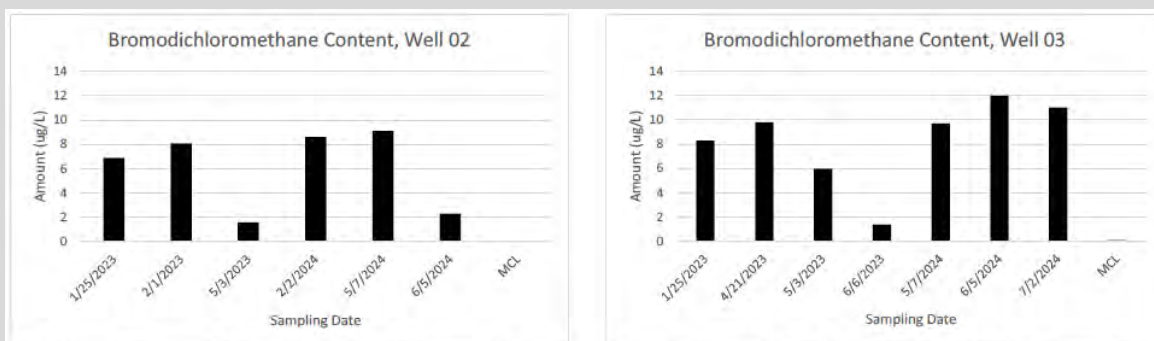
FINDING NO. 24

The level of nitrates in some of the wells being used by Valley Water Co. (PWSID: CA1910166; located in La Canada Flintridge) is approaching the MCL (see Finding Figure 24.1). The same can be said about the overall treated water coming from the four wells.



Finding Figure 24.1. Nitrate contamination of wells in Valley Water Company.

Bromodichloromethane, one of the volatile organic compounds, is also found in the water of Valley Water (see Finding Figure 24.2). The MCL set goal by the EPA for this chemical is zero (see Table 4).



Finding Figure 24.2. Bromodichloromethane contamination of wells in Valley Water Company.

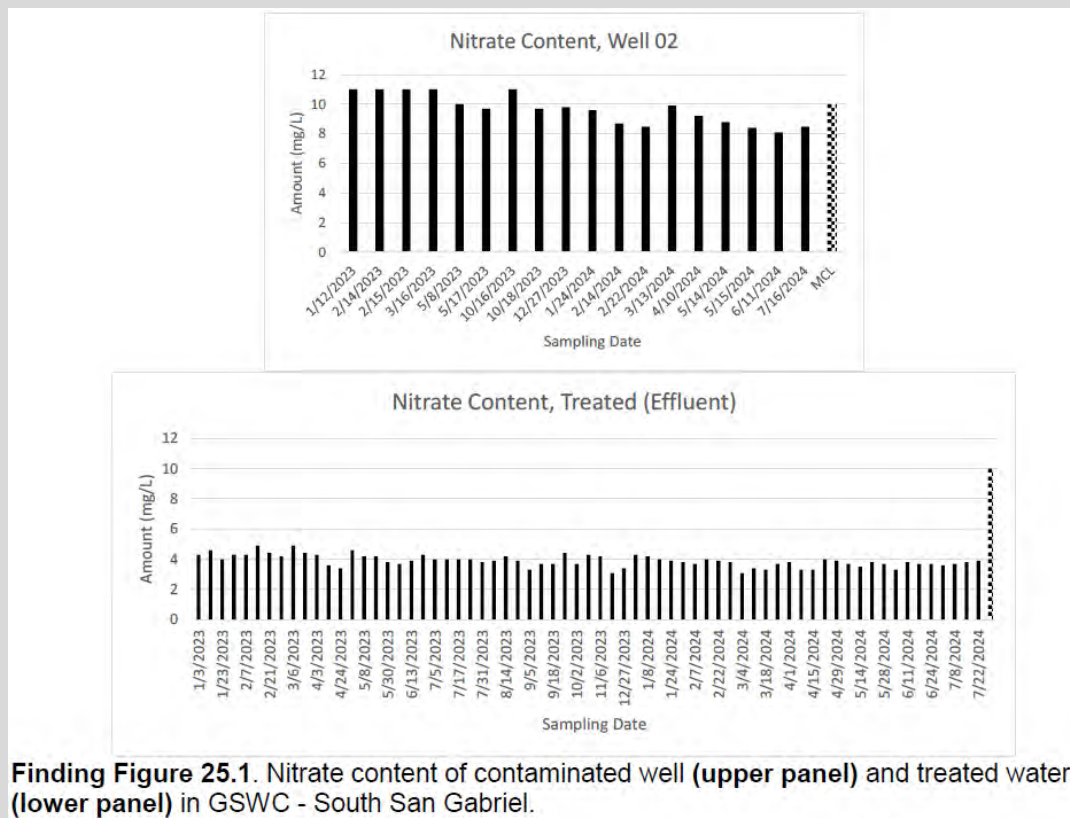
According to Valley Water, the possible source of the contamination is a site that Jet Propulsion Laboratory used to utilize; no superfund site is involved (Interviewee from Valley Water Co., November 13, 2024). They have been dealing with the contamination issue for more than 20 years. The water district has installed a filtration system to remove the contaminants before water distribution (Interviewee from Valley Water Co., November 13, 2024).

RESPONSE

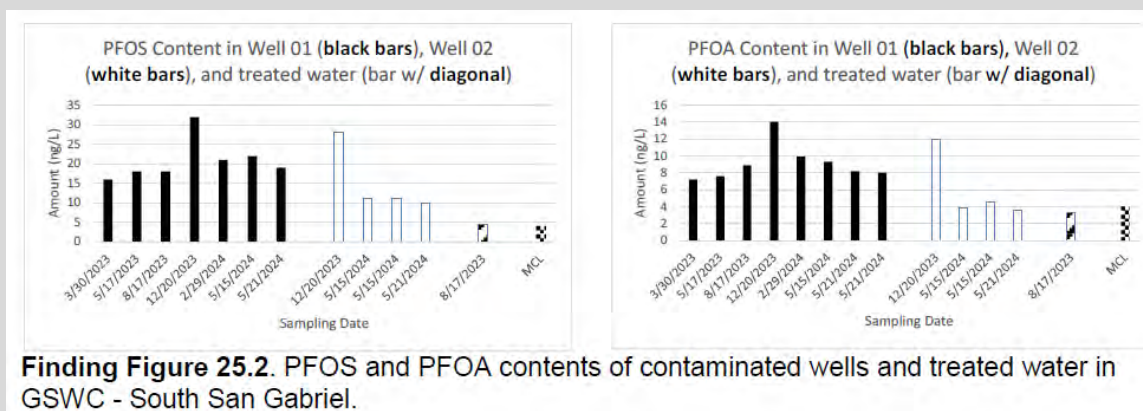
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County of Los Angeles. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 25

At some point of in 2023 and 2024, some of the wells being used by GSWC - South San Gabriel (PWSID: CA1910223) were contaminated by nitrates and some volatile organic compounds (including PFOS, PFOA, and tetrachloroethylene) at levels above the MCL. Based on the effluent data available, GSWC is treating the water to reduce the contaminants and the treatment procedure appears to be working (see Finding Figures 25.1 and 25.2).



Finding Figure 25.1. Nitrate content of contaminated well (upper panel) and treated water (lower panel) in GSWC - South San Gabriel.



Finding Figure 25.2. PFOS and PFOA contents of contaminated wells and treated water in GSWC - South San Gabriel.

RESPONSE

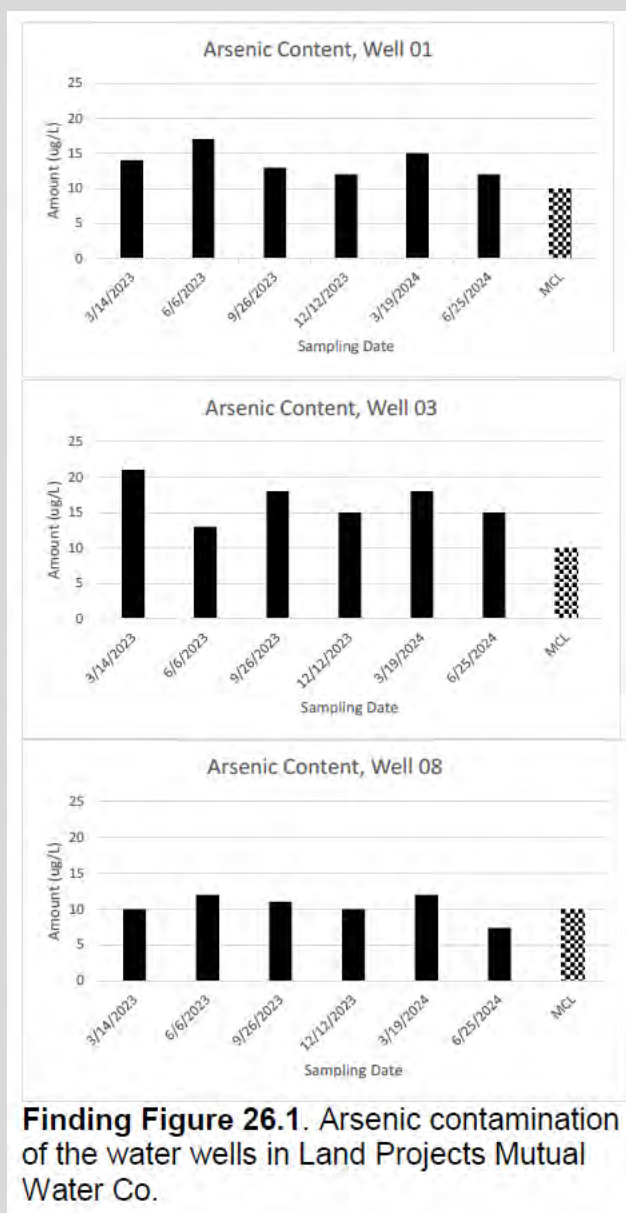
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 26

Three wells in Land Projects Mutual Water Company (PWSID: CA1910246; located in Lancaster) contains arsenic levels that are above the maximum contaminant level. This is highlighted in Finding Figure 26.1. The wells also contain nitrates but at a level below MCL (data not shown).

Land Projects is using the three wells in rotation as a source of water. To remedy the arsenic problem, Land Projects also installed a 4th well with water treatment capability (i.e., absorption treatment) (Interviewee from Land Projects Mutual Water Co., November 20, 2024). This will serve as the primary source of treated water. The water from the other wells will be blended in with the primary source to dilute the amount of arsenic. This way the blended water will meet the EPA standard of having arsenic level below the MCL threshold.

The installation is almost done and will be operational by March or April 2025 after inspection by the State Water Board (Interviewee from Land Projects Mutual Water Co., February 3, 2025).



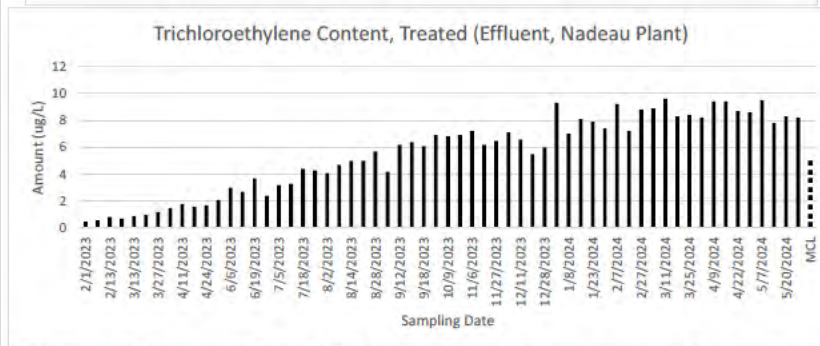
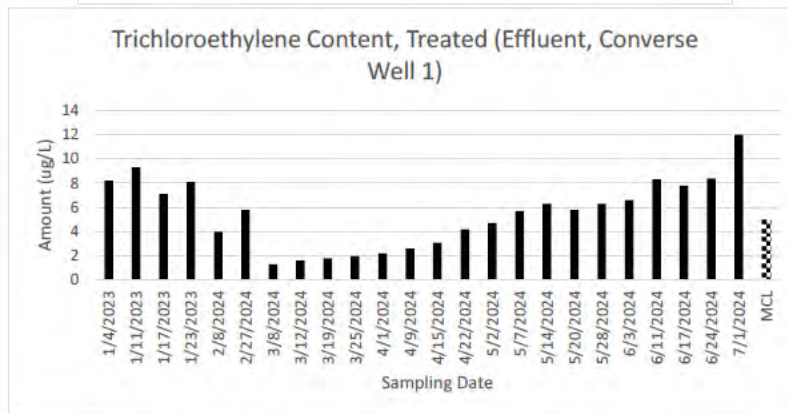
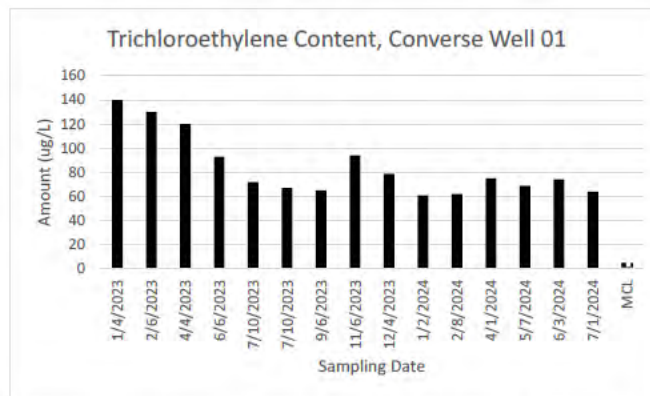
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

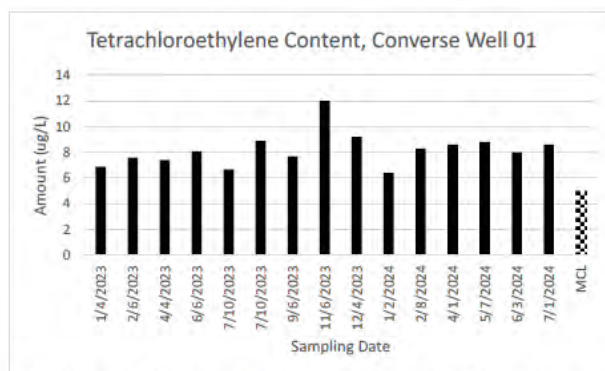
FINDING NO. 27

Some of the wells being used by GSWC – Florence/Graham Water District (PWSID: CA1910077; located in Santa Fe Springs) are contaminated with volatile organic compounds including trichloroethylene and tetrachloroethylene. Based on the 2023-2024 analyses, trichloroethylene and tetrachloroethylene were detected at about 10X-25X and 1.2X-2.4X their MCL (5 ug/L), respectively (see Finding Figures 27.1 and 27.2).

The same reports also indicate that GSWC – Florence/Graham is treating the waters. However, such treatment was only effective in reducing the trichloroethylene for several months in 2023 or in early 2024. There was no reported data about the tetrachloroethylene content in treated water.



Finding Figure 27.1. Trichloroethylene contamination of wells and treated water in GSWC-Florence/Graham Water District.



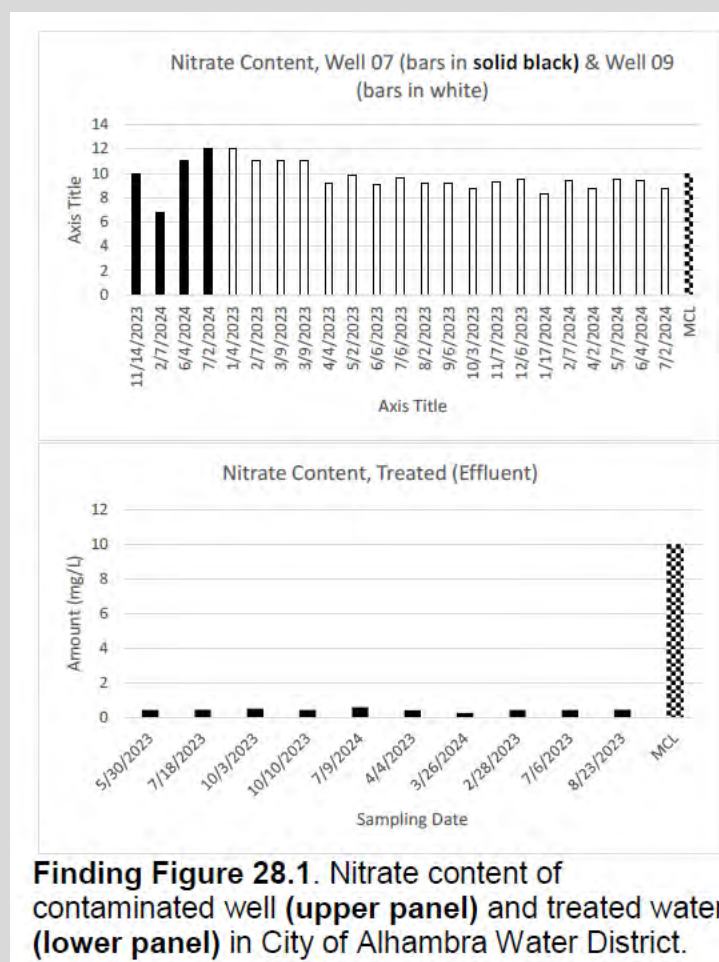
Finding Figure 27.2. Tetrachloroethylene contamination of well #1 in GSWC-Florence/Graham Water District.

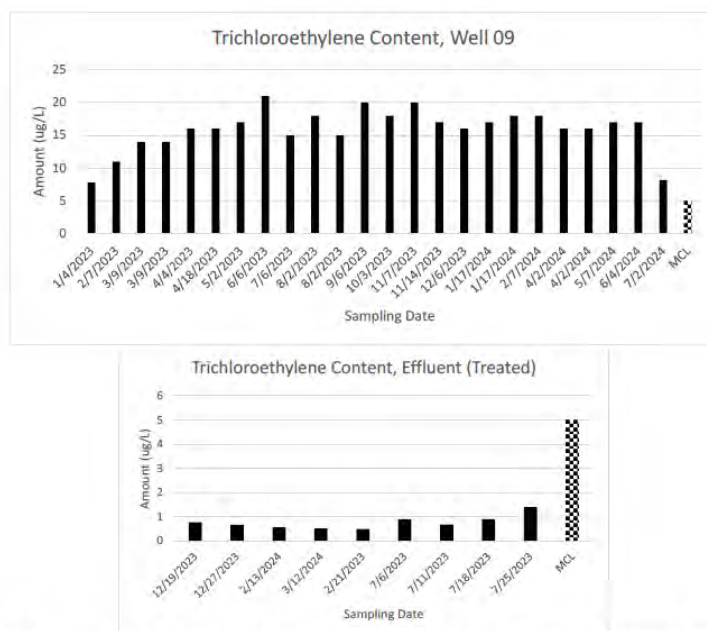
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 28

Some of the water wells being used by the City of Alhambra Water District (PWSID: CA1910001) are contaminated with nitrates and some volatile organic compounds (e.g., trichloroethylene). Results of water analysis conducted in 2023-2024 indicate that they were present above the respective contaminant MCL. Based on the available effluent data, the City of Alhambra appears to be treating the water from these wells. The level of the contaminants is significantly reduced (see Finding Figure 28.1 for nitrate and Finding Figure 28.2 for trichloroethylene).





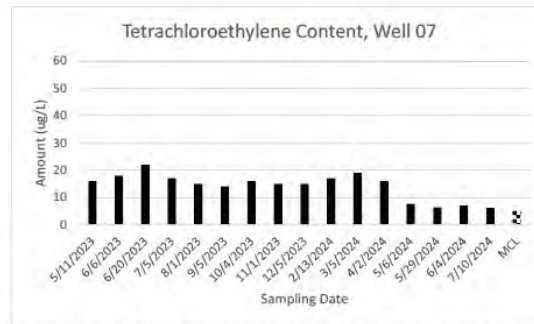
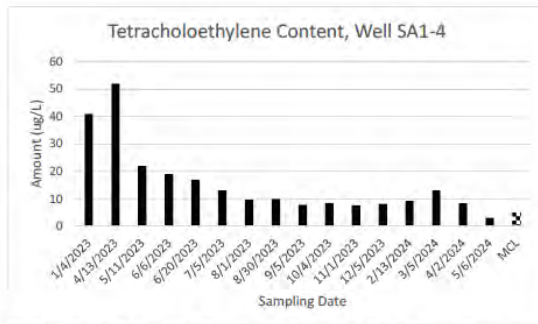
Finding Figure 28.2. Trichloroethylene content of contaminated well (**upper panel**) and treated water (**lower panel**) in City of Alhambra Water District.

RESPONSE

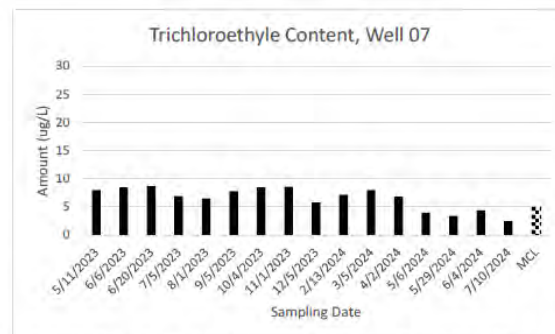
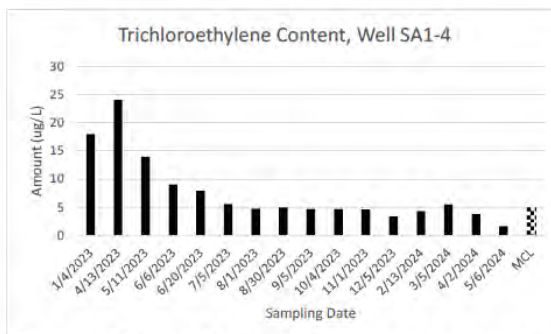
Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 29

The water wells of Valley County Water District (PWSID: CA1910009; located in Baldwin Park) are contaminated with a number of organic compounds including tetrachloroethylene and trichloroethylene, the levels of which were detected either at 10X or 5X, respectively, based on the district's 2023 analysis (see Finding Figures 29.1 and 29.2).



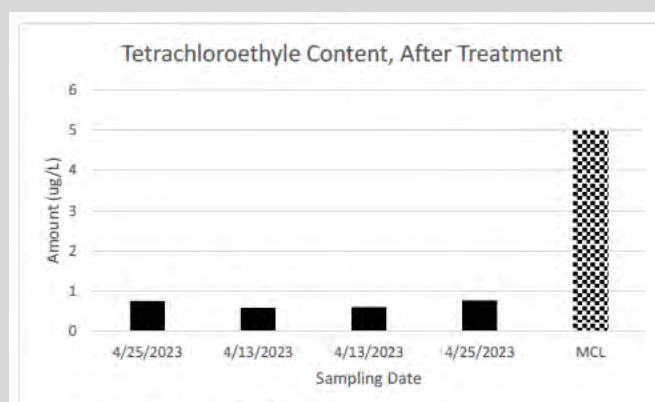
Finding Figure 29.1. Tetrachloroethylene contamination of water sources of Valley County Water District.



Finding Figure 29.2. Trichloroethylene contamination of water sources of Valley County Water District.

Aside from the above organic chemicals, the wells contain PFOS and PFOA (data not shown). Valley County Water Mutual is also monitoring the following VOCs: perchlorate, N-Nitrosodimethylamine, and 1,4-dioxane (Interviewee from Valley County Water District, October 25, 2024). They also found nitrates which are usually produced by nearby dairy farms (Interviewee from Valley County Water District, October 25, 2024).

According to Valley County Water Mutual, the water from their wells is pumped into a single line which then is blended prior to treatment (Interviewee from Valley County Water District, October 25, 2024). The results of the treatment of blended water showed that the level of contaminants is significantly reduced as highlighted in Finding Figure 29.3 for tetrachloroethylene.



Finding Figure 29.3. Reduction of tetrachloroethylene after treatment of blended water in Valley County Water District.

The source of the contamination is a superfund site affecting the aquifer and the **district's water wells (Interviewee from Valley County Water District, October 25, 2024)**. The original contaminators were sued by the EPA and have been paying to clean up the site for years. The clean-up is being done through WQA who installed an activated carbon filter to flush the aquifer.

They also sell their treated water to other water districts (Interviewee from Valley County Water District, October 25, 2024). They claim to test the water before and after pumping and the water is 100% according to EPA standards. In addition, they file an annual report with the state water board that lists all complaints they receive from consumers.

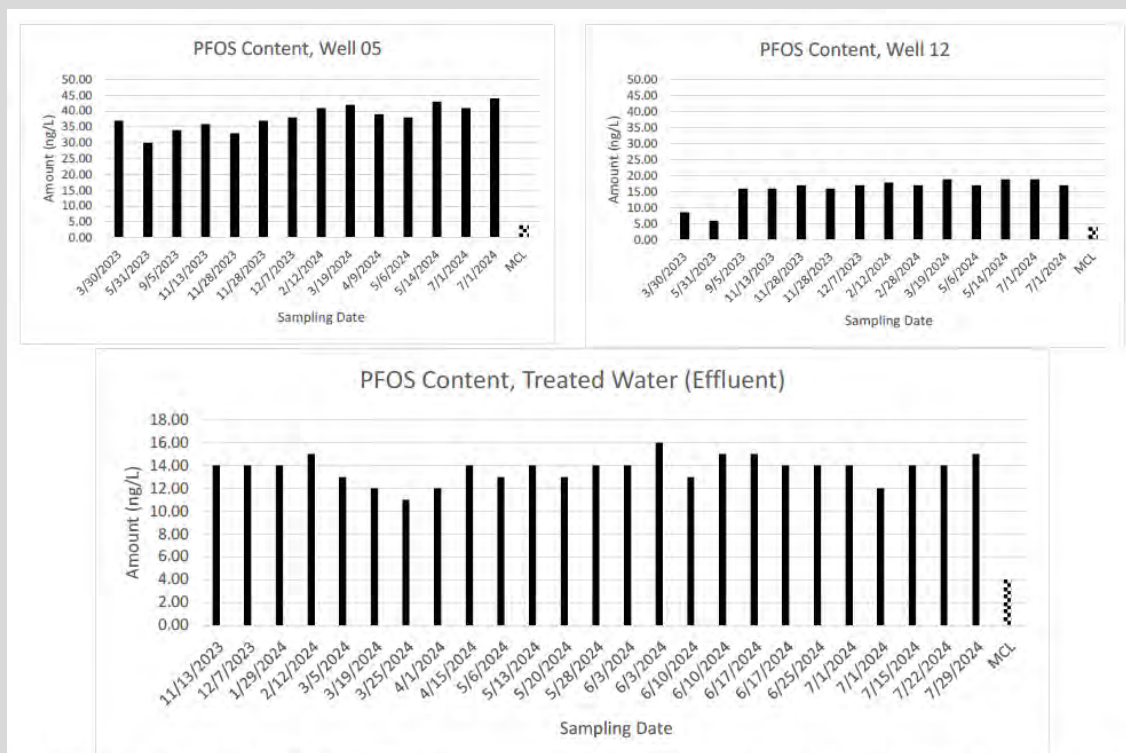
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

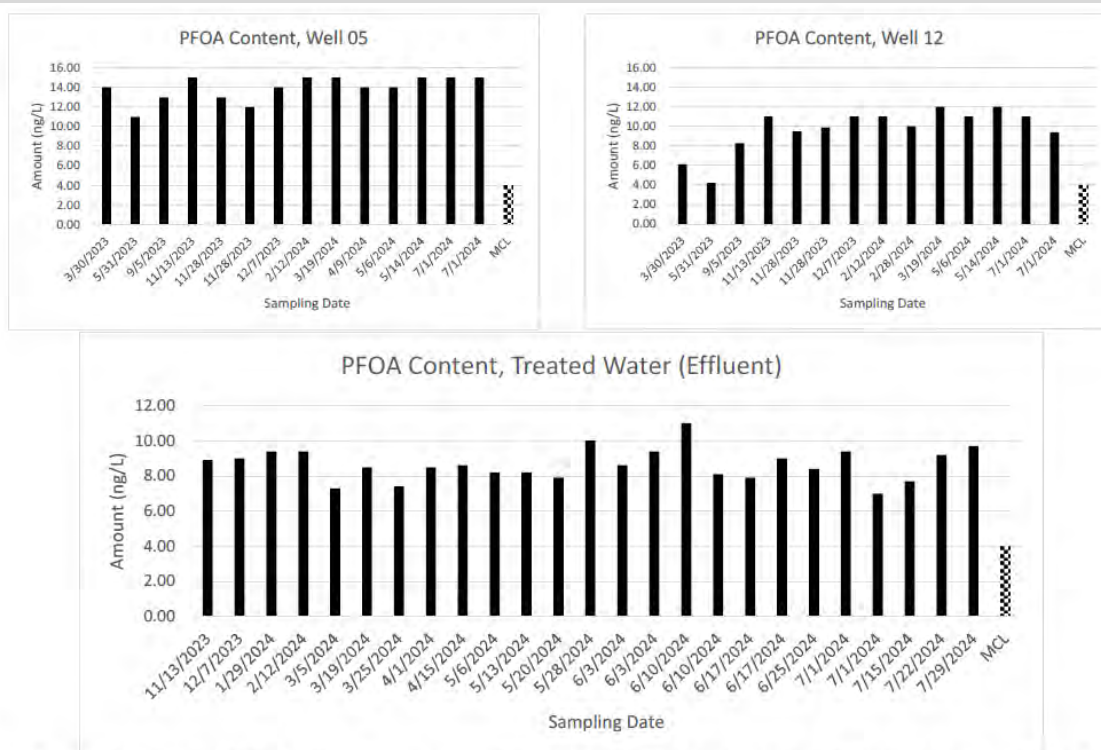
FINDING NO. 30

The water wells being used by Monterey Park City Water Dept. (PWSID: CA1910092) are contaminated with a number of volatile organic compounds, including PFOS and PFOA, arsenic, and nitrates.

In 2024, Wells #3, #5, #10, and #12 had levels of PFOS about 10X and about 2.5X the MCL, respectively (see upper panel of Finding Figure 30.1; data for #3 and #10 are not shown). The same wells had levels of PFOA at about 3.5X and about 2.5X the MCL (see upper panel of Finding Figure 30.2).



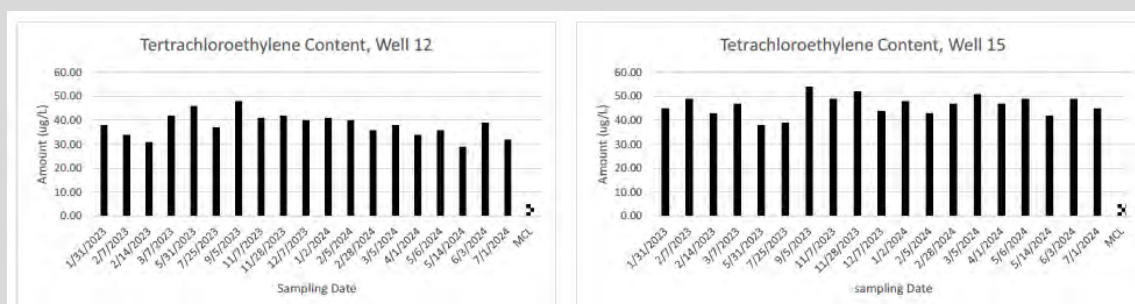
Finding Figure 30.1. PFOS contamination of water wells and treated water in Monterey Park City Water Dept.



Finding Figure 30.2. PFOA contamination of water wells and treated water in Monterey Park City Water Dept.

Monterey Park City Water Dept. is treating the water from the contaminated wells. However, based on the 2023-24 analysis, the treated water still contains PFOS and PFOA at levels about 4X and 2.5X the MCL (see lower panels in Finding Figure 30.1 and 30.2).

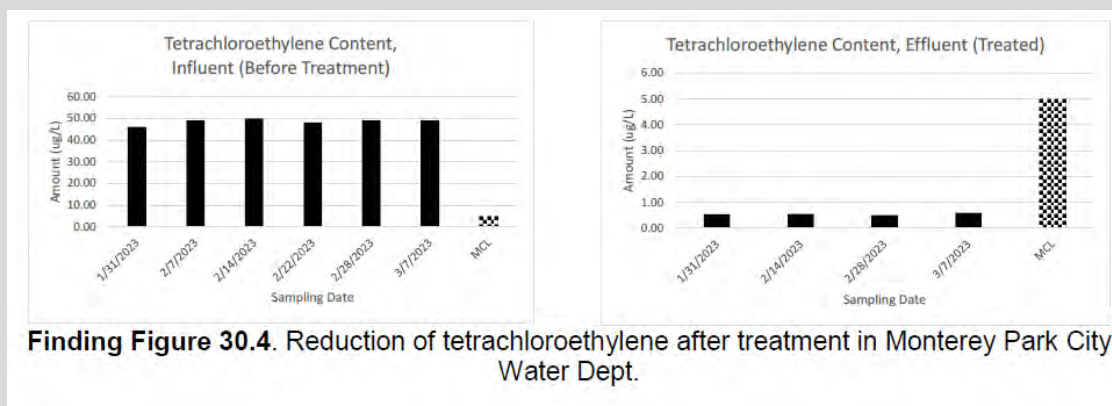
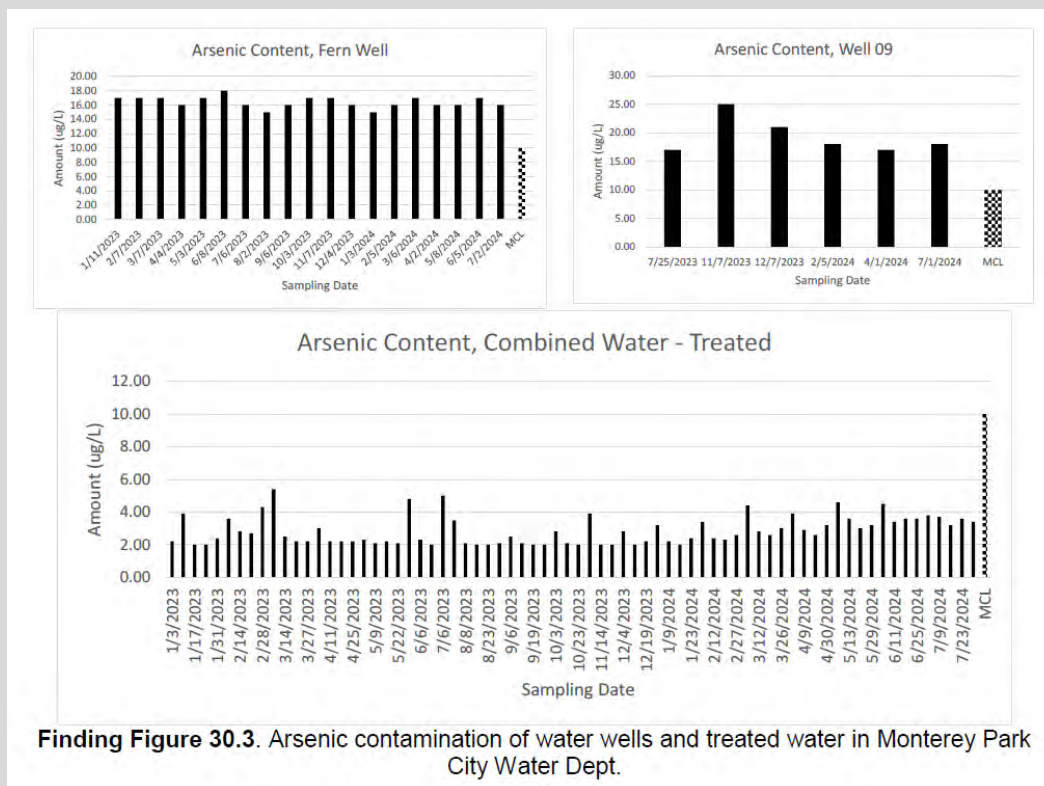
Some of the wells were also contaminated with tetrachloroethylene at about 8X to 10X the set MCL (see Finding Figure 30.3).



Finding Figure 30.3. Tetrachloroethylene contamination of water wells in Monterey Park City Water Dept.

The treatment of water appears to be working in reducing tetrachloroethylene, arsenic, and nitrate contaminants. For example, some wells had originally contained arsenic that is 1.7X – 2X the MCL (see upper panels in Finding Figure 30.3). After treatment, the arsenic level was significantly reduced below the MCL (see lower panel of Finding Figure 30.3). The level of tetrachloroethylene was significantly reduced as well (see Finding Figure 30.4). However, in the case of tetrachloroethylene, data for treated water was only available for 2023 but not for 2024. According to Monterey Park City Water Dept., this omission was due to

delays in laboratory processing. The updated effluent analysis data for 2024 has been uploaded to CLIP since the matter was brought to their attention by the Jury (Based on the response letter provided to the Jury by interviewee from Monterey Park City Water Dept., February 13, 2025).



Monterey Park City Water Dept. attributed the presence of arsenic in the wells primarily due to the natural occurrence of this element in the San Gabriel Groundwater Basin (Based on the response letter provided to the Jury by interviewee from Monterey Park City Water Dept., February 13, 2025). They have been monitoring arsenic since the 2000s. On the other hand, the presence of tetrachloroethylene, PFOS and PFOA are attributed to the contaminated aquifers (superfund sites) in the San Gabriel Water Basin that is managed by Water Quality Authority (Based on the response letter provided to the Jury by interviewee from Monterey Park City Water Dept., February 13, 2025).

The City of Monterey Park Water Dept. is evaluating and implementing advanced treatment technologies (e.g., granular activated carbon and ion exchange systems) to mitigate the contamination due to PFOS and PFOA (Based on the response letter

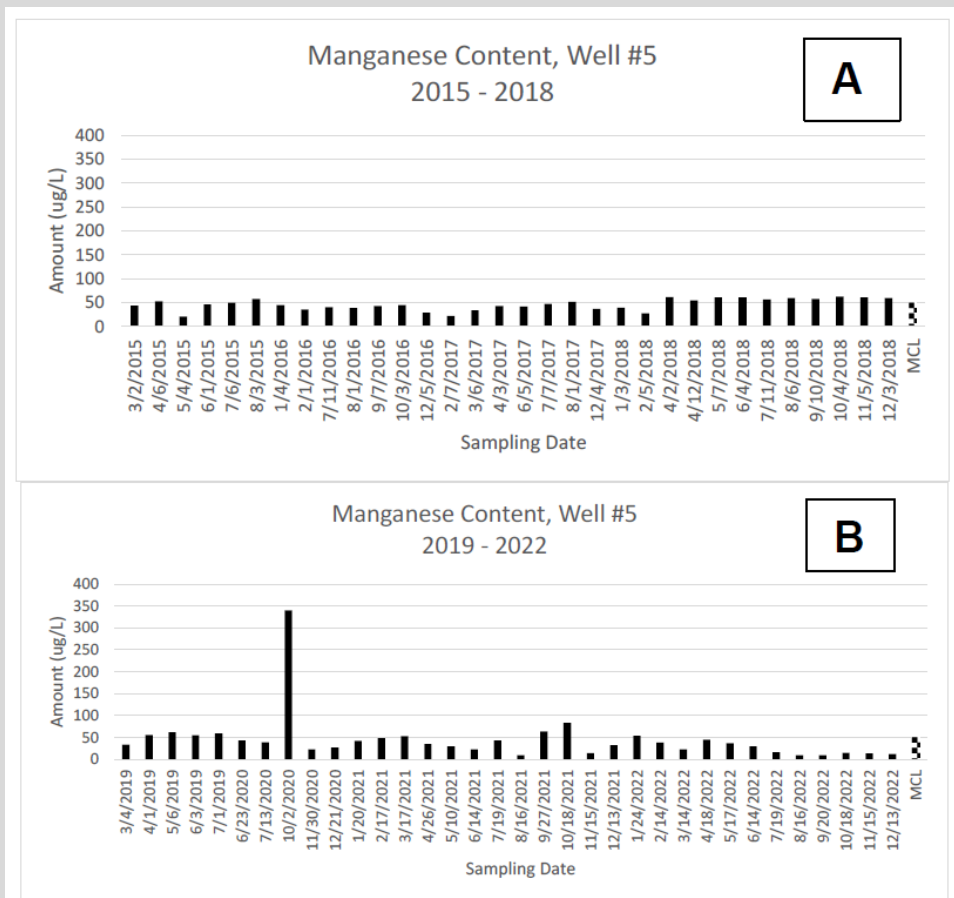
provided to the Jury by interviewee from Monterey Park City Water Dept., February 13, 2025).

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report. As such, the County does not have a response for this finding.

FINDING NO. 31.1

Prior to 2022, Well No. 5 was one of the water sources of then-Sativa Water Systems (PWSID: CA1910147) considered to be problematic because it produced water that did not consistently meet drinking water standards. One of the contaminants detected was manganese. During the monthly sampling periods between 2018 and 2021, the level of manganese was mostly above the MCL (50 ug/L), with a significant spike of manganese content in October 2020 at 6X the MCL. These are highlighted in Finding Figure 31.1.

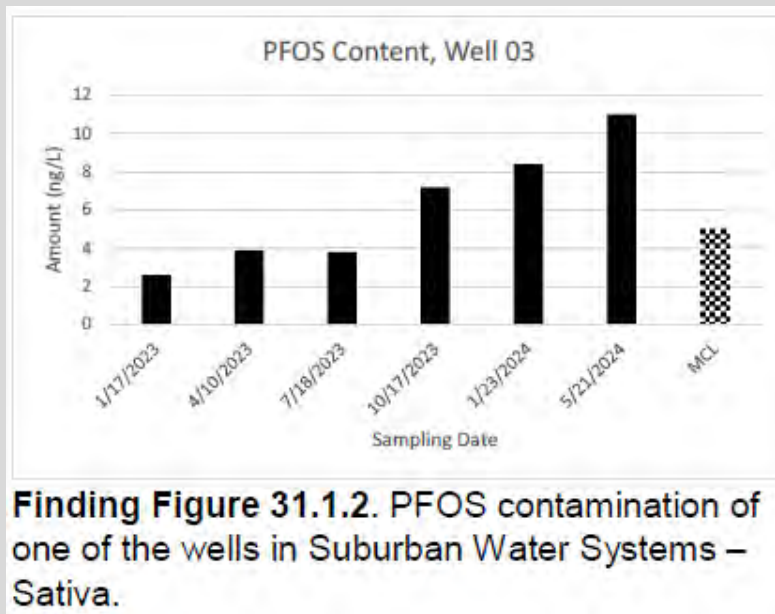


Finding Figure 31.1.1. Manganese contamination of Well #5, one of the water sources of the former Sativa Water Systems. Water analysis done in 2015-2018 (graph A) and 2019-2022 (graph B). Note: The scale of y-axis in A was adjusted according to the scale in B for comparison.

Sativa was taken over by Los Angeles County Public Works and then subsequently sold to Suburban (<https://lacounty.gov/2023/01/19/la-county-transfers->

management-of-sativa-water-district-to-new-owner/). During the interim period, between County takeover and sale, up to 2024, the County Public Works had undertaken some operational and infrastructure changes since 2020 for the Sativa Water System. These changes include, among others, the installation of a Manganese Treatment System (MTS) costing a total amount of \$4.027 million (between 2020 and 2024) (Based on the documents provided by interviewee from Los Angeles County Department of Public Works, December 5, 2024). (See Finding #32). The installation of MTS will continue until 2025 with an additional projected cost of \$8.335 million (Based on the documents provided by interviewee from Los Angeles County Department of Public Works, December 5, 2024).

The changes performed by the County apparently led to a decrease in manganese contamination in Well #5 (see 2022 part in graph B in Finding Figure 31.1.1). Similar low level of manganese was determined in 2023 as well (data not shown).



However, on the basis of the 2023-2024 water analysis, it appears that one of the wells of Suburban - Sativa district contained PFOS at a level 2.5X the MCL (see Finding Figure 31.1.2). In their 2019 to 2022 water analyses, no report of PFOS contamination was reported. According to Suburban, monitoring of PFAS-related compounds was not required by the California State Water Board, Division of Drinking Water before 2023 (Based on documents provided by interviewee from Suburban Water Systems – Sativa, February 10, 2025). Water utilities have until 2029 to meet the EPA-established MCL for PFOA and PFOS. These two compounds, as part of the PFAS family of organic compounds, have been detected above its MCL **“in multiple drinking water wells within the Central Basin groundwater aquifer, where the Sativa system wells draw water.”** (Based on documents provided by interviewee from Suburban Water Systems – Sativa, February 10, 2025) Currently, Suburban is investigating the best available technology to remove PFAS in Well #3 and will be requesting the approval of the California Public Utilities Commission to install treatment equipment before the MCL takes effect in 2029 (Based on documents provided by interviewee from Suburban Water Systems – Sativa, February 10, 2025).

RESPONSE

Partially disagree. The total construction costs are approximately \$5.5 million (excluding design), so the additional cost will not amount to \$8.335 million as stated here.

Additionally, it is unclear as to whether the decrease in manganese levels can be directly attributed to any actions taken by the County. To the knowledge of the County's Department of Public Works (PW), no specific measures were implemented to address manganese levels aside from discontinuing use of the well.

The decline is most likely a result of the well having been offline for an extended period. However, the levels may rise again once pumping resumes.

FINDING NO. 31.2

As part of the Purchase Agreement, Suburban is contractually obligated to perform some capital improvements to bring Sativa Water System into compliance with Department of Drinking Water Permit as shown in Finding Figure 31.2.1 (Based on the documents provided by interviewee from Los Angeles County Department of Public Works, December 5, 2024).

EXHIBIT G – POST-CLOSING COMPLIANCE MEASURES

Pursuant to Section 3.F.2. of the Agreement, the below lists the capital improvements Suburban intends to undertake as necessary to bring the Sativa Water System into compliance with the DDW Permit following the Closing. This list is for planning purposes only and the actual implementation of such capital improvements will be subject to DDW and CPUC approval.

Project Description	Total
(1) Misc. System Replacements (Services, Valves, Hydrants, Pipes)	522,800
(2) SCADA Integration	75,000
(3) Steel Reservoir	725,032
(4) Site 4 Pump Station	497,283
(5) Well 3 Transfer Switch and Mobile Generator	190,000
(6) Stockwell Pipeline	917,000
(7) Vesta Pipeline	534,000
(8) Willowbrook Pipeline	1,277,000
(9) Jack and Boe	535,000
(10) Wilmington Pipeline	107,000
(11) Wayside Pipeline	234,000
(12) Vesta Pipeline	310,000
(13) Lucien Pipeline	183,000
(14) Meter purchase and installation	851,932
(15) Drill and Equip Well 6	1,500,000
Total	\$8,459,047

Finding Figure 31.2.1. Copy of the Exhibit G – Post-Closing Compliance Measures. Note: Numbers in listed projects were inserted by the Jury in the above pdf copy.

The Jury inquired from Suburban-Sativa as to the progress of the projects listed in Finding Figure 31.2.1. According to Suburban-Sativa (Based on the documents provided by interviewee from Suburban Water Systems – Sativa, February 10, 2025):

- Item #1 is an ongoing project as replacement is needed upon failure
- Item #2 is ongoing and scheduled to be completed by the end of 2026
- Items #3, #4, and #9 – Suburban-Sativa will pursue the approval of California Public Utilities Commission (CPUC) to construct in General Rate Case to be filed in January 2026
- Item #5 – completed by the Los Angeles County Department of Public Works (see also Finding #32)
- Items #6, #7, #10, #11, and #12 were completed in 2024
- Items #8 and #13 – ongoing and scheduled to be completed by June 2025
- Item #14 was completed in 2023
- Item #15 – Decision to construct Well #6 or to construct PFAS treatment equipment will be made by Suburban-Sativa after completion of Well #5 treatment project and resulting water quality is known

RESPONSE

Partially disagree. The language here should be updated to “As part of the Purchase Agreement, Suburban is contractually obligated to perform capital improvements, as necessary, to keep Sativa Water System in compliance with Department of Drinking Water Permit, as shown in Finding Figure 31.2.1.”

Additionally, the County can no longer confirm the accuracy of the progress updates referenced in this finding, since PW no longer has oversight over the operations of the Sativa Water District.

FINDING NO. 32

In 2019, a resolution was passed by the Los Angeles County Board Supervisors supporting clean and safe water within the Sativa Water District and across California. The first provision in the resolution is the establishment of a Sativa Water System Special Fund in the electronic Countywide Accounting and Purchasing **System to account for the former district’s accounting and budgetary activities as** the Successor Agency for the dissolved water district. The Special Fund provides for the operation and maintenance of a reliable and high-quality water distribution system.

The Jury looked at the financial records related to the Special Fund and the details are shown in Finding Table 32.1. Since its creation until the end of 2024, the Special Fund has received \$29.609 million (highlighted in green), which include the following sources (Based on the documents provided by interviewee from Los Angeles County Department of Public Works (DPW), December 5, 2024; 129 Interviewee from DPW, January 29, 2025):

- **“Transfers In” from Los Angeles Department of Public Works General Fund - \$10.27 million**
- Proceeds from the sale of water rights - \$10.68 million
- Water Sales and Other Service Charges - \$4.709 million
- Interest earnings - \$1.06 million
- Grants from the State of California - \$1.73 million
- Other Water Revenues - \$398,734

- Federal government - \$17,034

Since the creation of the Special Fund in 2019 until 2024, the Los Angeles County Department of Public Works used the Fund for the following (Based on the documents provided by interviewee from Los Angeles County Department of Public Works (DPW), December 5, 2024):

- Services and Supplies - \$15.279 million
- Other charges - \$2.557 million (representing payments of County Loan and Bank bond)
- "Transfers Out" to Los Angeles Department of Public Works General Fund - \$3.0 million

Among the items included in the "Services and Supplies" category are various expenses related to: (1) General and Administrative (\$3.824 million); (2) Water System Operations (\$5.414 million); and (3) Infrastructures and Capital (\$6.041 million, which includes, among others, \$0.706 million for Repair Pipeline Break, \$1.129 million for Well Rehab/Hydropneumatics Tank Reconditioning, and \$4.027 million for Manganese Treatment System) (Based on the documents provided by interviewee from Los Angeles County Department of Public Works (DPW), December 5, 2024).

Hence, the total amount spent so far is about \$17.836 million (\$20.836 million, amount highlighted in red in Finding Table 32.1, minus the \$3 million transferred out to DPW General Fund). This amount does not include the \$8.925 million allotted for 2024-25, of which \$8.335 million is meant for additional expense for manganese treatment system (Based on the documents provided by interviewee from Los Angeles County Department of Public Works (DPW), December 5, 2024).

Finding Table 32.1. Summary of financial reports of Sativa Special Fund.

	2018-19 (Actual) *	2019-20 (Actual) **	2020-21 (Actual) ***	2021-22 (Actual) ****	2022-23 (Actual) *****	2023-24 (Actual) *****	Category Sub- Total (Up to the end of 2024)	2024-25 (Projections from Adopted Budget)
Sources of Finances Category								
Available Fund Balance at the beginning of year		\$ 1,131,000.00	\$ 1,157,000.00	\$ 2,348,000.00	\$ 3,901,000.00	\$ 14,232,000.00		\$ 8,772,000.00
Cancel Obligated Fund Balance		\$ 210,515.00	\$ 165,095.00	\$ 215,404.00	\$ 76,212.00	\$ 190,650.00	\$ 857,886.00	
Interest	\$ 327.54	\$ 37,829.23	\$ 12,497.99	\$ 17,947.26	\$ 277,730.59	\$ 568,171.79	\$ 914,504.40	\$ 153,000.00
State Grant				\$ 1,500,773.28	\$ 230,044.72		\$ 1,730,818.00	\$ 0.00
Federal Grant - Covid-19				\$ 17,034.20			\$ 17,034.20	
Water Sales and Other Service Charges	\$ 332,654.90	\$ 1,244,675.52	\$ 1,270,837.46	\$ 1,216,455.52	\$ 506,672.60	\$ 162,321.59	\$ 4,733,617.59	\$ 0.00
Sale of Water Rights					\$ 10,684,309.71		\$ 10,684,309.71	
Transfers In (from PWGF)	\$ 1,200,000.00	\$ 3,032,000.00	\$ 2,299,000.00	\$ 1,377,000.00	\$ 2,364,000.00		\$ 10,272,000.00	
Other Water Revenue			\$ 1.00	\$ 16.08	\$ 13.00	\$ 398,704.04	\$ 398,734.12	\$ 0.00
Finance Sources Yearly Total	\$ 1,532,982.44	\$ 5,656,019.75	\$ 4,904,431.45	\$ 6,692,630.34	\$ 18,039,982.62	\$ 15,551,857.42	\$ 29,609 M (sum of the above)	\$ 8,925,000.00
Expenditures Category								
Services and Supplies	\$ 401,674.93	\$ 4,312,754.01	\$ 2,383,506.66	\$ 2,626,238.50	\$ 1,775,285.07	\$ 3,779,947.31	\$ 15,279,406.48	\$ 8,925,000.00
Other Charges		\$ 186,512.16	\$ 172,280.49	\$ 165,233.66	\$ 2,032,849.03		\$ 2,556,875.34	
Capital Assets - Infrastructure			\$ 525.00				\$ 525.00	
Transfers Out (to PWGF)						\$ 3,000,000.00	\$ 3,000,000.00	
Expenditures Yearly Total	\$ 401,674.93	\$ 4,499,266.17	\$ 2,556,312.15	\$ 2,791,472.16	\$ 3,808,134.10	\$ 6,779,947.31	\$ 20,836 M (sum of the above Exp)	\$ 8,925,000.00
Fund Yearly Net Balance	\$ 1,131,307.51	\$ 1,156,753.58	\$ 2,348,119.30	\$ 3,901,158.18	\$ 14,231,848.52	\$ 8,771,910.11		\$ 0.00

Footnotes to Finding Table 32.1 (all sources cited below – Accessed: January 31, 2025):

- * - Source: page 326 of 2019-20 Los Angeles County Adopted Budget (<https://ceo.lacounty.gov/2019-2020-budget/>)
- ** - Source: page 329 of 2020-21 Los Angeles County Adopted Budget (<https://ceo.lacounty.gov/2020-2021-budget/>)
- *** - Source: page 335 of 2021-22 Los Angeles County Adopted Budget (<https://ceo.lacounty.gov/2021-2022-budget/>)
- **** - Source: page 336 of 2022-23 Los Angeles County Adopted Budget (<https://ceo.lacounty.gov/2022-2023-budget/>)
- ***** - Source: page 342 of 2023-24 Los Angeles County Adopted Budget (<https://ceo.lacounty.gov/2023-2024-budget/>)
- ***** - Source: page 341 of 2024-25 Los Angeles County Final Adopted Budget (<https://ceo.lacounty.gov/wp-content/uploads/2024/12/LA-County-2024-25-Final-Budget-Book.pdf>)

RESPONSE

Agree.

FINDING NO. 33

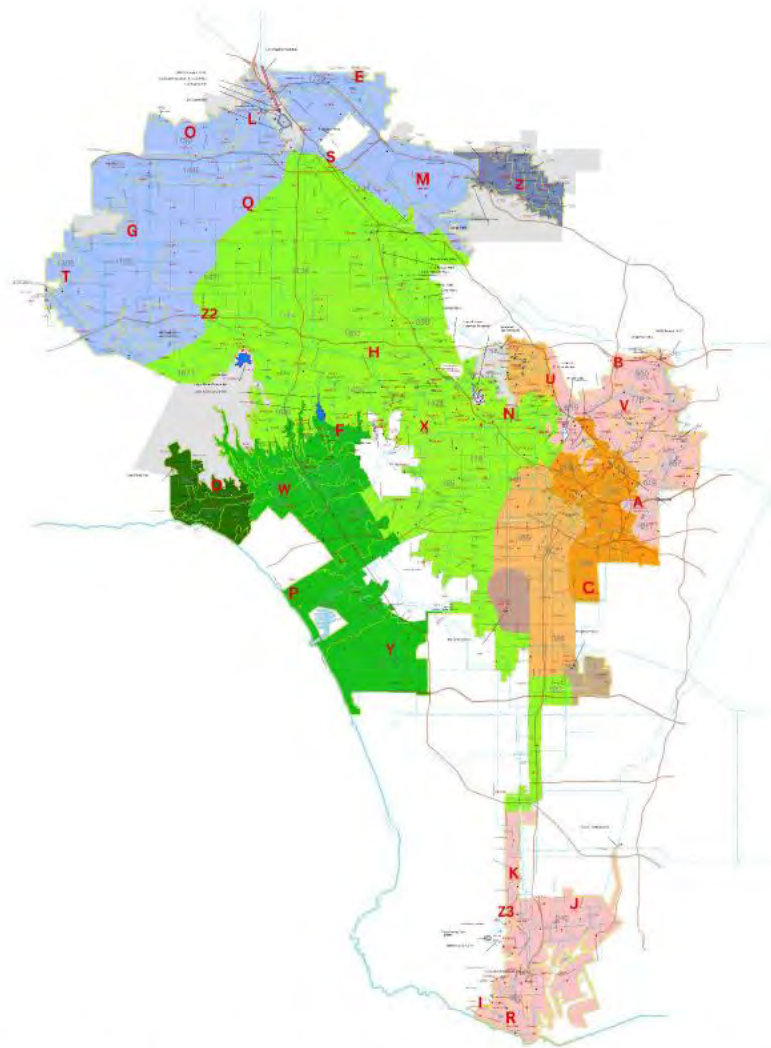
Between 1978 and 2006, Department of Water and Power (DWP; PWSID: CA1910067) cleaned and cement-lined approximately 2,600 miles of pipes in the City of Los Angeles (Source: page 9 of the 2023 Drinking Water Quality Report available at <https://www.ladwp.com/who-we-are/water-system/las-drinking-water-quality-report>. Accessed: December 16, 2024). In addition, starting in 1998, DWP replaced low-lead water meters with lead-free water meters (Source: page 9 of the 2023 Drinking Water Quality Report available at <https://www.ladwp.com/who-we-are/water-system/las-drinking-water-quality-report>. Accessed: December 16, 2024). These measures were taken to control corrosion and minimize lead exposures. In addition, DWP regularly took water samples for analysis of lead contamination, from different sites along the water distribution pipeline within the City of Los Angeles (see Finding Figure 33.1).

To determine if lead is present in these pipelines, the Jury examined water analysis data provided by DWP to the Jury. Results of the analysis in 2024 are shown in Finding Table 33.1. The approximate location of the sampling sites are overlaid in Finding Figure 33.1. Overall, there was no detectable lead in the water samples taken from the distribution pipelines within Los Angeles city in 2024. Similar analyses performed in 2020 to 2023 had indicated no detectable levels of lead as well (data not shown).

Finding Table 33.1. Results of Lead analysis from different sampling points in Los Angeles City water pipeline conducted by Los Angeles Department of Water and Power in 2024. Note: **ND** in the Result column means Not Detectable.

Code in Finding Figure 33.1	Location Code	Sampling Date	Analyte	Result
A	BROOKMOT	2/19/2024	Lead	ND
	BROOKMOT	5/20/2024	Lead	ND
	BROOKMOT	8/19/2024	Lead	ND
B	ROCKGLEN	2/19/2024	Lead	ND
	ROCKGLEN	5/24/2024	Lead	ND
	ROCKGLEN	8/23/2024	Lead	ND
C	055ST	1/15/2024	Lead	ND
	055ST	4/17/2024	Lead	ND
D	ALMAR	2/20/2024	Lead	ND
	ALMAR	5/22/2024	Lead	ND
	ALMAR	8/21/2024	Lead	ND
E	ALMETZ	3/22/2024	Lead	ND
F	BEVGLEN	1/21/2024	Lead	ND
	BEVGLEN	4/21/2024	Lead	ND
	DS074	2/25/2024	Lead	ND

Code in Finding Figure 33.1	Location Code	Sampling Date	Analyte	Result
G	DS074	5/24/2024	Lead	ND
	DS074	8/25/2024	Lead	ND
H	DS049	3/23/2024	Lead	ND
I	CUMBRE	3/18/2024	Lead	ND
J	DENNI	1/18/2024	Lead	ND
	DENNI	4/15/2024	Lead	ND
K	FRAMPTON	3/23/2024	Lead	ND
L	BYPIN	1/15/2024	Lead	ND
	BYPIN	4/15/2024	Lead	ND
M	HERSHEY	3/21/2024	Lead	ND
N	HOBART	1/18/2024	Lead	ND
	HOBART	4/18/2024	Lead	ND
O	KIRKCOLM	2/22/2024	Lead	ND
	KIRKCOLM	5/21/2024	Lead	ND
	KIRKCOLM	8/21/2024	Lead	ND
P	VENICE	1/17/2024	Lead	ND
	VENICE	4/19/2024	Lead	ND
Q	DS131	3/23/2024	Lead	ND
R	PDLMR985	2/21/2024	Lead	ND
	PDLMR985	5/20/2024	Lead	ND
	PDLMR985	8/22/2024	Lead	ND
S	PAXTON	2/19/2024	Lead	0.62
	PAXTON	5/25/2024	Lead	ND
	PAXTON	8/20/2024	Lead	ND
T	DS077	2/25/2024	Lead	ND
	DS077	5/24/2024	Lead	ND
	DS077	8/25/2024	Lead	ND
U	RSCBCL	1/15/2024	Lead	ND
	RSCBCL	4/15/2024	Lead	ND
V	SANRAFL	3/18/2024	Lead	ND
W	DS066	1/18/2024	Lead	ND
	DS066	4/17/2024	Lead	ND
X	HARPER	3/24/2024	Lead	ND
Y	DS111	3/22/2024	Lead	ND
Z	DS048	1/15/2024	Lead	ND
	DS048	4/17/2024	Lead	0.51
Z2	DS078	2/19/2024	Lead	ND
	DS078	5/20/2024	Lead	ND
	DS078	8/19/2024	Lead	ND
Z3	ZEPHYR	2/21/2024	Lead	ND
	ZEPHYR	5/20/2024	Lead	ND
	ZEPHYR	8/19/2024	Lead	ND



Finding Figure 33.1. Map of the City of Los Angeles showing the overlay of the sampling sites within the water distribution system of DWP. Illustration map was provided by the Los Angeles Department of Water and Power (DWP). Overlaying of the location letter codes was done by the Jury using the Canva software available online (<https://www.canva.com/>).

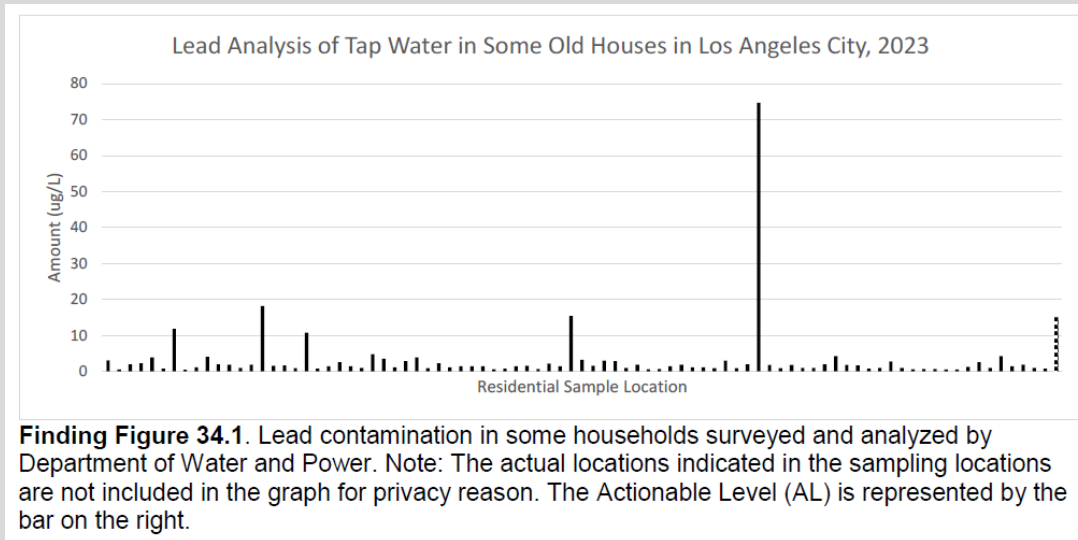
RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the City of Los Angeles water resources mentioned here. As such, the County does not have a response for this finding.

FINDING NO. 34

In 2023, DWP implemented a lead and copper survey in the City of Los Angeles as part of its compliance with the Federal Lead and Copper Rule (Source: <https://www.epa.gov/ground-water-and-drinking-water/revised-lead-and-copper-rule>. Accessed: December 16, 2024; See: Footnote "e" in Table 1 (Cont'd), page 17 of the 2023 Drinking Water Quality Report available at <https://www.ladwp.com/who-we-are/water-system/las-drinking-water-quality-report>. Accessed: December 16, 2024). DWP looked for volunteer customers who were residing in single family homes that were built between 1982 and 1987. Tap water from these homes was collected and analyzed for lead and copper. The result for lead is summarized in Finding Figure 34.1 (Based on data downloaded

from CSWBRB; also consistent with the data provided to the Jury by the LA Department of Water and Power, September 20, 2024). The survey revealed that three out of 105 (90%) had lead content exceeding the actionable level (AL) of 15 ppb set by EPA. One sample contained lead at 5X the AL. According to DWP, these customers were advised by DWP to take the proper action to remediate lead contamination in their plumbing system (Interviewee from Los Angeles Department of Water and Power, November 6, 2024).



RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the City of Los Angeles water resources mentioned here. As such, the County does not have a response for this finding.

FINDING NO. 35

The Better Watts Initiative produced a report resulting from a study by Hoague et al. (2024) (Hoague et al., 2024 (Unpublished). Dark Waters Project: The Assessment of the Presence of Heavy Metal Contaminants in the Tap Water of Watts Residences, and Public Perceptions of Water Infrastructure in Los Angeles.) showing that tap waters are contaminated with lead in some of the residential houses in the Watts neighborhood. The results were provided to the Jury (Interviewee from Better Watts Initiative, August 23, 2024) and these are shown in Finding Table 35.1. The source locations of tap waters samples are approximately mapped out in Finding Figure 35.1.

Finding Table 35.1. Number of samples with lead contamination taken from residential homes in the Watts area of Los Angeles. (See also corresponding map in Finding Figure 34.1).

Neighborhood Block	Highlighted Area in Figure 34.1	Number of Samples *	Lead Under 15 ppb	Lead Above 15 ppb
Between E 97th St (s) & E 92nd St (n) S Alameda St (e) and Grape St (w)	A	22	0	0
Jordan Downs: E 97th St (n) and E 103rd St (s) S Alameda St (e) and Grape St (w)	B	30	2	0
E 92nd St (n) and E 103rd St (s) Grape St (e) and Graham Ave (w)	C	98	3	1
Nickerson Gardens: E 111th St (n) and Imperial Hwy (s) S Central Ave (w) and Compton Ave (e)	D	122	3	2
E 103rd St (n) and E 108th St (s) Graham Ave (w) and Croesus Ave (e)	E	76	4	0
Imperial Courts: Santa Ana Blvd (n) and E 117th St (s) Croesus Ave(w) and Mona Blvd (e)	F	42	1	0
E 92nd St (n) and E 102nd St (s), Success Ave (w) and Grandee Ave (e)	G	78	2	0
E 108th St (n) and E 111th St (s) Avalon Blvd (w) and McKinley Ave (e)	H	41	1	2

* - Total number of samples analyzed with known addresses = 530

In the news article published by the Guardian and the Los Angeles Times regarding **the above study, it was reported that the Watts area residents were "...blaming a nearby metal recycling plant, Atlas Iron and Metal, that regularly sends shards of metals zooming over its fence..."** (Source: <https://www.theguardian.com/us-news/article/2024/aug/21/los-angeles-watts-tapwater-lead-contamination>. Accessed: December 16, 2024; Source: <https://www.latimes.com/environment/story/2024-08-29/mayor-bass-calls-for-investigation-of-lead-in-watts-drinking-water>. Accessed December 16, 2024). The recycling plant facility is located adjacent to Jordan High School and Jordan Downs Housing Development (see map in Figure 35.1).



Finding Figure 35.1. Approximate map locations of residential areas as sampling sites mentioned in Table 34.1 and their proximity to potential source of lead contamination (highlighted in red circle). Note: The indicated locations in the map are not exact and for illustration purposes only. Source of map: Google Maps.

As of the writing of this report, the Los Angeles District Attorney is prosecuting the company (S&W Atlas Iron and Metal Corp.) and its two owners (Source: <https://lacounty.gov/2024/09/26/district-attorney-gascon-announces-new-25-count-grand-jury-indictment-against-atlas-metal-owners/>. Accessed: December 16, 2024; Source: <https://www.latimes.com/california/story/2024-09-26/metal-recycling-plant-accused-of-exposing-watts-high-school-students-to-explosions-toxic-waste>. Accessed: December 16, 2024). **"The indictment includes charges with 21 felony counts of knowingly disposing of hazardous waste with no permit and one felony count of deposit of hazardous waste."** The wastes contain hazardous substances like lead, zinc, chromium, nickel, selenium, antimony, copper, and/or cadmium (Source: Case No. 24CJCF05804, September 18, 2024). The Los Angeles District Attorney's press release on September 26, 2024 says that soil samples taken from an area of Jordan High School showed excessive concentrations of lead and zinc. Additional samples taken at the recycling plant contained excessive concentrations of some of the aforementioned metals.

RESPONSE

Agree. Additional information about this case can be found in the following news release: <https://da.lacounty.gov/media/news/district-attorney-hochman-announces-atlas-iron-and-metal-corp-shutting-down-permanently>.

FINDING NO. 36

In September 2024, the Los Angeles City of Department of Water and Power (DWP), in collaboration with the Housing Authority of the City of Los Angeles (HACLA), has initiated an extended analysis of tap water samples from HACLA-owned four housing developments (i.e., Jordan Downs, Imperial Courts, Nickerson Gardens, and Gonzague Village) and non-HACLA residential units located in the Watts neighborhood (Interviewees from HACLA (October 21, 2024) and DWP (October 31, 2024)).

Finding Table 36.1. Analysis of tap water samples taken from four HACLA-owned and non-HACLA residential units located in Los Angeles Watts neighborhood.

	HACLA Housing Units	Non-HACLA Units
Total No. of Samples Analyzed	1,952	117
No. of samples with no detectable lead	1,133 (58.13%)	100 (85.47%)
No. of samples with lead content below State Reporting Limit (0.5 to 5 ppb)	786 (40.33%)	16 (13.68%)
No. of samples with lead content above State Reporting Limit but under Federal Action level (5 to 15 ppb)	19 (0.97%)	1 (0.85%)
No. of samples with lead content above the Federal Action Level (> 15 ppb)	11 (0.56%)	0 (0.00%)

As of January 18, 2025, DWP has analyzed a total of 2,069 samples -- 1,952 samples from about 1,600 units of HACLA housing complexes and 117 samples from about 58 non-HACLA units. The results are summarized in Finding Table 36.1 (Data provided to the Jury by Interviewee from DWP, January 21, 2025). About 11 samples collected from HACLA housing units have levels of lead detected above the Action Level (15 ppb). As of the end of January 2025, the project is still ongoing as DWP recruits more volunteers from non-HACLA units (Interviewee from DWP, January 24, 2025).

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. The County does not have the authority or jurisdiction over the management of the City of Los Angeles water resources mentioned here. As such, the County does not have a response for this finding.

FINDING NO. 37

Most of the action items outlined by SCO and DWP (see Discussion section of this Report) concerning water quality issues, including possible financing mechanisms for small-scale water systems, have not been implemented (Interviewees from Los Angeles County Chief Sustainability Office (January 27, 2025) and Department of Public Works (January 29, 2025)).

RESPONSE

Agree. At the time of the development of this report, PW was in the early stages of implementation and had not yet implemented most of the actions. However, in the past two years, a County Water Plan Summit was hosted in April 2024 to launch the County Water Plan, and a subsequent Summit was hosted in June 2025 to share progress about implementation.

Sustainability Plan Action 18 ("Complete an assessment of the region's drinking water systems to identify resiliency to drought and shocks, as well as risk of water quality issues due to aging infrastructure, deferred maintenance, etc.") and Action 22 ("Provide support for small water systems to access State financing mechanisms, and advocate for development of new financing mechanisms to repair water infrastructure and/or incentives for consolidation, and ensure rates are kept affordable") are being advanced through the implementation of the County Water Plan Small Water Systems Task Force.

This Task Force includes a Working Group which is developing a County Drought Resilience Plan in compliance with Senate Bill (SB) 552 to assess state small water systems and private domestic wells and provide mitigation measures for drought resilience.

In addition, the Task Force is collaborating with the University of California, Los Angeles (UCLA) on a study titled "Drought & Climate Resiliency Solutions for Small Water Systems in LA County" to assess all small community water systems as a complement to the Drought Resilience Plan effort.

Overall, the Small Water Systems Task Force is chartered to support County Water Plan Strategy 11. County Water Plan Strategies 6 and 7 outlined in the report are being advanced concurrently through the County Water Plan Regional Water Reliability Task Force.

CIVIL GRAND JURY RECOMMENDATIONS

RECOMMENDATION NO. 4.2

This recommendation addresses Findings #32 and #37 vis-à-vis Findings #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #20, #21, #22, #23, #24, #25, #26, #27, #31.1, and #31.2.

The DPW, together with the CSO, should accelerate the implementation of the **CSO's Action Items 22 and 23 mentioned in the Discussion section and start** developing a direct financial assistance system. This financing system will serve as a low-interest loan guarantee program to aid small-scale property owners or homeowners who have problems seeking financing to repair corroding plumbing pipes causing lead contamination. The property owners should be able to repay the low-interest loan by paying a small amount on each water bill.

The financial assistance system should also be available for small-scale and medium-scale water operators to apply for and to have access to funds at low interest for installation and/or repair of water treatment facilities that remediate the presence of water contaminants.

This type of direct financial assistance system could be akin to the Sativa Water Special Fund currently being managed by the DPW (see Finding #32 and Discussion).

RESPONSE

Partially disagree. Various actions to support small water systems are currently being developed. These actions are anticipated to be completed in approximately five years and are contingent upon receiving funding and appropriate staff resourcing.

PW is implementing the County Water Plan's Small Water Systems Task Force, which is developing a support program to enable small water systems to seek funding opportunities and resources, with an implementation horizon of 2045.

Although PW does not have the authority or jurisdiction over the management of the small water systems / small-scale mobile homes discussed in the report, the County Water Plan provides a platform for these water systems to collaborate, share information, and develop solutions together.

Additionally, other local agencies like the Water Replenishment District (WRD) and the California Association of Mutual Water Companies (CalMutuals) are actively participating in the Small Water Systems Task Force to share resources and expertise in supporting small water systems.

WRD supports agencies with certain projects including PFAS (per- and polyfluoroalkyl substances) remediation projects and helping secure and manage grant funding. CalMutuals helps small systems navigate regulatory and financial challenges and building collective advocacy through organized support.

The State Water Resources Control Board, through the Safe and Affordable Funding for Equity and Resilience (SAFER) Program, helps small water systems achieve long-term sustainable solutions.

The Chief Sustainability Office (CSO) notes that while the County does not have the capacity to develop a direct financial assistance system itself, the OurCounty Sustainability Plan provides information about advocating for and supporting access to State financing mechanisms, or new ones, if needed.

RECOMMENDATION NO. 4.3A

This recommendation addresses Findings #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #17, and #23.

CSO should accelerate the implementation of Actions 18, 19, and 21 of the County's Water Plan (see Discussion section for details) to closely monitor small-scale mobile homes that are not properly monitoring and/or treating water from contaminated wells prior to distribution. Based on the stated plans of CSO, these Actions will be in partnerships with DPW, concerned water distributors, and the State Water Board.

RESPONSE

Partially disagree. The actions cited from the **CSO's** OurCounty Sustainability Plan have or will be implemented in the future, but they do not include direction to directly monitor the water systems or wells overseen by individual property owners, and the County does not have this authority.

Additionally, the specific actions cited relate to water quality issues stemming from onsite plumbing or secondary contaminants, not primary contaminants stemming from water sources.

RECOMMENDATION NO. 4.3B

This recommendation addresses Findings #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #17, and #23.

DPW should accelerate the implementation of Strategies 6 and 7 of the County Water Plan 2023 (see Discussion section regarding these strategies) so that concerned water districts can avail of available technologies and financing possibilities to perform the necessary water treatment for remediation of contaminants.

RESPONSE

Agree. This recommendation is already being implemented. Various actions to support small water systems are currently being developed. These actions are anticipated to be completed in approximately five years and are contingent upon receiving funding and appropriate staff resourcing.

PW's County Water Plan Small Water Systems Task Force includes a Working Group which is developing a County Drought Resilience Plan in compliance with SB 552 (Drought Planning for Small Water Suppliers and Rural Communities, 2021) to assess State small water systems and private domestic wells and provide mitigation measures for drought resilience.

Additionally, the Task Force is collaborating with UCLA on a study titled "Drought & Climate Resiliency Solutions for Small Water Systems in LA County" to assess all small community water systems as a complement to the Drought Resilience Plan effort.

Overall, the Small Water Systems Task Force is chartered to support County Water Plan Strategy 11. County Water Plan Strategies 6 and 7 outlined in the report are being advanced concurrently through the County Water Plan Regional Water Reliability Task Force and in alignment with the County Water Plan Two-Year Action Plans, with an implementation horizon going out to 2045.

Although PW does not have the authority or jurisdiction over the management of the systems discussed in Findings #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #17, and #23, the County Water Plan provides a platform for these water systems to collaborate, share information, and develop solutions together.

RECOMMENDATION NO. 4.4

This recommendation addresses Finding #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #20, #21, #22, #23, #24, #25, #26, and #31.1, and #31.2.

In coordination with the appropriate State Water Regulatory Agency, CSO should initiate a program to encourage small- and/or medium-scale water providers to merge/consolidate with larger ones for them to have better access to monitoring capability and to improve the plant treatment infrastructures. This recommendation has been promoted by a number of water policy experts and researchers from UCLA Luskin Institute of Sustainability (see reference list in Methodology section).

RESPONSE

Disagree. This recommendation will not be implemented because there are already efforts underway that can achieve these outcomes.

CSO noted that the State Water Board already has the Safe and Affordable Funding for Equity and Resilience (SAFER) program which can support such consolidation of small water systems.

Additionally, PW is facilitating discussions to explore ways to support small water systems in the region through the **implementation of the County's Water Plan** (https://lacountywaterplan.org/assets/pdf/Final%20CWP/LA-County-WaterPlan_Final.pdf).

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT; SHERIFF CIVILIAN OVERSIGHT COMMISSION

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR OUR JAILS!: CREATING COMMUNITY ENGAGEMENT, UNDERSTANDING, AND POLITICAL ACTION THROUGH PUBLIC TOURS

SUMMARY (REPORT 5)

"This report is concerned with the conditions in County of Los Angeles (County) jails and creating community engagement through public jail tours. The report analyzes potential improvements to the jail tour process and looks at areas to improve collaboration amongst law enforcement and oversight bodies. This report also summarizes some of the public misconceptions regarding County jails."⁵

CIVIL GRAND JURY FINDINGS

FINDING NO. 1

Although the LASD is committed to public tours and recognizes their benefits, the LASD does not have a consistent approach that maximizes public education regarding the LASD system.

RESPONSE

Disagree. The County jail facilities are each unique and have their own challenges. Due to their unique make-up, a consistent approach to jail tours is not feasible. Tour groups frequently have specific interests; therefore, the facility has discretion to adapt their itinerary to address the specific interests of the tour group.

The **Sheriff's** Department (LASD) does have a policy addressing tours, which provides general rules for tours; however, unit commanders develop their own unit orders outlining their facilities' guidelines for public tours. Unit commanders tailor their unit orders to their facilities' needs, taking into account their respective operational challenges.

As mentioned by the Civil Grand Jury (CGJ), there are several oversight entities who frequent the County jail facilities. Some of these entities are the California Board of State and Community Corrections, the Sybil Brand Commission, the Civilian Oversight Commission (COC), the Office of Inspector General, the American Civil Liberties Union, the CGJ, the Human Relations Commission, and Court-appointed monitors. Each entity inspects and reports on their findings, with their final reports being available to the public.

Additionally, at the request of the COC, a Conditions of Confinement Report is generated and available for public viewing at www.LASD.org. Along with this report, other Custody Services Division reports can be viewed on this website under the transparency link.

⁵ 2024-2025 Los Angeles County Civil Grand Jury Final Report, Our Jails!: Creating Community Engagement, Understanding, and Political Action through Public Tours, p. 187.

FINDING NO. 2

Although the LASD welcomes faith-based and civic groups to participate in County jail tours, there is little if any participation by such groups in County jail tours.

RESPONSE

Disagree. LASD collaborates with faith-based groups, which is reinforced through **LASD's** chaplain program. LASD acknowledges the benefits of the services chaplains provide to the incarcerated population and supports the services they offer in County jails. Being part of the chaplain program is an intrinsically rewarding experience wherein chaplains can interact directly with incarcerated individuals, as opposed to participating in a public tour with a structured itinerary.

Civic groups may also tour jail facilities; however, the size of the group may be limited based on the discretion of the facility unit commander, with additional guidelines and restrictions imposed. Unit commanders have the authority to allow community members and/or family members of incarcerated individuals to attend special events held inside the jail such as graduations from various educational and mental health programs (i.e., high school graduations, Career Center graduations, and Forensic In-patient Stepdown Programs).

FINDING NO. 3

The Sheriff Civilian Oversight Commission has not historically reviewed or monitored county jail tour policies and practices. Members of the Commission, **however, recognize that jail tours could be a vehicle to "improve public transparency and accountability" by providing "robust opportunities for community engagement," which are regulatory "purposes" of the Oversight Commission.**

RESPONSE

Agree. However, the Sheriff COC can review jail tour policies and practices, as **necessary, as part of efforts to further the Commission's work to improve the transparency and accountability of LASD and build bridges between communities and law enforcement.**

CIVIL GRAND JURY RECOMMENDATIONS

RECOMMENDATION NO. 5.1

The LASD should publicly state its support for jail tours, and review and modify its procedures and practices regarding jail tours in order to maximize public access and education, considering such specific improvements as (1) a consistent approach to tours, (2) development of educational materials for tour participants, and (3) creation of mechanisms for tour participant feedback.

RESPONSE

Disagree. This recommendation will not be implemented, but consideration of this recommendation has been completed, as described below. While there is agreement that jail tours can offer a unique advantage and perspective of jail operations, which would assist with fostering public confidence through the demonstration of the professional environment created by the jail staff (which was recognized by the CGJ), there are several issues with maximizing public access through jail tours that impact the feasibility of implementing this recommendation.

The jail facilities are secured environments. Those inside the facilities must have a specific reason for being present, as every tour requires considerable staff

allocations to ensure the safety of all visitors. Making them more broadly available to the public **presents'** significant security, liability, resource, and legal issues, to name a few of the issues.

There are also significant privacy issues that could be implicated. LASD is concerned about the welfare of the incarcerated individuals and the impact that an increase in jail tours may have on their health and mental well-being. LASD strives to preserve the dignity of the incarcerated individuals and has concerns that the good intentions of the CGJ (within this recommendation) will be perceived as placing incarcerated individuals on display, thus impacting their mental health, and interfering with their sense of structure, stability, and growth.

LASD has contacted partnering law enforcement agencies to inquire about those **agencies'** policies regarding tours to ensure that the practices used by the County reflected the best practices used throughout the Southern California region.

After reaching out to adjoining county sheriff's departments (including Riverside County, Orange County, San Bernardino County, and Ventura County), they confirmed that tours conducted are primarily for law enforcement candidates as part of their background process, educational groups, labor unions, service clubs, and other civic organizations, at their discretion. These tours are arranged by jail management staff and are not initiated through regular means of public access or contact such as general, public phone lines or via their internet website.

As mentioned by the CGJ, there are several oversight entities who frequent the County jail facilities. Some of these entities are the California Board of State and Community Corrections, the Sybil Brand Commission, the COC, the Office of Inspector General, the American Civil Liberties Union, the CGJ, the Human Relations Commission, and Court-appointed monitors. Each entity inspects and reports on their findings, with their final reports being available to the public.

Based on the number of entities already involved and the reporting and corrective actions generated from those visits, LASD does not view the addition of a Citizen Advisory Committee as being effective or advantageous; it may end up being duplicative of what already exists.

LASD also disagrees with the recommendation of an "Incarceration Duty" for citizens, since like public tours, this would pose significant liability and legal concerns and would create additional jail operational issues due to housing limitations and population segregation procedures.

Additionally, at the request of the COC, a Conditions of Confinement Report is generated and available for public viewing at www.LASD.org. Along with this report, other Custody Services Division reports can be viewed on this website under the transparency link.

The County jail facilities are each unique and have their own challenges. Due to their unique make-up, a consistent approach to jail tours is not feasible. Tour groups frequently have specific interests; therefore, the facility has discretion to adapt their itinerary to address the specific interests of the tour group.

LASD does have a policy addressing tours, which provides general rules for tours; however, unit commanders develop their own unit orders outlining their facilities'

guidelines for public tours. Unit commanders tailor their unit orders to their facilities' needs, taking into account their respective operational challenges.

Tour feedback can already be provided by attendees in numerous ways, including providing comments and suggestions to their tour guide; contacting the facility watch commander and providing their information; or filing a Watch Commander's Service Comment Report available on the **LASD's** website.

RECOMMENDATION NO. 5.2

The LASD should actively encourage faith-based and civic groups to participate in County jail tours, and keep records to monitor its success in this regard.

RESPONSE

Agree. This recommendation has already been partially implemented and will continue to be implemented in the next six months and beyond.

LASD collaborates with faith-based groups, which is reinforced through **LASD's** chaplain program. LASD acknowledges the benefits of the services chaplains provide to the incarcerated population and supports the services they offer in County jails. Being part of the chaplain program is an intrinsically rewarding experience wherein chaplains can interact directly with incarcerated individuals, as opposed to participating in a public tour with a structured itinerary.

Civic groups may also tour jail facilities; however, the size of the group may be limited based on the discretion of the facility unit commander, with additional guidelines and restrictions imposed. Unit commanders have the authority to allow community members and/or family members of incarcerated individuals to attend special events held inside the jail such as graduations from various educational and mental health programs (i.e., high school graduations, Career Center graduations, and Forensic In-patient Stepdown Programs).

As previously stated, the privacy and safety of incarcerated individuals is a priority. Therefore, unit commanders are granted discretion in determining:

- the availability of tours;
- the times and duration of tours;
- the number of persons allowed on a tour;
- personnel authorized to approve public tours;
- personnel authorized to conduct public tours;
- the entry of the tour into the LASD tracking system; and
- any other pertinent information as determined by the unit commander.

LASD is concerned about the welfare of the incarcerated individuals and the impact that an increase in jail tours may have on their health and mental well-being. LASD strives to preserve the dignity of these incarcerated individuals and is concerned that the good intentions of the CGJ (within this recommendation) will be perceived as placing incarcerated individuals on display, thus impacting their mental health, and interfering with their sense of structure, stability, and growth.

LASD uses the Custody Automated Reporting and Tracking System to track jail tours. LASD acknowledges the data provided to the CGJ does not accurately reflect the true total of jail tours performed, as actual numbers should reflect higher.

LASD will re-brief the jail facilities on the importance of tracking procedures and data entries for all jail tours.

RECOMMENDATION NO. 5.3

The LASD and the Sheriff Civilian Oversight Commission should regularly work together to improve the substance of and participation in County jail tours.

RESPONSE

Partially disagree. LASD does not agree that jail tours are the appropriate vehicle through which to obtain public involvement and engagement to dissipate public misconceptions.

LASD emphasizes that increased tours can compromise the privacy of incarcerated individuals and indirectly interfere with jail operations such as programming, educational classes, and day-to-day activities (i.e., showers, pill call, laundry exchange, and commissary distribution).

LASD values the information provided by the CGJ in this report and believes there is value to gleaning information from within the jails, even if there is disagreement with this recommendation.

Alternatively, LASD has been in conversations with the Frederick Douglas Project for Justice (The Douglas Project). The Douglas Project launched in 2020, with the mission to change policy and the public's perception of the criminal justice system by creating avenues for lawmakers, business leaders, and everyday citizens to becoming proximate with the humanity of incarcerated individuals.

The Douglas Project offers a multi-state prison visitation program that enables community members to visit local correctional facilities and engage in open, face-to-face conversations with incarcerated individuals. It is believed that these encounters will spur understanding and empathy for all involved, which in turn, will drive meaningful personal and systemic change.

LASD hopes to partner with the Douglas Project and implement this novel and innovative program at Century Regional Detention Facility (CRDF) with the intent of expanding to additional jail facilities.

The Sheriff COC believes that further analysis of this issue is needed, within the **next six months, to make recommendations on how to improve LASD's** transparency and accountability through the review, analysis, and oversight of LASD policies, practices, and procedures for this subject matter area, in furtherance of the mission, vision, and values of the Commission.

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS; CHIEF EXECUTIVE
OFFICE; DEPARTMENT OF HEALTH SERVICES; INTERNAL SERVICES DEPARTMENT;
SHERIFF'S DEPARTMENT

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR THE LOS ANGELES GENERAL MEDICAL CENTER MAY NOT BE SO "GENERAL" AFTER ALL: THE CHALLENGES AND OPPORTUNITIES FOR LA GENERAL IN FIVE PARTS

SUMMARY (REPORT 6)

"This report is concerned with the Los Angeles General Medical Center (LAGMC) and the challenges and opportunities associated with this County of Los Angeles (County) facility. This report includes five investigative sections related to the LAGMC, with three investigations focusing on operational functions (including staff/labor issues, purchasing equipment/supplies, and security concerns for patients/staff/visitors) and two investigations focusing on external relations (including the LA+USC General Hospital Foundation and branding/external communications). This report also provides information about the context in which the LAGMC operates, providing a snapshot of current operations, a brief history of the LAGMC, and an analysis of LAGMC's focus on providing services for the medically indigent, as well as looking at the LAGMC's relationship with private healthcare entities in the County."⁶

CIVIL GRAND JURY FINDINGS

I. Findings for Report 6, Part 1 (Hiring of Staff and Labor Relations)

FINDING NO. 1 (Report 6, Part 1)

This bureaucratic process has real world and long-lasting negative consequences to the morale of the affected employee and their coworkers.

RESPONSE

Agree. While the examination and hiring processes for the County are complex and time-consuming, these are part of the established County Civil Service Rules that must be adhered to.

The County's Department of Human Resources (DHR) is leading efforts to help reform hiring, with the hope that this will lead to updates to the Civil Service Rules. This work is still ongoing, but the goal is to help facilitate the hiring process, including for those in the medical profession. Current DHR efforts to improve hiring in DHS have resulted in a 72.7% time savings in time to hire rates.

FINDING NO. 2 (Report 6, Part 1)

The "Banding" and "Steps" processes that the County and the Department of Health Services uses to evaluate and hire medical professionals is a deterrent to the timely and efficient operations of all County managed public hospitals.

⁶ 2024-2025 Los Angeles County Civil Grand Jury Final Report, The Los Angeles General Medical Center May Not Be So "General" After All: The Challenges and Opportunities for LA General in Five Parts, p. 217.

RESPONSE

Agree. While the processes available to recruit and hire medical professionals can have impacts on timely and efficient operations of hospitals, these are part of the established County Civil Service rules that must be adhered to.

II. Findings for Report 6, Part 2 (Purchasing of Equipment, Medicines, and Supplies)

FINDING NO. 1 (Report 6, Part 2)

The Delegated purchase limit of \$5,000 is substantially less than it should be for a \$2.109 billion dollar operation such as Los Angeles General Medical Center.

RESPONSE

Partially disagree. The delegated purchasing limit for the Department of Health Services (DHS), which includes the LAGMC, is \$25,000.

FINDING NO. 2 (Report 6, Part 2)

The Medical Center management are directed by too many departments when it comes to purchases and other issues that delay proper care for patients.

RESPONSE

Agree. The Internal Services Department (ISD) is only aware of DHS as controlling its own (and, by extension, LAGMC's) **purchasing strategy**. **ISD supports and collaborates** with DHS, as requested and appropriate.

FINDING NO. 3 (Report 6, Part 2)

The existing delegated authority is still not enough to give the hospital the freedom that it needs to make quick decisions, especially those decisions that affect patient health.

RESPONSE

Agree. The delegated purchasing limit for DHS, which includes the LAGMC, is \$25,000.

III. Findings for Report 6, Part 3 (Security Concerns)

FINDING NO. 1 (Report 6, Part 3)

Neither the Sheriff's Department nor private security will intervene and remove someone who is potentially violent, perhaps because of a mental health crisis, unless that person possesses a weapon or has already committed an assault. This policy, while likely intended to be sensitive to the needs of individuals experiencing mental health challenges, leaves Medical Center personnel feeling vulnerable when faced with disruptive or threatening behavior but does not meet the threshold for immediate law enforcement intervention.

RESPONSE

Agree.

FINDING NO. 2 (Report 6, Part 3)

The comprehensive security plan in place for 2024-2025, is a collaboration with the LASD, contracted security, Los Angeles General Medical Center Environment of Care (EOC), medical staff and Medical Center Administration. The plan focuses on

detering and managing aggressive or violent patients or visitors and providing a forum to discuss critical incidents and create joint policies.

RESPONSE

Agree.

FINDING NO. 3 (Report 6, Part 3)

LASD holds regular classes to fine-tune the skills of the deputies and to introduce new techniques. They have invited contracted security to join them and give them the opportunity to increase their knowledge of law enforcement.

RESPONSE

Agree.

IV. Findings for Report 6, Part 4 (Increasing Private Financial Support)

FINDING NO. 1 (Report 6, Part 4)

The current name and focus of the Foundation is confusing to potential donors and sponsors.

- The name is "LAC+USC General Hospital Foundation" but "USC" is no longer a part of the Foundation.
- The Foundation's primary focus is on the Wellness Center but the name doesn't reference the center.
- This confusion directly impacts the potential flow of financial support from funders, former patients and the overall community.

RESPONSE

Agree. The Foundation has changed its name to Los Angeles General Medical Center Foundation, Inc. (the Foundation) to align to the new name for the Medical Center.

The Wellness Center is the major program to the Foundation and is highly recognizable by the community. The Foundation's Board will consider how to reconcile this issue of name confusion in its rebrand process.

FINDING NO. 2 (Report 6, Part 4)

Senior management of LAGMC plans to restructure the current Foundation and place the Wellness Center under the same umbrella organization.

- Management doesn't foresee a problem with an overlap in fundraising efforts (targeting different donors).
- Wants to insure that the Wellness Center continues to receive support for the excellent work they are doing in the local Boyle Heights community.

RESPONSE

Disagree. The Wellness Center is currently operated by the Foundation and is **already under the same "umbrella" organization. The Foundation is supportive of** and in agreement with LAGMC leadership that the Foundation's current structure can support multiple projects and fundraising strategies, as they continue the **Wellness Center's direct operations to the community.**

FINDING NO. 3 (Report 6, Part 4)

Senior management of LAGMC forecasts that it would take up to (5) years to transition to highly functioning fundraising board.

- **The current Foundation board's composition is similar to a** government/fiduciary/advisory board vs. a fundraising focused board.
- The County of Los Angeles has added significant terms and conditions that are uncommon in a private, non-profit foundation.
- It may be challenging to recruit new, wealthy, and well-connected donors (given **the County's restrictions to the Wellness Center**) to the proposed LAGMC Foundation.

RESPONSE

Agree. The Foundation's Board is currently updating governance structures to launch and sustain a sophisticated fundraising effort to benefit LAGMC.

The Foundation's fundraising capacity could be aided by updating the legal documents that define their organization and relationship with the County.

The Foundation is in the process of updating their Articles of Incorporation and Bylaws to align their internal structure to support the future growth intended for the Foundation, including an increased focus on fundraising.

The Foundation's Board has voted to develop a fundraising governance structure that will be dedicated to donor cultivation and fundraising.

There is some confusion created by the portion of the finding above that states "**given County's restrictions to The Wellness Center**" because there are no legal agreements between the Wellness Center and the County, since the Wellness Center is not a legal entity.

FINDING NO. 4 (Report 6, Part 4)

The current Foundation must receive County approval before accepting any financial contributions over \$5,000.

RESPONSE

Disagree. The Foundation's leadership could not identify the source of this statement, and the Foundation is not currently restricted by the County in receiving funds in any amount.

FINDING NO. 5 (Report 6, Part 4)

The original Fund-Raising Services Agreement between the County and the Foundation was executed on August 9, 1994. This agreement allowed the Foundation to seek private financial support for certain projects at LAGMC.

- The agreement is renewed annually.
- On page 2, item 2 of the agreement: *there should be no monetary payment by the County to the Foundation under this agreement.*

RESPONSE

Agree. The original Agreement (dated August 9, 1994) has been revised seven times (through April 2, 2025) to enable the Foundation to receive funding from the County for other services rendered.

FINDING NO. 6 (Report 6, Part 4)

The Fund-Raising Services Agreement was Amended (#3) on December 12, 2018

Executed between the County of Los Angeles and the Foundation

The Board of Supervisors provided delegated authority to amend the agreement to add new service programs-the costs associated for patient education/support for annual funding not to exceed \$300,000.

- Foundation should provide a 24/7 call center for callers requesting information and assistance for medications for addiction treatment.
- Amendment #3 dramatically increased the terms, conditions and oversight (similar to a County Agency) to the Wellness Center after the services offered were expanded to include activities that promote and integrate the health delivery system at the LAGMC for a broad range of health and wellness initiatives:
 - Zero Tolerance for Human Trafficking
 - Compliance with Fair Chance Employment Practices
 - Compliance with the County Policy on Equity
 - **Compliance with the County's Jury Service Program**
 - Written Employee Jury Service Policy
 - Consideration of Hiring County Employees Targeted for Layoffs/or RE-Employment List.
 - Consideration of Hiring Gain/Grow Participants
 - **Contractor's Acknowledgment of County's Commitment to the Safely**
 - Surrendered Baby Law
 - **Contractors Warranty of Adherence to County's Child Support**
 - Compliance Program.

The Jury assumes the addition of County Terms and Conditions to the Fund-Raising Service agreement was due to the increase in paid County grants received by the Wellness Center. Unfortunately, this creates substantial challenges to receive unrestricted private donations (corporate, private foundations and from wealthy donors).

RESPONSE

Partially disagree. To clarify, Amendment No. 3 to the Fundraising Services Agreement is dated December 16, 2019, and references amounts different than those stated in the finding. Additionally, Amendment No. 6 (dated January 19, 2024) supports the establishment of the on-call Medications for Addiction Treatment provider line.

The increase in terms and conditions in Amendment No. 3 is similar, if not identical, to the terms the Foundation has agreed to under other County contracts, including multiple contracts from the Department of Public Health (DPH). The Foundation believes these terms and conditions are standard to all County contracts, vendors, and premises. There are no legal agreements between the Wellness Center and the County as the Wellness Center is not a legal entity.

The restrictions created through these terms and conditions generally apply to staff, contractors, and vendors of the Foundation, as well as the premises occupied by

Foundation, which is through the gifted lease from the County. These terms and conditions would presumably be part of any future lease agreement between the Foundation and County. The Foundation does not foresee a major impact to private donations going forward, as these do not apply to private sources of funding.

FINDING NO. 7 (Report 6, Part 4)

The Foundation earns annual revenue from providing consulting advice on training doctors/nurses to an organization in China.

- The demographics of the patients (in a major urban environment) is a great case study for other hospitals and medical centers around the world. There is an opportunity to increase consulting/training revenue (that would be routed to the Foundation).

RESPONSE

Agree.

FINDING NO. 8 (Report 6, Part 4)

The high-profile surgeons, doctors, and nursing professionals are not requested (or expected) to assist in fundraising efforts for the Foundation.

- Many of the current doctors were formerly with USC and were expected to participate in development/fundraising initiatives at the University of Southern California. They have experience in nurturing relationships and deep connections with potential donors.

RESPONSE

Agree.

FINDING NO. 9 (Report 6, Part 4)

Numerous entity names on Facebook: "Los Angeles General Medical Center," "LAC+USC General Hospital Foundation," and the "Wellness Center." For Instagram, there is "lageneralmed", "LA General Medical Center Services," and "LA General Medical Center Hospital Medicine."

The various names on social media platforms makes it difficult to align donor outreach strategies with social media branding.

RESPONSE

Agree. The Foundation is currently working with the public information officer to align social media platforms.

FINDING NO. 10 (Report 6, Part 4)

The LA General Medical Center has an on-line **Gift Shop but it's on a** separate website from the main LAGMC website. We also noted minimum external marketing of the on-line gift shop to non-visitors, staff or patients.

RESPONSE

Agree.

FINDING NO. 11 (Report 6, Part 4)

Over 90% of the Wellness Center budget come from the County and other Government grants. The primary focus is primarily raising money for programs and services in the Boyle Heights community. They do a great job but are not structured (or staffed) to raise private funding (corporations, private foundations and wealthy individuals).

RESPONSE

Agree. Currently, most of the Foundation funding is from government sources supporting direct services, community engagement, and fiscally sponsored program services in the community. The Foundation Board has voted to create a fundraising structure that includes a Development Director and an Advisory Board whose sole function will be to support fundraising efforts on behalf of the Medical Center.

FINDING NO. 12 (Report 6, Part 4)

The Foundation lacks a pipeline effort to attract younger, diverse board members for future board service. Board members of large non-profit organizations are usually older than 50 years old and have the financial capacity to donate to the organization.

RESPONSE

Agree.

FINDING NO. 13 (Report 6, Part 4)

Large risk to current LAGMC funding with pending Federal cuts to Medicaid and Medicare. Of the \$2.1 Billion budget, 89% of the budget comes from Medicaid and Medicare funding.

RESPONSE

Partially disagree. Over 85% of the \$2.1 billion operating budget comes from Medicaid and Medicare funding, not the 89% mentioned in this finding.

V. Findings for Report 6, Part 5 (Branding and Public Relations)

FINDING NO. 1 (Report 6, Part 5)

LAGMC's Public Information Office handles too many functions and duties for one department.

- Office of Media Relations
- Office of Public Relations
- Office of Government Relations
- Office of Community Relations
- Office of Marketing and Brand Management
- Digital Media Team
- Volunteers Department
- Office of Spiritual Care
- Office of Decedent Affairs

Additional Duties of the Department:

- High-Profile (celebrities, elected officials) Patient Management
- Media Relations for Incarcerated Patients
- Oversee Media Studio and Virtual Communications Operations

- Digital and Social Media Management
- Commercial filming requests
- Executive Communication and Strategic Advising
- Quality Control and Brand Management
- Notices of unidentified patients in the hospital (via their website)
- Notices of unidentified citizens in the County Morgue
- Internal production studio

RESPONSE

Agree.

FINDING NO. 2 (Report 6, Part 5)

Lack of public awareness of the patients served and services offered at the Medical Center:

- Medical care for the homeless and with individuals from Skid Row.
- Medical care for inmates in the LA County Jail system.
- Medical services for the undocumented and indigent members of our community.
- **Most of the patients served don't have private health insurance.**
- **Very few media articles or TV news coverage of the Medical Center's care for the most underserved members of our community.**

RESPONSE

Agree.

FINDING NO. 3 (Report 6, Part 5)

LA General Medical Center's communications efforts are primarily internally focused:

- Morning video broadcasts to staff (updates, policies, etc.)
- Reports to LA County Department of Health and the LA County Board of Supervisors

RESPONSE

Agree.

FINDING NO. 4 (Report 6, Part 5)

LA General mainly *reacts* to press coverage (patient issues, gunshot victims, complaints from interest groups). *The internal staff is overwhelmed with other duties and thus unable to proactively seek positive media coverage for the valuable services and contribution to the community.*

- Staff handles booking of Doctors for TV and Media interviews
- Staff provides media training to doctors and key executives
- Send external communications in both English and Spanish
- Internal TV studio and associated equipment is maintained by the LAGMC IT group.

RESPONSE

Agree.

FINDING NO. 5 (Report 6, Part 5)

Los Angeles General Medical Center has an extensive historic photo and art collection. Some of it is displayed in the entry lobby and near the executive offices. Art displayed in public **spaces of a hospital can improve a patient's mood, stress, and comfort.**

RESPONSE

Agree.

CIVIL GRAND JURY RECOMMENDATIONS

I. Recommendations for Report 6, Part 1 (Hiring of Staff and Labor Relations)

RECOMMENDATION NO. 6.1

The Banding/Certification and Steps processes used in hiring those in the medical profession by the County should be eliminated and permanently institute the Delegated Authority that is already in the system for giving LAGMC and all county owned public hospitals more freedom in personnel matters. The Delegated Authority can be monitored with minimal County oversight.

RESPONSE

Disagree. This recommendation will not be implemented, as DHS does not have the discretion to eliminate County exam rules and salary steps.

The County's exam rules and salary steps are an established element of County operations and cannot be eliminated unilaterally. Ways to continuously improve upon these processes and update requirements are analyzed, as such opportunities arise.

DHR is leading efforts to help reform hiring, with the hope that this will lead to updates to the Civil Service Rules. This work is still ongoing, but the goal is to help facilitate the hiring process, including for those in the medical profession. Current DHR efforts to improve hiring in DHS have resulted in a 72.7% time savings in time to hire rates.

II. Recommendations for Report 6, Part 2 (Purchasing of Equipment, Medicines, and Supplies)

RECOMMENDATION NO. 6.2

All departments involved in the creation of the purchase limits on LAGMC should substantially increase these purchase limits.

RESPONSE

Agree. This recommendation has already been implemented. ISD agrees and, prior to this report, and in collaboration with DHS, increased the delegated authority to \$25,000. ISD will continue to monitor and consider additional increases in the future.

RECOMMENDATION NO. 6.3

The number of County departments that control LAGMC Medical Center's purchasing strategy should be reduced.

RESPONSE

Disagree. This recommendation will not be implemented. DHS does not have authority to implement this, since DHS does not have the discretion to change County purchasing limits.

ISD is only aware of DHS controlling its own (and, by extension, the LAGMC's) purchasing strategy. ISD supports and collaborates with DHS, as requested and appropriate.

RECOMMENDATION NO. 6.4

The Delegated Authority that is already a part of the ISD and County's purchasing guidelines should be increased and expanded.

RESPONSE

Partially disagree. This recommendation has already been implemented. The delegated authority limit was increased to \$25,000, in collaboration between DHS and ISD.

III. Recommendations for Report 6, Part 3 (Security Concerns)

RECOMMENDATION NO. 6.5

Improve communication and coordination between Medical Center staff, security personnel, and the Sheriff's Department to ensure a consistent and effective response.

RESPONSE

Agree. This recommendation is already in the process of being implemented, within the next six months and beyond, as necessary. LAGMC will schedule quarterly meetings with **the Sheriff's Department (LASD)**, contracted security, the Medical Center Safety Officer, and LAGMC Administration.

Addressing Finding No. 1 (in Part 3 of this report) is critical to ensuring the safety of LAGMC staff, patients, and visitors, including the ability of security to physically intervene when de-escalation attempts fail and there is an immediate threat of harm.

In response to this, DHS has completed a re-solicitation of contracted security and is seeking augmentation with higher level security guards who can intervene. **LAGMC's goal for this recommendation is a tentative completion during Fiscal Year (FY) 2025-2026.**

Maintaining and improving communication and coordination with LAGMC staff is paramount and will continue to be the focal point for LASD to work with.

Over the past several months, LASD has implemented several strategies aimed at fostering stronger, more consistent engagement with hospital leadership and staff. These efforts include:

Regular Meetings: LASD holds bi-weekly meetings with DHS staff analysts, and the Service Area Sergeant (SAS) conducts daily security briefings with stakeholders, including the hospital's Chief Operating Officer. Additionally, the Captain of the County Services Bureau (CSB) participates in bi-weekly and quarterly meetings with DHS executives, including the Director of Risk

Management, and LAGMC staff, and attends meetings as requested to discuss contractual obligations and reinforce the partnership.

Focused Collaboration: The SAS and Service Area Lieutenant (SAL) attend monthly meetings on the Homeless Outreach Program to review statistics and resource usage, such as portable showers and laundry facilities. They also take part in monthly "Environment of Care" meetings, collaborating with representatives from nursing, medical staff, administration, and security.

Responsive Engagement: LASD proactively participates in impromptu meetings to address time-sensitive concerns, such as recent discussions surrounding the presence of the United States Immigration and Customs Enforcement (ICE) agents at the facility. In these cases, LASD has met with hospital staff to clarify legal standing and ensure mutual understanding.

Community Integration: In an effort to build a positive and approachable presence, LASD actively participates in events like "Coffee with a Cop," blood drives, and talent shows hosted on campus. These efforts help strengthen relationships with hospital personnel and promote trust within the shared environment.

Data-Driven Oversight: A dedicated LASD crime analyst compiles and shares monthly crime and incident statistics specific to the LAGMC campus. These reports prompt open discussions with hospital stakeholders to ensure transparency and clarify trends or specific incidents. Additionally, a quarterly breakdown of contractual services paid for by DHS is shared, outlining how each obligation is being fulfilled, by whom, and any adjustments needed to maintain compliance and efficiency.

Comprehensive Security Assessments: Thorough on-site security evaluations are conducted regularly to identify vulnerabilities and recommend improvements across the LAGMC campus. These assessments result in detailed reports, which are reviewed during in-person meetings held both during and after the evaluation process. These collaborative discussions focus on actionable ways to enhance campus safety and ensure a shared understanding of priorities among all stakeholders.

LASD and LAGMC remain committed to maintaining open lines of communication with each other and continuously refining the approach needed to meet the evolving needs of the partnership.

RECOMMENDATION NO. 6.6

Rotate the dispatch duty from full time to four-hour shifts.

RESPONSE

Agree. This recommendation will be implemented. DHS and LAGMC will work with the contracted vendor to review the feasibility of four-hour shifts for dispatch duty. Achievement of this implementation is tentatively scheduled for completion during FY 2025-26.

Additionally, it should be noted that LASD does not dispatch at the LAGMC, since the hospital's private security now handles their dispatch duties.

The Memorandum of Understanding (MOU) between DHS and LASD was modified several years ago and a portion of the contract where LASD was responsible for a dispatch center on the LAGMC Campus was cancelled. Dispatch duties are currently handled by Allied private security, a security entity that LASD does not have control or oversight over.

RECOMMENDATION NO. 6.7

Continue to upgrade CCTV coverage throughout the Medical Center, ensuring clear visibility in all patient care areas, waiting rooms, and entrances/exits and outdoor spaces. Continue regular security risk assessments to identify emerging threats and vulnerabilities and to evaluate the effectiveness of existing security measures. These assessments should involve input from LASD and all relevant medical center personnel.

RESPONSE

Agree. This recommendation has already been implemented. Upgrade of Closed-Circuit Television (CCTV) systems is already an ongoing initiative for DHS and LAGMC, as current cameras fail.

Additional cameras are continually being added as blind spots and safety issues are identified. New cameras are added to locations in compliance with State and federal **patient's privacy laws and regulations**.

Security risk assessments will continue with input from LASD, personnel, and patients. Security assessments and improvements will remain an ongoing LAGMC initiative during the current Fiscal Year (FY 2025-26).

Increased CCTV coverage can improve overall safety and continued security risk assessments will identify and address the ongoing challenges with public safety. LAGMC had five security assessments conducted between September 2024 to December 2024.

LASD agrees with the enhancement of CCTV coverage, but LASD does not have control over the CCTV system and does not have the authority to make changes to the CCTV system at LAGMC. The existing CCTV system was established prior to the security agreement between DHS and LASD, and DHS contracts with private security to monitor the CCTV system. However, LASD (through the CSB) conducts regular security assessments of their contracted locations.

IV. Recommendations for Report 6, Part 4 (Increasing Private Financial Support)

RECOMMENDATION NO. 6.8

This recommendation addresses Finding #1

To prevent further confusion by potential donors, change the name of the "LAC+USC Medical Center Foundation" to the "Los Angeles General Medical Center Foundation (LAGMC Foundation)."

- USC is still currently listed in the name (although the University's relationship with the medical center has transitioned to a partnership for training nurses and doctors).

- The current Foundation is focused on the Wellness Center but the name implies a bigger role and footprint.

RESPONSE

Agree. This recommendation has already been implemented. In alignment with this **recommendation, the new name of "Los Angeles General Medical Center Foundation, Inc."** was approved by the State of California in June 2025.

RECOMMENDATION NO. 6.9

This recommendation addresses Finding #2, Finding #3, and Finding #4

Continue under the new name (i.e., LAGMC Foundation) and increase the efforts and focus to receive more private funding. Additionally, the LAGMC Foundation should request removal of the \$5,000 pre-approval requirement from the County in the Fund Raising Agreement.

Pros:

- **You wouldn't need to create a separate, new, private only foundation (separate from the Wellness Center).**
- The Wellness Center and the LAGMC Foundation could continue to serve under one board.
- **You wouldn't have to wait 3-5 years to create a new (private only) fundraising organization.**

Cons:

- The Wellness Center has strict County of LA controls on the grants received. This would be a challenge for private foundations and wealthy individuals.
- The current Fund Raising Agreement states that the Foundation has to first hire a laid off County employee before recruiting from the general public. *However, the hiring manager could avoid this contractual provision by showing that the **laid off County employee doesn't have the specific** skill level and experience for the job opening.* Private fundraising is a very specific skill that is not a common skill set for government employees.
- The Wellness Center has a very specific mission to serve the residents of Boyle Heights. They do an excellent job but have not been successful in private fundraising.
- There could be a challenge establishing a demarcation between development efforts between the Wellness Center and the Foundation.
- Private donors generally want to donate money and be honored for their donation. Adding additional bureaucracy or conditions will hurt fundraising.
- It will be hard to recruit private fundraising professionals to work under a combined Wellness Center (Government funded culture) and a private effort to support the broader needs of LAGMC.

<u>(21) Members of the Board</u>		
(7) Appointed by the Board of Supervisors (3) Wellness Center Appointees (Community Leaders, Subject Matter experts on the services offered at the Wellness Center) (11) at large appointees, selected from a Board Nominating Committee (need to establish a "give or get" \$\$ amount for each board member)		
<u>Wellness Center</u> <ul style="list-style-type: none"> • County/State Grants • Private Fundraising for WC • Private donations for WC • Happy Client donations 	← Fiscal Sponsor for both organizations →	<u>Private Fundraising-LAGMC</u> <ul style="list-style-type: none"> • Staffed with new Development Professionals (w/Private Healthcare fundraising experience). • Gift shop revenue • Film Rental revenue • Medical Training revenue (e.g. China) • Annual Gala • Golf tournaments • Happy patient donations

RESPONSE

Agree. Under the Foundation's new name, the Foundation's Board and executive leadership are developing a new fundraising strategy with a greater emphasis on private funding. The Foundation will collaborate with County Counsel and the Foundation's legal representatives to discuss and revise the legal agreements between the Foundation and the County to maximize the Foundation's relationship with the LAGMC and potential to raise funds for the LAGMC, both within the next six months and beyond.

RECOMMENDATION NO. 6.10

This recommendation addresses Finding #2, Finding #4, Finding #5, Finding #7, Finding #8 and Finding #11.

1. We recommend that the Wellness Center is renamed the Los Angeles General Wellness Center.

- a. The Wellness Center handles government grants, government funding and government audits of the grants.
- b. These County grants have significant restrictions (mentioned in Findings #4 and #5) that would make it difficult to recruit a private oriented fundraising foundation.
- c. They currently raise a very small amount of private donations.
- d. The Wellness Center should continue to serve as a Fiscal Sponsor (already providing this service for LAGMC).
- e. We recommend a new Board of Trustees is formed for the Wellness Center. Their composition would be more governance and Los Angeles County expertise related (vs private philanthropy)

2. We recommend that a new non-profit, private fundraising organization is created with the name "Los Angeles General Medical Center Foundation."

- a. This organization's primary focus would be to raise private funding (original intention of 1994 Fundraising Service Agreement between the County of LA and the Foundation) to support for the provision of health care delivery, medical research, education and retention of key staff.
- b. Important to have clear lines of demarcation between the two organizations to prevent overlap in development efforts (and confusion from donors).

- c. The fundraising strategy for large gifts (e.g., adding floors to LAGMC) is very different than fundraising to serve the needs of the Boyle Heights residents (mission of the Wellness Center).

Categories	LA General Wellness Center	LAGMC Foundation
Board Director Focus	Governance	Fund Raising
Fundraising Focus	Government	Private
Targeted Programs-Boyle Heights	X	
Fiscal Sponsor	X	
Capital Fundraising		X
LA City/County Grants	X	
California State Grants	X	
Federal Grants	X	
Corporate Donations		X
Private Foundation Donations		X
Individual Donations	X	X
China Training Revenue		X
Facility Rental Revenue		X
Revenue from the Gift shop		X
Revenue from Location Filming		X
Board Director Annual Donations	X	X
YouTube TV Revenue		X
Doctor/Nurse Alumni Donations	X	X
Happy Patient Donations	X	X
Doctor/Nurse initiated Fundraising		X
Note: There will be some overlap between entities. Chart intended to show focus.		

RESPONSE

Partially disagree. The **CGJ's** recommendations are currently being considered by the Foundation's Board and executive leadership, who are committed to their mission to support the LAGMC through patient services, employee programs, and increased fundraising. Such discussions will occur within the next six months and beyond, if necessary. The Foundation's Board has voted to create a fundraising structure that is separate from the Wellness Center operations, but reports to the Foundation's current Board and executive director.

This fundraising structure includes a Development Director and an Advisory Board whose sole function is to support fundraising efforts on behalf of the LAGMC. The Foundation's Board and executive director will provide oversight to ensure integrated services and support while preventing overlap in development efforts.

RECOMMENDATION NO. 6.11

This recommendation addresses Finding #3

Shorten the timeline to build a stronger fundraising Board of Directors.

- The Committee feels that senior management should place more urgency in building a high capacity, fundraising board.
- **The board should establish a “give or get” (annual set amount) that each board member is expected to donate or solicit from friends.**
- Recommend the newly created board starts with (21) members that includes the following structure and skill sets:
 - (7) Members appointed by the Los Angeles County Board of Supervisors. This model is currently in place at the Natural History Museum and insures that the County has a fiduciary interest in the new LAGMC Foundation.
 - **(14) Members that can meet an annual financial “give or get” (yet to be determined) commitment**
 - Recommend one CPA or Finance professional.
 - Recommend one senior level sales experience or high profile fundraising experience.
 - Recommend one lawyer familiar with non-profit governance experience.
 - Recommend one members that has served in senior leadership role at a large urban hospital or medical center.

RESPONSE

Partially disagree. The Foundation’s Board and executive leadership are in the process of developing a fundraising structure along a tight timeline to meet the fundraising goals of the LAGMC. This work is being done within the next six months and beyond, as necessary.

The recommendations related to membership composition for the Advisory Board will be taken into consideration as the membership structure is determined and new **members are onboarded in alignment with the Foundation’s Bylaws.**

RECOMMENDATION NO. 6.12

This recommendation addresses Finding #4

Explore methods to expand your relationships and training expertise in China.

- Assign a staff member or consultant to nurture the existing relationship and to explore new opportunities that could increase revenue to the current Foundation.
- Leverage what the LAGMC is best known for (training doctors and nurses and managing a Level I trauma center).
- Community based care (through the Wellness Center)
- Serving patients from lower income and educational backgrounds.

RESPONSE

Partially disagree. The LAGMC has successfully developed training agreements with foreign universities to deliver partnerships and funding to the LAGMC.

The development recommendation to expand this model will be incorporated into **the Development Director’s scope of duties and** will be evaluated for priority

alongside other fundraising targets as part of the larger fundraising strategy for the LAGMC.

RECOMMENDATION NO. 6.13

This recommendation addresses Finding #5

Leverage the expertise and experience of the former USC Doctors and Surgeons that formerly supported the development efforts of the University of Southern California.

- Emphasize the benefit of non-governmental funding to the mission of the hospital.
- Allow them to serve as mentors to newly minted doctors (how to nurture external relationships on behalf of the LAGMC).
- Feature the doctors and nurses (who are good on camera) in branding videos, and marketing brochures for potential funders.

RESPONSE

Agree. This recommendation has been shared with the Foundation's Board and executive leadership and will be addressed as part of the fundraising strategy within the next six months and beyond, as necessary.

RECOMMENDATION NO. 6.14

This recommendation addresses Finding #6

LAGMC and the Wellness Center need to better align (and differentiate) their social media strategies to increase impact and to improve nurturing of donors. Each social media site should have a specific audience in mind (e.g., general public, healthcare community, potential donors). Highlight the excellent work of doctors, nurses and staff in supporting the mission.

RESPONSE

Agree. This recommendation has been shared with the Foundation's Board and executive leadership, as well as the LAGMC's **Public Information Office**, and will be addressed as part of an integrated communications plan within the next six months and beyond, as necessary.

RECOMMENDATION NO. 6.15

This recommendation addresses Finding #7

Link the online gift shop to the primary LAGMC website. Also, due to the **association with the long running "General Hospital" soap opera (since 1963) on the ABC Television Network, there's an opportunity to raise more 3rd party** revenue (assuming no licensing issues with ABC) for T-Shirts, Coffee Mugs, and Hats. Additionally, the on-line gift shop should be more prominently featured in social media posts.

RESPONSE

Agree. The recommendation has been shared with the Foundation's Board and executive leadership, as well as the LAGMC's **Public Information Office**, and will be addressed as part of an integrated communications plan within the next six months and beyond, as necessary.

RECOMMENDATION NO. 6.16

This recommendation addresses Finding #9

Form a **separate “Spring Board” for younger professionals who lack the** experience (and financial capacity) to serve on the larger Foundation board. These members could be mentored by individual Foundation board members and eventually nominated to serve on the Foundation board. This initiative is a creative way to recruit future talent and meet board diversity goals. The members could arrange their own fundraising efforts.

RESPONSE

Agree. The recommendation has been shared with the **Foundation’s Board and** executive leadership and will be addressed through the governance development planning **by the Foundation’s Board**, to be discussed at upcoming meetings of the **Foundation’s Board** within the next six months and beyond, as necessary.

V. Recommendations for Report 6, Part 5 (Branding and Public Relations)

RECOMMENDATION NO. 6.17

This recommendation addresses Finding #1

Recommend that the Public Relations Department of the Hospital is restructured to add a senior leader focused on External Media and Press Relations. If adding staff is a challenge, we recommend that some of the duties are outsourced to firms with subject matter expertise. The Director of the department serves too many roles to focus on brand management, external communications, social media engagement, and garnering positive press relations for LAGMC.

RESPONSE

Agree. This recommendation will be implemented, when current budgetary constraints allow for it. LAGMC will conduct a workload and resource assessment during FY 2025-26 to identify high-priority functions and determine where duties can be reallocated and streamlined.

LAGMC acknowledges the broad scope currently managed by the Public Information Office (PIO) of the LAGMC and agrees that enhanced leadership capacity in external media relations would improve strategic communications. LAGMC will seek funding for a Senior Public Information Specialist when the current fiscal constraints subside and will evaluate targeted outsourcing options to supplement internal resources, as needed.

RECOMMENDATION NO. 6.18

This recommendation addresses Finding #2

Continue to differentiate the new brand of the hospital (post USC). Don’t assume that the public is aware of the new organization.

Incorporate branding strategies to include corporate and foundation fundraising. Currently the development efforts are mainly focused on the Wellness Center. Considering the public is unaware of the medical services provided to residents of Skid Row and the incarcerated individuals at the County Jails, explore creative ways to include this valuable public service in your external communications.

RESPONSE

Agree. This recommendation has been partially implemented and will continue as an ongoing initiative during FY 2025-26.

LAGMC is actively developing outreach materials and storytelling campaigns that highlight care provided to vulnerable populations, including individuals experiencing homelessness, incarcerated patients, and those unidentified at admission. These narratives will be integrated across website content, social media platforms, and community engagement initiatives beginning in FY 2025-26.

The new brand identity is being incorporated into all communications, supported by strategic partnerships to ensure messaging reaches diverse audiences. Notably, LAGMC recently partnered with the *Los Angeles Times* to share a human-centered story on unidentified patients, illustrating the unique and compassionate role in the County safety net. A follow-up story is in development to continue elevating this critical work and improve public awareness of such efforts.

RECOMMENDATION NO. 6.19

This recommendation addresses Finding #3

Start a YouTube Channel featuring licensed health care professionals. Highlight the doctors and nurses that have great communication skills to share weekly produced videos on a LAGMC produced YouTube Channel.

RESPONSE

Agree. This recommendation will be implemented, when current budgetary constraints allow for it. While internal and patient-directed communications remain a priority, LAGMC recognizes the importance of balancing internal and external outreach. The PIO is shifting toward more public-facing engagement through press outreach, digital storytelling, and bilingual campaigns.

LAGMC will explore piloting a YouTube channel featuring bilingual clinical staff providing health education. Production will leverage existing internal resources, with a target launch in FY 2026-27, focusing on topics aligned with LAGMC and community health priorities.

Assessment of the feasibility of a pilot LAGMC YouTube channel will start during FY 2025-26. **The assessment will include consideration of patient's privacy regulations and the County's personnel rules, as well as the current fiscal challenges during that time frame.**

RECOMMENDATION NO. 6.20

This recommendation addresses Findings #1, #2, #3, and #4

For the LAGMC to improve its public profile and branding, it will involve a number of actions:

1. Either reduce the duties of the Public Information Officer or add additional staff.
2. Improving your social media strategy (different content for different platforms and audiences).
3. Start a YouTube Channel featuring prominent doctors and nurses.

4. Utilize the internal television production equipment to also create external content for external audiences (currently focused internally for staff communications efforts).
5. Acknowledge that most of the public knows LAGMC from news coverage (crime, gunshot victims taken to ER). Share the operation of the professional staff, medical equipment and training (via videos) to offset the negative coverage.

RESPONSE

Agree. This recommendation will be implemented, when current budgetary constraints allow for it. LAGMC is actively working to strengthen its proactive media strategy. The PIO is developing a quarterly editorial calendar to identify and pitch timely, mission-aligned stories to local and regional media outlets.

In addition, the PIO will collaborate with DHS Communications, the **County's** Chief Executive Office (CEO) Countywide Communications, and the **County's** Channel 36 to create multimedia content that highlights LAGMC's **programs, staff,** and impact on vulnerable populations.

These efforts (planned for FY 2026-27) are intended to shift media engagement from reactive crisis response to intentional, ongoing public storytelling.

RECOMMENDATION NO. 6.21

This recommendation addresses Finding #5

Cedars Sinai Hospital in Los Angeles successfully utilizes their art collection for branding and fundraising initiatives. The LAGMC has a historic photo and art collection. They should highlight the collection more via social media. They can also access additional art from the Los Angeles County art collection for loans.

RESPONSE

Agree. This recommendation will be implemented. LAGMC will explore a partnership with the County's Department of Arts and Culture to develop collaborative initiatives that elevate the visibility of its historic photo and art collection in FY 2025-26.

Portions of the collection will be featured in digital content, social media campaigns, and public-facing events. LAGMC will also explore opportunities to host local artists to enhance the patient and visitor experience, as well as collaborate with the Foundation to highlight the art collection through community engagement events on campus and to explore fundraising opportunities.

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS; CHIEF EXECUTIVE
OFFICE; DEPARTMENT OF HEALTH SERVICES; DEPARTMENT OF MENTAL HEALTH;
DEPARTMENT OF PUBLIC HEALTH; HOSPITAL AND HEALTH CARE DELIVERY
COMMISSION

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR LA GENERAL IS POISED TO ENERGIZE CAL-AIM AND CREATE A HEALTHY LOS ANGELES (AND WHILE WE'RE AT IT, LET'S ERADICATE HOMELESSNESS): "I MEAN, MAN, THIS IS IT"

SUMMARY (REPORT 7)

"This report reviews and evaluates the current system of services for the homeless population in the County of Los Angeles (County) and the proposed solutions. Two primary focus areas are healthcare integration and addressing homelessness. In terms of healthcare integration, there is an evaluation of the efforts to achieve this outcome and a focus on the California Advancing and Innovating Medi-Cal (CalAIM) program to achieve such integration. In terms of addressing homelessness, the analysis of the report proposes that a consolidated Health Agency could be combined with the tools of CalAIM and healthcare integration to effectively address homelessness."⁷

CIVIL GRAND JURY FINDINGS

I. Findings Regarding Los Angeles County's Restructuring of its Homeless Services

FINDING NO. 1

LAHSA's coordination of housing, social and health services for the homeless (and those at risk of becoming homeless) in Los Angeles County has been siloed, fragmented and disjointed, generating limited results at a high cost.

RESPONSE

Agree.

FINDING NO. 2

LAHSA's budget in 2024 was \$875 million, with more than \$300 million of that coming from LA County.

RESPONSE

Agree.

⁷ 2024-2025 Los Angeles County Civil Grand Jury Final Report, LA General is Poised to Energize Cal-AIM and Create a Healthy Los Angeles (and While We're at it, Let's Eradicate Homelessness): "I Mean, Man, This is it", p. 311.

FINDING NO. 3

LA County has decided to withdraw its contributions to LAHSA and redeploy them to provide homeless services directly (referred to herein as the Homeless Funds).

RESPONSE

Partially disagree. The County is not planning to withdraw all funds.

FINDING NO. 4

LA County intends to merge the CEO Homeless Initiative (CEO-HI) and the DHS Housing for Health (DHS-HFH), creating a new County Department focused on the homeless (the Homeless Services Department).

RESPONSE

Agree.

FINDING NO. 5

The currently proposed timeline for the Homeless Services Department initiatives is as follows: (1) merging the operation of CEO-HI and DHS-HFH by April 28, 2025, (2) creating the Homeless Services Department as of July 1, 2025, (3) Phase I implementation **would then include the "integration of the CEO-HI and DHS-HFH core housing and supportive services,"** (4) Phase II would include "integration of County-funded programs and services administered by LAHSA" into the Homeless Services Department, (5) Phase III **would "include the integration of programs and services administered by other County departments as applicable,"** [emphasis added] and (6) County-sourced LAHSA funds and related staff would be transferred to the Homeless Department by July 1, 2026.

RESPONSE

Partially disagree. The timeline of the new County department on homelessness is as follows: the Department of Health Services (DHS) and the Chief Executive Office (CEO) with participation from other County departments supported DHS-HFH and CEO-HI in establishing a joint administrative team by April 28, 2025; in Phase I, CEO-HI and DHS-HFH will work closely together to align and integrate work by July 1, 2025, with the goal of complete transition to the new County department effective January 1, 2026; in Phase II, there will be the transition of specified County funded programs and services currently administered by Los Angeles Homeless Services Authority (LAHSA) to the new County department by July 1, 2026; and Phase III includes the integration of programs and services administered by other County departments into the new County department, as applicable.

FINDING NO. 6

The County's proposal for the "full" integration of County services for the homeless into one Homeless Services Department will have two major exceptions that will **likely undermine the County's comprehensive approach to homelessness, possibly leading to the same "siloe d, fragmented and disjointed services" that plagued LAHSA.**

RESPONSE

Disagree. Certain departments are uniquely qualified to administer certain funds serving people experiencing homelessness (PEH), such as Public Defender for criminal record clearing and the Department of Economic Opportunity for employment services. It is expected that the new department will administer funds

from other departments that had previously gone to LAHSA, such as Department of **Public Social Services’ (DPSS)** Housing Support Program (HSP) funding.

It is anticipated that the new department will become a Medi-Cal biller and will draw down Medi-Cal funds, as appropriate, and will also become a Full Service Partnership (FSP) provider under Department of Mental Health (DMH) and will thus be able to provide an integrated service package to PEH and others.

While DHS will maintain select core clinical services, the vast majority of DHS- **Housing for Health’s programs, budget, and staffing will transfer to the new** homeless department. What will remain at DHS is a small subset of Housing for Health’s (HFH) **work, which are the recuperative care centers on DHS’ hospital campuses, Enriched Residential Care for DHS patients, and the Star and Mobile Clinics; all these support DHS hospitals and are deeply integrated with DHS’** functions for its empaneled population. Most of the housing and supportive housing engagements (including clinical encounters) with clients will transfer to the new department.

FINDING NO. 7

The first category of likely exceptions to the County’s integration of homeless services will be certain specified homeless services provided and retained by other County Departments, each of which will be assessed for integration appropriateness “in partnership” with the relevant Department (with the history of County Departments asserting the importance of their independence likely being a major hindrance in achieving full integration).

RESPONSE

Disagree. Certain departments are uniquely qualified to administer certain funds serving PEH, such as Public Defender for criminal record clearing and the Department of Economic Opportunity for employment services. It is expected that the new department will administer funds from other departments that had previously gone to LAHSA, such as DPSS HSP funding.

It is anticipated that the new department will become a Medi-Cal biller and will draw down Medi-Cal funds, as appropriate, and will also become a FSP provider under DMH and will thus be able to provide an integrated service package to PEH and others.

FINDING NO. 8

The second category of exceptions includes those services that are “highly clinical and deeply integrated with DHS’s core health provider and managed care functions for its empaneled population and financing,” thereby keeping many of the County’s major interactions with the homeless population within DHS.

RESPONSE

Partially disagree. While DHS will maintain select core clinical services, the vast majority of DHS- **Housing for Health’s programs, budget, and staffing will transfer to the new homeless department.** What will remain at DHS is a small subset of HFH’s work, **which are the recuperative care centers on DHS’ hospital campuses, Enriched Residential Care for DHS patients, and the Star and Mobile Clinics; all these support DHS hospitals and are deeply integrated with DHS’ functions for its empaneled** population. Most of the housing and supportive housing engagements (including clinical encounters) with clients will transfer to the new department.

FINDING NO. 9

There is no evidence that LA County has any plans to use the Homeless Funds to **expand the County's CalAIM services (either ECM or Community Supports), including in connection with the County Hospitals' interactions with the homeless,** especially regarding the significant opportunities for increased ECM enrollment by the County Hospitals (although the County does acknowledge the importance of CalAIM funding with respect to current DHS-HFH functions).

RESPONSE

Disagree. In the April 1, 2025, motion to create a new County homeless department, the Board of Supervisors (Board) directed the implementation of a workplan and timelines that included building the administrative infrastructure necessary to maximize claiming of CalAIM revenue for rental subsidies, housing supportive services, and clinical services, including expertise in navigating Medicaid policy and managed care requirements. The new County department will leverage DHS-**Housing for Health's** experience in braiding CalAIM funding with Measure H and other funding streams.

II. Findings Regarding the Coordination of Los Angeles County's Health Related Departments

FINDING NO. 10

The County Departments of Health Services, Public Health and Mental Health have strongly preferred voluntary, non-binding consultations rather than centralized decision-making regarding their operations, which has created major challenges for **the ongoing efforts to coordinate and integrate the County's health and social** services.

RESPONSE

Disagree. DHS, DMH, and the Department of Public Health (DPH) collaborate extensively on joint efforts and are committed to coordination of services where **possible, within the constraints of California's Medi-Cal** model in which behavioral health services (substance use disorder and mental health services) are carved and in which physical health services follow a managed care model coordinated at the plan level. Services for patients and clients are coordinated as appropriate while also respecting each department's **unique and distinct regulatory mandates and** responsibilities.

One example of active coordination is the provision of ECM services for the justice-involved population of focus. DHS, DMH, and DPH meet regularly to ensure these complex clients - many of whom might fall into multiple eligibility categories for ECM services - are enrolled into the program that best meets their unique health needs. The same coordination takes place between DMH and DHS to improve service for patients in the Serious Mental Illness (SMI) population.

There is also disagreement with the Civil Grand Jury (CGJ) **Interim Report's** description of the authority and role of the Health Agency (as directed by the Board, the departments maintained independent reporting relationships to the **Board and did not follow a typical "Agency" model) and the characterization of the Board's motivation for the creation of the Alliance for Health Integration (AHI) and** its role and contributions, as well as the reason for the later transition of AHI staff to DMH.

FINDING NO. 11

The County Departments are inclined to coordinate their roles as ECM providers solely on a voluntary basis, including the enrollment of Medi-Cal beneficiaries, assignment of Lead Care Managers and accessing Community Supports networks.

RESPONSE

Disagree. DHS, DPH, and DMH closely coordinate their roles as Enhanced Care Management (ECM) providers in respect to their unique roles within the Medicaid managed care system in California, and in partnership with the health plans.

FINDING NO. 12

LA County is creating a Restorative Care Village on the LA General campus, which promises to give patients, especially the homeless, expanded access to a broad continuum of social and health services; however, the various providers participating in the Restorative Care Village are not subject to any centralized management or control, and therefore there is little if any coordination, much less integration, of the various Restorative Care Village services. (There do, however, appear to be tentative plans to **create an advisory "Care Coordination Committee"** with representatives from DHS, DMH and DPH to provide voluntary guidance regarding effective coordination.)

RESPONSE

Partially disagree. While there is agreement with the first statement in the finding (i.e., **"LA County is creating a Restorative Care Village on the LA General campus, which promises to give patients, especially the homeless, expanded access to a broad continuum of social and health services"**), **there is disagreement with the second statement in the finding (i.e., "there is little if any coordination, much less integration, of the various Restorative Care Village services.")**

The County's health departments (DHS, DMH, and DPH) regularly coordinate on areas of overlap, including client hand-offs, care coordination, campus issues (e.g., security), communications, and other related issues.

FINDING NO. 13

Although there are "Restorative Care Villages" located (or being built) on the campuses of each of the County Hospitals as well as MLK Community Hospital, there appears to be no County-wide strategic plan regarding the potential and purpose of the Restorative Care Villages and little if any communication among the Restorative Care Villages or the entities associated with them.

RESPONSE

Partially disagree. While there is no written **"strategic plan regarding the potential and purpose of the Restorative Care Villages,"** as presented in this finding, there is regular communication among DHS, DMH, and DPH to coordinate resources and services where relevant.

III. Findings Regarding CalAIM

FINDING NO. 14

There have been no systematic analyses of the CalAIM **program's overall impact on reducing homelessness, improving healthcare or reducing costs.**

RESPONSE

Agree. We are not aware that the State of California or other entities have performed State-wide or County-specific analyses of the CalAIM program on these topics.

FINDING NO. 15

There are major impediments to ECM and Community Supports provider participation in CalAIM based on associated costs, non-standardization of compliance processes, burdensome reporting requirements, and inadequate compensation.

RESPONSE

Agree.

FINDING NO. 16

The enrollment of Medi-Cal beneficiaries in ECM has been lower than anticipated for **ECM's target populations.**

RESPONSE

Agree. However, it is important to note that this finding is not unique to the County and DHS. The **"ECM Penetration Rates" (i.e., the percentage of health plan members that received ECM in the last 12 months)** can be found on the State Department of Health Care Services (DHCS) website under the [ECM Quarterly Implementation Report](#) (<https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117?item=4>) with the footnote **that "While DHCS expects that 3-5 percent of the Medi-Cal membership will be eligible for ECM, this will vary based off of local demographics and not all eligible members may want to participate in the program, so penetration rates are expected to be significantly lower than 3-5 percent."**

FINDING NO. 17

The State estimates that only 30% of Medi-Cal beneficiaries who are identified as eligible for ECM will likely enroll in ECM, but no studies have been conducted to determine why that percentage is so low.

RESPONSE

Agree.

FINDING NO. 18

DHS, as an ECM provider, only enrolls Medi-Cal beneficiaries in ECM who are empaneled with DHS, a relatively limited population compared with all ECM eligible beneficiaries in LA County.

RESPONSE

Partially disagree. DHS intentionally contracted with the health plans to be the ECM provider for DHS-empaneled patients. This approach is in alignment with DHCS guidance that states:

“Medi-Cal health plans will assign an ECM provider to a member based on their needs. If a member’s primary care provider or behavioral health provider is affiliated with an ECM provider organization, the member will most likely be assigned to that ECM provider.”

Non-DHS patients may be eligible to receive or already receiving ECM services from their non-DHS primary care provider (PCP) or another ECM Provider assigned by the health plans.

Contrary to the CGJ **report findings, DHS did not decide “to limit its CalAIM services and associated subsidies, with some minor exceptions, to those patients who are empaneled with DHS under a managed care relationship.”** The decision was made because DHS is not well-positioned to provide ECM services to patients who belong to a managed care network outside of DHS. Changing the contractual ECM model to care for non-DHS patients could lead to disruptions in the therapeutic **relationship with that patient’s** existing care team, as well as significant coordination and data integration challenges.

FINDING NO. 19

Communication and coordination between ECM providers and the Community Supports providers to whom ECM beneficiaries are referred could be improved.

RESPONSE

Agree. While communication could be improved, it would require ECM and Community Supports (CS) providers to have increased data visibility into whether their patients are cross-enrolled.

Currently, this information is held at the health plan level, and there is no central database or Health Information Exchange (HIE) approach for a provider to look up this information. DHS has an internal approach for patients cared for within DHS, but some ECM patients receive CS services from non-DHS providers and vice versa. This issue requires resolution at the health plan level.

FINDING NO. 20

Children’s Hospital of Los Angeles patients include a high percentage of ECM eligible Medi-Cal beneficiaries; and, by enrolling as an ECM provider, CHLA provides an exemplary example of the opportunities under CalAIM to support Medi-Cal beneficiaries, especially regarding the needs of discharged patients.

RESPONSE

Agree.

FINDING NO. 21

Providing Access and Transforming Health (PATH) has provided and continues to provide substantial funding for participants in the CalAIM initiatives, especially for infrastructure and start-up costs.

RESPONSE

Agree.

CIVIL GRAND JURY RECOMMENDATIONS

I. Recommendations Regarding the Restructuring of County Departments Providing Healthcare-Related Services

RECOMMENDATION NO. 7-1

The Board of Supervisors should rejuvenate the Health Agency originally approved by the BOS in 2015, empowering it to make binding decisions regarding collaboration and integration projects involving health-related County Departments, including the Departments of Health Services, Public Health, Mental Health and Aging and Disabilities, especially including CalAIM participation and the operation of the Restorative Care Villages. (In implementing this Recommendation, the BOS **should read Dr. Katz's memorandum**, attached as Exhibit A.)

RESPONSE

Disagree. On May 21, 2024, the County's Board of Supervisors (Board) directed the Chief Executive Officer, in collaboration with the Directors of DHS, DPH, and DMH, to retain a consultant to conduct an evaluation of the Alliance of Health Integration (AHI) to determine best practices and areas for improvement, and **provide recommended options for the Board's consideration for supporting the** collaboration between the three health departments that improve access to comprehensive health care.

The CEO procured TurningWest, Inc. (Consultant) through a competitive solicitation process to complete the evaluation. The Consultant facilitated 39 individual and **group interviews with the Board's health deputies; former AHI staff; DHS, DMH,** and DPH leadership and staff; other County departments; and external stakeholders, including representatives from labor and community-based organizations.

The Consultant developed comprehensive criteria for analyzing eight organizational design options, considering future Measure G changes. The options fell across a continuum from the least restrictive to the most formal structure, and were scored using a Decision Matrix Scale (ranging from 0 – 20 points):

- Option A: Implement No Change (7 points)
- Option B: Increase Communication (16 points)
- Option C: Create Collaborative Forum (18 points)
- Option D: Establish Collaborative Units within the Health Depts (11 points)
- Option E: Reinstate AHI as Independent Unit (10 points)
- Option F: Reinstate AHI Reporting to the CEO (9 points)
- Option G: Create Supra-Ordinate Structure Over the Health Depts (9 points)
- Option H: Merge the Health Departments (10 points)

The Consultant's report recommended that, in lieu of a formal AHI structure or Health Agency model, the three County health departments implement a two-tiered approach for improving coordination that:

1. Improves Communications (Option B)

Enhance the communication teams within each health department by designating one or two communication professionals who would be responsible for creating and maintaining regular, structured communication both within and across departments, ensuring collaborative efforts are effectively communicated to stakeholders. The role of these professionals would include:

- **Creating intra-departmental newsletters** and other communications;
- **Producing an inter-departmental communication vehicle** that would spotlight various collaborative priorities and projects;
- **Establishing a public-facing communication medium** to help inform partner organizations and the public on coordinated efforts;
- **Developing structures, networks, and information-gathering practices** to share information on current collaboration; and
- **Discerning how to simply communicate efforts in ways that are understandable and useful** to a variety of audiences.

2. Creates A Collaborative Forum (Option C)

Create a new collaborative forum where the three health department directors and key staff come together monthly, facilitated by a contracted **outside expert in meeting facilitation**. The forum's design would support ongoing strategic planning, and allow health departments to present updates, discuss emerging challenges, and negotiate priorities with each other.

This collaborative pathway would establish a formal process for discovery, discussion, and debate between experts in healthcare delivery that is currently being done on an ad hoc basis. Such a structured forum would facilitate ongoing conversations about current and potential areas of collaboration and offer a place to seek agreement and buy-in where needed.

This option would not require a set of dedicated staff be in place to support it, which would help it maintain the level of adaptability needed to be successful. However, the consultants recommend that an outside facilitator be responsible for regular meeting facilitation and follow-up.

The recommendations were vetted by leadership from the three departments and key stakeholders, and all agreed that they would support joint decision-making, shared accountability, and increased visibility of inter-departmental collaboration.

While the Consultant's report did analyze the option of implementing a Health Agency structure (Option H: Merge the Health Departments), the arguments against this structure outweighed the arguments for it.

The Consultant's report highlighted several reasons against this option, including:

1) the sheer complexity of the three County health departments deems it an impossible option and would most likely require legislative mandates to adjust policies and requirements currently guiding the separate departments; and 2) the unique missions of the three health departments would be at risk of getting lost.

Historically, when the three departments were all under one large health department, the tremendous needs of DHS tended to drain resources away from the needs of mental health and public health. The size of the bureaucracy did little to meet the complex healthcare needs of County residents, and, therefore, it was found that the tradeoff of specialization here was not worth the outlined benefits.

Based on the findings of this detailed study, no further action relating to this recommendation will be taken.

RECOMMENDATION NO. 7-2

The Board of Supervisors should direct the Chief Executive Officer, in consultation with DHS, to conduct a detailed study of the opportunity, ability, and available budget for a rejuvenated Health Agency to assume responsibility for all LA County initiatives regarding the homeless.

RESPONSE

Disagree. As discussed above, this detailed study has already been completed and as such, no further action will be taken.

On May 21, 2024, the County's Board directed the Chief Executive Officer, in collaboration with the Directors of DHS, DPH, and DMH, to retain a consultant to conduct an evaluation of the AHI to determine best practices and areas for improvement, and provide recommended options for the Board's consideration for supporting the collaboration between the three health departments that improve access to comprehensive health care.

The CEO procured TurningWest, Inc. (Consultant) through a competitive solicitation process to complete the evaluation. The Consultant facilitated 39 individual and **group interviews with the Board's health deputies; former AHI staff; DHS, DMH, and DPH leadership and staff; other County departments; and external stakeholders, including representatives from labor and community-based organizations.**

The Consultant developed comprehensive criteria for analyzing eight organizational design options, considering future Measure G changes. The options fell across a continuum from the least restrictive to the most formal structure, and were scored using a Decision Matrix Scale (ranging from 0 – 20 points):

- Option A: Implement No Change (7 points)
- Option B: Increase Communication (16 points)
- Option C: Create Collaborative Forum (18 points)
- Option D: Establish Collaborative Units within the Health Depts (11 points)
- Option E: Reinstate AHI as Independent Unit (10 points)
- Option F: Reinstate AHI Reporting to the CEO (9 points)
- Option G: Create Supra-Ordinate Structure Over the Health Depts (9 points)
- Option H: Merge the Health Departments (10 points)

The Consultant's report recommended that, in lieu of a formal AHI structure or Health Agency model, the three County health departments implement a two-tiered approach for improving coordination that:

1. Improves Communications (Option B)

Enhance the communication teams within each health department by designating one or two communication professionals who would be responsible for creating and maintaining regular, structured communication both within and across departments, ensuring collaborative efforts are effectively communicated to stakeholders. The role of these professionals would include:

- **Creating intra-departmental newsletters** and other communications;
- **Producing an inter-departmental communication vehicle** that would spotlight various collaborative priorities and projects;
- **Establishing a public-facing communication medium** to help inform partner organizations and the public on coordinated efforts;
- **Developing structures, networks, and information-gathering practices** to share information on current collaboration; and
- **Discerning how to simply communicate efforts in ways that are understandable and useful** to a variety of audiences.

2. Creates A Collaborative Forum (Option C)

Create a new collaborative forum where the three health department directors and key staff come together monthly, facilitated by a contracted **outside expert in meeting facilitation**. The forum's design would support ongoing strategic planning, and allow health departments to present updates, discuss emerging challenges, and negotiate priorities with each other.

This collaborative pathway would establish a formal process for discovery, discussion, and debate between experts in healthcare delivery that is currently being done on an ad hoc basis. Such a structured forum would facilitate ongoing conversations about current and potential areas of collaboration and offer a place to seek agreement and buy-in where needed.

This option would not require a set of dedicated staff be in place to support it, which would help it maintain the level of adaptability needed to be successful. However, the consultants recommend that an outside facilitator be responsible for regular meeting facilitation and follow-up.

The recommendations were vetted by leadership from the three departments and key stakeholders, and all agreed that they would support joint decision-making, shared accountability, and increased visibility of inter-departmental collaboration.

While the Consultant's report did analyze the option of implementing a Health Agency structure (Option H: Merge the Health Departments), the arguments against this structure outweighed the arguments for it.

The Consultant's report highlighted several reasons against this option, including:

1) the sheer complexity of the three County health departments deems it an impossible option and would most likely require legislative mandates to adjust policies and requirements currently guiding the separate departments; and 2) the unique missions of the three health departments would be at risk of getting lost.

Historically, when the three departments were all under one large health department, the tremendous needs of DHS tended to drain resources away from the needs of mental health and public health. The size of the bureaucracy did little

to meet the complex healthcare needs of County residents, and, therefore, it was found that the tradeoff of specialization here was not worth the outlined benefits.

Based on the findings of this detailed study, no further action relating to this recommendation will be taken.

RECOMMENDATION NO. 7-3

The Board of Supervisors should direct the Chief Executive Officer, in consultation with DHS, to conduct a detailed study of the comparative benefits of the new Homeless Services Department to address homelessness as compared with a rejuvenated Health Agency serving the same function, as proposed under Recommendation 1.

RESPONSE

Agree. This recommendation has already been implemented.

On April 1, 2025, the Board adopted a motion to establish a new County department focused on homelessness. This decision was informed by extensive studies, analyses, and stakeholder input (listed below) conducted over a significant period. Given this comprehensive foundation additional analysis comparing alternative models (such as a rejuvenated Health Agency serving the same function) is not necessary and will not be pursued at this time.

Please see the following documents for further information:

- [Feasibility of Implementing the Blue Ribbon Commission on Homelessness Report Recommendations No. 1 \(Establish a County Entity Dedicated to Homeless Service Delivery\) and No. 3 \(Streamlined LAHSA\)](#)
- [Feasibility of Implementing the Blue Ribbon Commission on Homelessness Report Recommendations No. 1 \(Establish County Entity Dedicated to Homeless Service Delivery\) and No. 3 \(Streamlined LAHSA\) \(Item no. 90D, Agenda of November 26, 2024\)](#)
- [Implementing the Blue Ribbon Commission on Homelessness Report Recommendation No. 1 \(Establish a County Entity Dedicated to Homeless Service Delivery\) and No. 3 \(Streamlined LAHSA\)](#)

Some of the summary points from these documents are as follows:

Benefits of establishing a new department:

Creating a new County department on homelessness provides an opportunity to align our Countywide response to homelessness. This transition provides an opportunity for new collaboration between service providers, people with lived experience, County departments, local jurisdictions, unincorporated areas, and elected officials to create positive change in our communities. The driving force behind this new department is increasing accountability, streamlining services for people experiencing homelessness, and reducing the barriers on the providers who serve them every day. We have an opportunity to use what we know is effective to create even more impact and touch even more lives, while at the same time creating more accountability and support for the providers on the front line.

The new department aims to provide:

- More effective braiding and leveraging of different homelessness funding streams administered by the County to provide more comprehensive and integrated services to people experiencing homelessness.
- Reduced administrative burden for homeless services providers through aligned programs with a common philosophical framework, consolidated contracting and use of standardized agreements, invoice processing, and payment systems.
- Opportunities to serve and stabilize clients sooner and more effectively through greater integration of mainstream services provided by County departments with programs and services focused on people experiencing homelessness.
- Increased authority for the County to directly oversee policies, procedures, service delivery models, data collection, evaluation, etc., for County funded programs and services.
- Increased accountability and transparency associated with County funding being administered by a County department that will publish budgets, expenditure reports, audits, evaluations, and dashboards with outcomes and metrics, and will make them available in one location in a public facing website.

RECOMMENDATION NO. 7-4

The Board of Supervisors should direct the Hospitals and Health Care Delivery Commission to study and make recommendations regarding the proposed creation and operation of the Health Agency in order to further the coordination and integration of high-quality health and social services, especially services for the homeless, across all County Departments; and the Board of Supervisors should review and respond to such recommendations.

RESPONSE

Disagree. As previously discussed, the CEO hired an independent consultant to analyze the feasibility of creating a Health Agency (amongst other options) that has already been completed. Based on the findings from that study, it was determined that it is not feasible to create a Health Agency, relative to the other options that were evaluated. As such, no further action related to this recommendation will be taken.

The role of the County Commission on Hospitals and Health Care Delivery, as an advisory body, is to advise the Director of DHS the Board on matters pertaining to patient care policies and programs. The Commission can study and provide its recommendations on the proposed creation and operation of the Health Agency, **within the Commission's purview and within the scope of responsibilities**. However, in this case, the study has already been completed and this study does not recommend the creation of such a Health Agency.

II. Recommendations Regarding the County's Commitment to the CalAIM Program

RECOMMENDATION NO. 7-5

LA Care, DHS, and LA General should create a working partnership to fully implement CalAIM in LA County, addressing, among other things (1) effective strategies to maximize ECM enrollment, (2) the expected increase in cost saving resulting from expanded ECM enrollment, and how to connect those cost savings to the funding of CalAIM activities, and (3) effective lobbying of the State for increased funding of CalAIM.

RESPONSE

Agree. The related activities of this partnership are ongoing. The County's DHS, which includes LAGMC, is contracted with three health plans (i.e., LA Care, HealthNet, Molina) to be the Enhanced Care Management (ECM) Provider for DHS-assigned patients.

Since 2021 (prior to the launch of ECM in 2022), DHS and LAGMC stated that they have been involved in numerous joint ECM implementation, operational, and clinical workgroups with the health plans that are ongoing.

In terms of the first suggestion ("effective strategies to maximize ECM enrollment"), DHS presented data in a December 2024 Board Informational Briefing that approximately 42 percent of DHS' ECM-eligible patients decline enrollment and staff are unable to engage another 31 percent despite a robust outreach protocol that spans time and modalities.

At DHS, significant resources are devoted to patient engagement. Lower-than-expected ECM enrollment rates may be inherently related to the characteristics of the ECM Populations of Focus. Some of the risk factors that make patients eligible for ECM (e.g., homelessness, mental illness) may also be associated with barriers to engagement. DHCS acknowledges that not all individuals eligible for ECM will want to participate, as seen in ECM Penetration Rates noted above.

In terms of the second suggestion ("addressing...the expected increase in cost saving resulting from expanded ECM enrollment, and how to connect those cost savings to the funding of CalAIM activities"), DHS has already undertaken detailed ECM financial analyses to examine actual costs, reimbursement, and projected revenue. Unfortunately, the rates from the State and health plans are so low that even increased enrollment projections would not fully offset DHS costs (i.e., expanded ECM enrollment would not lead to cost savings).

In terms of the third suggestion ("effective lobbying of the State for increased funding of CalAIM"), the County has shared concerns about the low rates with the contracted health plans and with the State.

RECOMMENDATION NO. 7-6

LA General, in coordination with DHS, should seek ECM provider status from LA Care, and LA Care should expedite LA General's ECM provider status.

RESPONSE

Disagree. DHS does not need to seek ECM provider status for LAGMC as it is already a contracted ECM Provider with LA Care, as well as with other health plans. LAGMC is part of DHS, and as such, is already a contracted ECM provider.

DHS is a large organization with four acute care hospitals, 23 standalone outpatient clinics, Community Programs (including Housing for Health), and many other divisions.

RECOMMENDATION NO. 7-7

LA General and LA Care, in consultation with DHS, should work together to develop **a written plan that maximizes LA General's impact in qualifying eligible Medi-Cal beneficiaries for ECM.**

RESPONSE

Disagree. Efforts to enhance beneficiary enrollment should not be focused on any one provider. Quality improvement efforts related to ECM enrollment already occur across DHS and LAGMC, in addition to activities at the health plan level (including but not limited to LA Care) and by other non-DHS providers. These efforts are not and should not be specific to LAGMC.

RECOMMENDATION NO. 7-8

LA General, as an ECM provider, should work with LA Care to generate a study on the effective recruitment of ECM eligible beneficiaries for the purpose of increasing the current 30% success rate in enrolling ECM eligible beneficiaries.

RESPONSE

Partially disagree. DHS and LAGMC said that they have already embarked upon numerous structured efforts to increase ECM enrollment rates but continue to see high rates of declination. These challenges have been and will continue to be shared with the health plans, including but not limited to LA Care. These efforts are not specific to LAGMC or LA Care.

RECOMMENDATION NO. 7-9

The Board of Supervisors should direct DHS to conduct a detailed study of the **incremental costs of DHS's current and anticipated participation in CalAIM as an ECM provider, and the resulting financial benefits to the County and the State.**

RESPONSE

Disagree. DHS has already undertaken detailed ECM financial analyses to examine actual costs, reimbursement, and projected revenue.

Unfortunately, per beneficiary rates are far exceeded by per beneficiary costs of providing care under the ECM program. The rates are so low that increased **enrollment would not be sufficient to offset DHS' costs. Conversely, it would likely create a larger financial deficit as DHS would have to add staff to care for a larger ECM-enrolled population.**

RECOMMENDATION NO. 7-10

The Board of Supervisors should direct DHS to conduct a detailed study of the **incremental costs of LA General's anticipated participation in CalAIM as an ECM provider**, and the resulting financial and operational benefits to both the County and the State.

RESPONSE

Disagree. As previously discussed, DHS (which includes LAGMC) has already undertaken detailed ECM financial analyses to examine actual costs, reimbursement, and projected revenue.

Unfortunately, per beneficiary rates are far exceeded by per beneficiary costs of providing care under the ECM program. The rates are so low that increased **enrollment would not be sufficient to offset DHS' costs. Conversely, it would likely** create a larger financial deficit as DHS (which includes LAGMC) would have to add staff to care for a larger ECM-enrolled population.

RECOMMENDATION NO. 7-11

LA General and LA Care, in consultation with DHS, should work together to develop strategies to obtain and analyze available data, including data generated by LA **General's ECM patients, for the purpose of evaluating the impact of the CalAIM** program on beneficiary well-being and cost reduction.

RESPONSE

Agree. This work is currently ongoing. DHS and LAGMC said that they have already started working with a team at University of California, Los Angeles (UCLA) to perform an ECM evaluation to understand the overall impacts of the program.

Such evaluations are ongoing, both within the next six months and beyond, and any pertinent findings regarding beneficiary well-being and cost reduction will be considered for implementation, where feasible.

RECOMMENDATION NO. 7-12

DHS and LA General should seek grants from PATH to fund LA General's infrastructure and associated costs in connection with its participation as an ECM provider.

RESPONSE

Agree. This work is currently ongoing, both within the next six months and beyond. DHS and LAGMC said that they have already applied for and received PATH funding. **These grants fund DHS' ECM infrastructure overall, beyond funding just LAGMC** specifically.

III. Recommendation Regarding the Restorative Care Village

RECOMMENDATION NO. 7-13

The Board of Supervisors should direct the Hospitals and Health Delivery Commission to investigate the potential benefits and structural challenges of the LA County Restorative Care Villages, and make recommendations regarding their organization, management, coordination and operation for the purposes of maximizing high quality care for County patients, especially focusing on: (1) the importance of establishing centralized control and management over each Restorative Care Village, (2) the benefits of each Restorative Care Village effectively

communicating and coordinating with its associated County Hospital, (3) the **Restorative Care Village's effective participation in CalAIM, especially in** coordination with providers of Community Supports, and (4) the apparent lack of a County-wide vision for the Restorative Care Villages; and the Board of Supervisors should review and respond to such recommendations.

RESPONSE

Partially disagree. The analysis of such issues could be considered through the **County's efforts to implement the findings of the Consultant's report (as referenced** in the responses to Recommendations 7-1 and 7-2), both within the next six months and beyond, as necessary. The improvement of communications and the creation of a collaborative forum amongst the County's health departments, as **recommended in the Consultant's report, will provide the arena for such an** analysis, as further data from the operations of the Restorative Care Villages becomes available. This includes data about the organization, management, coordination, and operations of the Restorative Care Villages.

The role of the County Commission on Hospitals and Health Care Delivery, as an advisory body, is to advise the Director of DHS and the Board on matters pertaining to patient care policies and programs. If the Board were to ask the Commission to review and make recommendations regarding the organization, management, coordination, and operations of the Restorative Care Villages, at some point in the **future, the Commission would do so within the Commission's purview and scope of** the recommendations.

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS; HOSPITAL AND
HEALTH CARE DELIVERY COMMISSION

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR WHAT THEY SAID!: REVISITING THE CREATION OF A "HEALTH AUTHORITY" FOR COUNTY HEALTH SERVICES, INCLUDING LA GENERAL

SUMMARY (REPORT 8)

"This report is concerned with revisiting the concept of a "Health Authority" to assume responsibility for the County of Los Angeles Health Enterprise, which is composed of the County Hospitals and Ambulatory Care Network. This is a concept that was previously studied by a former Civil Grand Jury (the 2004-2005 Civil Grand Jury), twenty years ago. The 2024-2025 Civil Grand Jury analyzed the adoption of a Health Authority model to attempt to improve flexibility and efficiency in the operations of County of Los Angeles (County) health services and LA General."⁸

CIVIL GRAND JURY FINDINGS

FINDING NO. 1

Because of its current organizational structure, the County Health Enterprise is overall not as efficient, innovative or effective in providing optimal health care as it could or should be.

RESPONSE

Partially disagree. While most organizational structures have opportunities to improve their overall efficiency and effectiveness, the general language in this finding does not leave room for the possibility that other factors besides the current organizational structure play a role in determining the efficiency, innovation, and effectiveness of the County Health Enterprise. All such factors must be considered when making such a determination or statement.

FINDING NO. 2

The current leadership of both the County generally and the Department of Health Services specifically have massive responsibilities over many disparate operations, leaving little time and resources to develop the knowledge and expertise regarding the complex and detailed operations of the County Health Enterprise, which are further complicated by a rapidly changing healthcare environment.

RESPONSE

Partially disagree. While there may be large scale responsibilities over numerous operations, the development of knowledge and expertise regarding the operations of the County Health Enterprise has still been possible, collectively amongst these parties. Continuous improvement with communications and collaboration helps

⁸ 2024-2025 Los Angeles County Civil Grand Jury Final Report, What They Said!: Revisiting the Creation of a "Health Authority" for County Health Services, Including LA General, p. 401.

these parties to access this shared knowledge and adapt to changing conditions in the healthcare environment.

FINDING NO. 3

Los Angeles General Medical Center's required compliance with the procedural requirements imposed by the County, especially regarding hiring and procurement, presents significant impediments to its innovative, effective, efficient and competitive operation.

RESPONSE

Partially disagree. While procedural requirements for hiring and procurement can have impacts on operations, these are part of the established County rules that must be adhered to. Ways to continuously improve upon these processes and update requirements are analyzed, as such opportunities arise.

FINDING NO. 4

It is both important and challenging to find the appropriate balance of authority between the Board of Supervisors and the direct leadership of the County Health Enterprise, but exclusive control by either has a history of dysfunctionality.

RESPONSE

Partially disagree. While it is important to achieve this balance of authority between such parties involved in the leadership of the County Health Enterprise, this continues to be improved upon over time, in response to the changing conditions in the healthcare environment. This balance of authority and partnership **between these County partners has largely managed any sort of "exclusive control"** referred to in this finding.

CIVIL GRAND JURY RECOMMENDATIONS

RECOMMENDATION NO. 8.1

The Board of Supervisors should pursue the creation and implementation of a **"Health Authority" to assume responsibility for the operations of the County Health Enterprise**, composed of the County Hospitals and Ambulatory Care Network, as currently operated by the Department of Health Services.

RESPONSE

Disagree. On May 21, 2024, the County's Board of Supervisors (Board) directed the Chief Executive Officer, in collaboration with the Directors of Health Services (DHS), Public Health (DPH), and Mental Health (DMH), to retain a consultant to conduct an evaluation of the Alliance of Health Integration (AHI) to determine best practices and areas for improvement, and provide recommended options for the **Board's consideration for supporting the collaboration between the three health departments** that improve access to comprehensive health care.

The Chief Executive Office (CEO) procured TurningWest, Inc. (Consultant) through a competitive solicitation process to complete the evaluation. The Consultant **facilitated 39 individual and group interviews with the Board's health deputies;** former AHI staff; DHS, DMH, and DPH leadership and staff; other County departments; and external stakeholders, including representatives from labor and community-based organizations.

The Consultant developed comprehensive criteria for analyzing eight organizational design options, considering future Measure G changes. The options fell across a continuum from the least restrictive to the most formal structure, and were scored using a Decision Matrix Scale (ranging from 0 – 20 points):

- Option A: Implement No Change (7 points)
- Option B: Increase Communication (16 points)
- Option C: Create Collaborative Forum (18 points)
- Option D: Establish Collaborative Units within the Health Depts (11 points)
- Option E: Reinstate AHI as Independent Unit (10 points)
- Option F: Reinstate AHI Reporting to the CEO (9 points)
- Option G: Create Supra-Ordinate Structure Over the Health Depts (9 points)
- Option H: Merge the Health Departments (10 points)

The Consultant's report recommended that, in lieu of a formal AHI structure or Health Agency model, or even a Health Authority model (as seen with Option G: Create Supra-Ordinate Structure Over the Health Departments), the three County health departments implement a two-tiered approach for improving coordination that:

1. Improves Communications (Option B)

Enhance the communication teams within each health department by designating one or two communication professionals who would be responsible for creating and maintaining regular, structured communication both within and across departments, ensuring collaborative efforts are effectively communicated to stakeholders. The role of these professionals would include:

- **Creating intra-departmental newsletters and other communications;**
- **Producing an inter-departmental communication vehicle that would spotlight various collaborative priorities and projects;**
- **Establishing a public-facing communication medium to help inform partner organizations and the public on coordinated efforts;**
- **Developing structures, networks, and information-gathering practices to share information on current collaboration; and**
- **Discerning how to simply communicate efforts in ways that are understandable and useful to a variety of audiences.**

2. Creates A Collaborative Forum (Option C)

Create a new collaborative forum where the three health department directors and key staff come together monthly, facilitated by a contracted **outside expert in meeting facilitation. The forum's design would support** ongoing strategic planning, and allow health departments to present updates, discuss emerging challenges, and negotiate priorities with each other.

This collaborative pathway would establish a formal process for discovery, discussion, and debate between experts in healthcare delivery that is currently being done on an ad hoc basis. Such a structured forum would facilitate ongoing conversations about current and potential areas of collaboration and offer a place to seek agreement and buy-in where needed.

This option would not require a set of dedicated staff be in place to support it, which would help it maintain the level of adaptability needed to be successful. However, the consultants recommend that an outside facilitator be responsible for regular meeting facilitation and follow-up.

The recommendations were vetted by leadership from the three departments and key stakeholders, and all agreed that they would support joint decision-making, shared accountability, and increased visibility of inter-departmental collaboration.

While the Consultant's report did analyze the option of implementing a structure similar to the Health Authority concept presented (Option G: Create Supra-Ordinate Structure Over the Health Depts), the arguments against this structure outweighed the arguments for it.

The Consultant's report highlighted several reasons against this option, including: 1) there would be greater likelihood of disagreement and lack of buy-in because of the additional complexity of reporting and lines of authority; and 2) there would be a perceived lack of representation of the best interests of the health departments.

Based on the findings of this detailed study, no further action relating to this recommendation will be taken.

RECOMMENDATION NO. 8.2

The Board of Supervisors should direct the Hospitals and Health Care Delivery Commission to study and make recommendations regarding the implementation of **a "Health Authority" to assume responsibility for the County Hospitals and Ambulatory Care Network**, especially regarding the balancing of authority between the Board of Supervisors and the direct leadership of the County Health Enterprise, and the Board of Supervisors should review and respond to those recommendations.

RESPONSE

Disagree. As discussed above, this detailed study has already been completed and as such, no further action will be taken.

On May 21, 2024, the County's Board directed the Chief Executive Officer, in collaboration with the Directors of DHS, DPH, and DMH, to retain a consultant to conduct an evaluation of the AHI to determine best practices and areas for improvement, and provide **recommended options for the Board's consideration for** supporting the collaboration between the three health departments that improve access to comprehensive health care.

The CEO procured TurningWest, Inc. (Consultant) through a competitive solicitation process to complete the evaluation. The Consultant facilitated 39 individual and **group interviews with the Board's health deputies; former AHI staff; DHS, DMH, and DPH leadership and staff; other County departments; and external stakeholders**, including representatives from labor and community-based organizations.

The Consultant developed comprehensive criteria for analyzing eight organizational design options, considering future Measure G changes. The options fell across a continuum from the least restrictive to the most formal structure, and were scored using a Decision Matrix Scale (ranging from 0 – 20 points):

- Option A: Implement No Change (7 points)
- Option B: Increase Communication (16 points)
- Option C: Create Collaborative Forum (18 points)
- Option D: Establish Collaborative Units within the Health Depts (11 points)
- Option E: Reinstate AHI as Independent Unit (10 points)
- Option F: Reinstate AHI Reporting to the CEO (9 points)
- Option G: Create Supra-Ordinate Structure Over the Health Depts (9 points)
- Option H: Merge the Health Departments (10 points)

The Consultant's report recommended that, in lieu of a formal AHI structure or Health Agency model, or even a Health Authority model (as seen with Option G: Create Supra-Ordinate Structure Over the Health Departments), the three County health departments implement a two-tiered approach for improving coordination that:

1. Improves Communications (Option B)

Enhance the communication teams within each health department by designating one or two communication professionals who would be responsible for creating and maintaining regular, structured communication both within and across departments, ensuring collaborative efforts are effectively communicated to stakeholders. The role of these professionals would include:

- **Creating intra-departmental newsletters** and other communications;
- **Producing an inter-departmental communication vehicle** that would spotlight various collaborative priorities and projects;
- **Establishing a public-facing communication medium** to help inform partner organizations and the public on coordinated efforts;
- **Developing structures, networks, and information-gathering practices** to share information on current collaboration; and
- **Discerning how to simply communicate efforts in ways that are understandable and useful** to a variety of audiences.

2. Creates A Collaborative Forum (Option C)

Create a new collaborative forum where the three health department directors and key staff come together monthly, facilitated by a contracted **outside expert in meeting facilitation**. The forum's design would support ongoing strategic planning, and allow health departments to present updates, discuss emerging challenges, and negotiate priorities with each other.

This collaborative pathway would establish a formal process for discovery, discussion, and debate between experts in healthcare delivery that is currently being done on an ad hoc basis. Such a structured forum would facilitate ongoing conversations about current and potential areas of collaboration and offer a place to seek agreement and buy-in where needed.

This option would not require a set of dedicated staff be in place to support it, which would help it maintain the level of adaptability needed to be successful. However, the consultants recommend that an outside facilitator be responsible for regular meeting facilitation and follow-up.

The recommendations were vetted by leadership from the three departments and key stakeholders, and all agreed that they would support joint decision-making, shared accountability, and increased visibility of inter-departmental collaboration.

While the Consultant's report did analyze the option of implementing a structure similar to the Health Authority concept presented (Option G: Create Supra-Ordinate Structure Over the Health Depts), the arguments against this structure outweighed the arguments for it.

The Consultant's report highlighted several reasons against this option, including:

1) there would be greater likelihood of disagreement and lack of buy-in because of the additional complexity of reporting and lines of authority; and 2) there would be a perceived lack of representation of the best interests of the health departments.

Based on the findings of this detailed study, no further action relating to this recommendation will be taken.

Additionally, the role of the County Commission on Hospitals and Health Care Delivery, as an advisory body, is to advise the Director DHS and the Board on matters pertaining to patient care policies and programs. The Commission can study and provide its recommendations on the proposed implementation of the Health Authority (that would assume responsibility for the County Hospitals and Ambulatory Care Network) discussed in this report, **within the Commission's** purview and within the scope of its responsibilities. However, in this case, a study has already been completed and this study does not recommend the creation of such a Health Authority.

RECOMMENDATION NO. 8.3

The Board of Supervisors should direct the Hospitals and Health Care Delivery Commission to study and make recommendations regarding whether the mental health services provided by the Department of Mental Health, and any other County services directly serving the personal health needs of County residents, should be **covered by the "Health Authority," and the Board of Supervisors should review and respond to such recommendations.**

RESPONSE

Disagree. As discussed above, this detailed study has already been completed and as such, no further action will be taken.

On May 21, 2024, the **County's Board directed the Chief Executive Officer, in** collaboration with the Directors of DHS, DPH, and DMH, to retain a consultant to conduct an evaluation of the AHI to determine best practices and areas for improvement, and provide recommended options **for the Board's consideration for** supporting the collaboration between the three health departments that improve access to comprehensive health care.

The CEO procured TurningWest, Inc. (Consultant) through a competitive solicitation process to complete the evaluation. The Consultant facilitated 39 individual and **group interviews with the Board's health deputies; former AHI staff; DHS, DMH,** and DPH leadership and staff; other County departments; and external stakeholders, including representatives from labor and community-based organizations.

The Consultant developed comprehensive criteria for analyzing eight organizational design options, considering future Measure G changes. The options fell across a continuum from the least restrictive to the most formal structure, and were scored using a Decision Matrix Scale (ranging from 0 – 20 points):

- Option A: Implement No Change (7 points)
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- Option E: Reinstate AHI as Independent Unit (10 points)
- Option F: Reinstate AHI Reporting to the CEO (9 points)
- Option G: Create Supra-Ordinate Structure Over the Health Depts (9 points)
- Option H: Merge the Health Departments (10 points)

The Consultant's report recommended that, in lieu of a formal AHI structure or Health Agency model, or even a Health Authority model (as seen with Option G: Create Supra-Ordinate Structure Over the Health Departments), the three County health departments implement a two-tiered approach for improving coordination that:

1. Improves Communications (Option B)

Enhance the communication teams within each health department by designating one or two communication professionals who would be responsible for creating and maintaining regular, structured communication both within and across departments, ensuring collaborative efforts are effectively communicated to stakeholders. The role of these professionals would include:

- **Creating intra-departmental newsletters and other communications;**
- **Producing an inter-departmental communication vehicle that would spotlight various collaborative priorities and projects;**
- **Establishing a public-facing communication medium to help inform partner organizations and the public on coordinated efforts;**
- **Developing structures, networks, and information-gathering practices to share information on current collaboration; and**
- **Discerning how to simply communicate efforts in ways that are understandable and useful to a variety of audiences.**

2. Creates A Collaborative Forum (Option C)

Create a new collaborative forum where the three health department directors and key staff come together monthly, facilitated by a contracted **outside expert in meeting facilitation. The forum's design would support** ongoing strategic planning, and allow health departments to present updates, discuss emerging challenges, and negotiate priorities with each other.

This collaborative pathway would establish a formal process for discovery, discussion, and debate between experts in healthcare delivery that is currently being done on an ad hoc basis. Such a structured forum would facilitate ongoing conversations about current and potential areas of collaboration and offer a place to seek agreement and buy-in where needed.

This option would not require a set of dedicated staff be in place to support it, which would help it maintain the level of adaptability needed to be successful. However, the consultants recommend that an outside facilitator be responsible for regular meeting facilitation and follow-up.

The recommendations were vetted by leadership from the three departments and key stakeholders, and all agreed that they would support joint decision-making, shared accountability, and increased visibility of inter-departmental collaboration.

While the Consultant's report did analyze the option of implementing a structure similar to the Health Authority concept presented (Option G: Create Supra-Ordinate Structure Over the Health Depts), the arguments against this structure outweighed the arguments for it.

The Consultant's report highlighted several reasons against this option, including: 1) there would be greater likelihood of disagreement and lack of buy-in because of the additional complexity of reporting and lines of authority; and 2) there would be a perceived lack of representation of the best interests of the health departments.

Based on the findings of this detailed study, no further action relating to this recommendation will be taken.

Additionally, as previously stated, the role of the County Commission on Hospitals and Health Care Delivery, as an advisory body, is to advise the Director of DHS and the Board on matters pertaining to patient care policies and programs. The Commission can study and provide its recommendations on the proposed implementation of the Health Authority (and whether the mental health services provided by DMH, and any other County Service directly serving the personal health needs of County residents should be covered by the proposed Health Authority), **within the Commission's purview and within the scope of** its responsibilities. However, in this case, a study has already been completed and this study does not recommend the creation of such a Health Authority.

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS; CHIEF EXECUTIVE
OFFICE; SHERIFF'S DEPARTMENT

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR DOES IT PASS THE SMELL TEST?: "THE BREATHALYZER"

SUMMARY (REPORT 9)

"This report is concerned with the breathalyzer devices that are currently in use at several law enforcement and jail facilities in the County of Los Angeles (County). The report provides background information about the history of breathalyzer devices and the use of these devices for testing blood alcohol content (BAC) as part of driving under the influence (DUI) arrests and subsequent legal proceedings and convictions. This report also contains information gathered from site visits to locations where breathalyzers were being used."⁹

CIVIL GRAND JURY FINDINGS

FINDING NO. 1

The Breathalyzers currently being used by the Sheriff's, LAPD stations, CHP, and law enforcement agencies of smaller cities are third generation, very old and replacement parts are not readily available. There are a total of 110 breathalyzers maintained by the Sheriff's Department FAS. **FAS is responsible for reporting under** Title 17 to the State of California, the maintenance, repairs, training, technical testimony in court and the purchase of equipment. In addition, they oversee the alcohol, blood, and urine analysis needed as evidence for Court. As explained, they use salvaged parts of unrepairable breathalyzers to repair the current supply of devices. Of the 110 devices only 80 are working, and the remaining devices for the most part, are nearing the end of their usable life.

RESPONSE

Agree.

FINDING NO. 2

We were informed the 35 Intoxilyzer 9000 Digital Breathalyzers, at a cost of \$10,000 per device, have been purchased by The County and will be received in June 2025. The new devices require 2 servers to operate, currently has only one server. The FDS needs an additional server to be purchased at a cost of \$30,000. **This initial purchase, paid for by the County, will provide devices for the Sheriff's** Department only, however the remaining 80 devices will still need to be maintained.

RESPONSE

Agree.

⁹ 2024-2025 Los Angeles County Civil Grand Jury Final Report, Does It Pass the Smell Test?: "The Breathalyzer", p. 441.

FINDING NO. 3

All law enforcement personnel who operate the Breathalyzers need to be trained by certified staff. In addition, there are 7 to 8 technicians who maintain the equipment. Ideally FSD needs at least 10 technicians to adequately perform the duties. The technicians are required to be trained, have a certificate and credentials in order to be able to testify in civil and or criminal court.

RESPONSE

Agree.

FINDING NO. 4

While transitioning to the new Intoxilyzer 9000 device, the remaining devices still need maintenance and many are approaching end of operational life.

RESPONSE

Agree.

FINDING NO. 5

Further, new equipment will require training. The current Lab personnel will need to develop an in-house training program and provide the training.

RESPONSE

Agree.

FINDING NO. 6

There was a website available for law enforcement agencies, which enabled them to identify locations with available and working Breathalyzers. Due to lack of confidentiality, access to the web site has been terminated. A secure website is needed for all stations to utilize.

RESPONSE

Agree.

FINDING NO. 7

The new equipment being purchased will be distributed to the Sheriff's Department stations only. Other law enforcement agencies contracted with FSD will be required to purchase their own equipment. However, calibrations and maintenance will be continued by FSD if other law enforcement agencies purchase the Intoxilyzer 9000.

RESPONSE

Agree.

CIVIL GRAND JURY RECOMMENDATIONS

RECOMMENDATION NO. 9.1

The Forensic Alcohol Section should advise and provide information to LAPD, CHP, and other city police departments regarding the cost and the need to purchase the new Intoxilyzer 9000. Law enforcement agencies in geographic proximity should combine their resources and/or request monetary grants, if available, to purchase the new equipment for their use.

RESPONSE

Agree. This recommendation has already been implemented. The Sheriff's Department (LASD) Scientific Services Bureau sent letters to all affected agencies on June 2, 2025, advising them of the new breath instrument program, timelines for implementation, and information about acquiring a new Intoxilyzer 9000, including the estimated cost.

RECOMMENDATION NO. 9.2

Purchase one additional server to ensure the new equipment is operational.

RESPONSE

Agree. This recommendation has already been implemented by LASD. Two new servers were purchased to support the new breath instrument program, and the Forensic Alcohol Section took delivery of the servers in June 2025.

RECOMMENDATION NO. 9.3

The County should develop a secure website that allows all the law enforcement stations to be aware of the lists of the locations of working Breathalyzers.

RESPONSE

Agree. This recommendation has already been implemented by LASD. A webpage was developed to allow law enforcement officers to identify the location of a working breath instrument. A real-time mapping feature was integrated into the website, allowing for a geographic search with a user-friendly interface. This new webpage went live on July 1, 2025.

RECOMMENDATION NO. 9.4

Additional qualified and certified professionals and 3 specialists should be hired to conduct the training, to ensure the training of the thousands of law enforcement personnel is met, on the operation of the new Intoxilyzer 9000.

RESPONSE

Partially disagree. While there is agreement that additional qualified personnel are needed to ensure that training and other needs are met in an efficient manner, it is not feasible for LASD to implement this recommendation at this time, due to current County budget curtailments.

This request for funding regular employees would need to go through the County's annual budgeting process. Departmental budget requests are prepared and submitted for consideration to the Chief Executive Office annually.

Pursuant to California Government Code Section 29040, each budget submission should include a base budget and an official budget request reflecting critical and unmet needs.

The Recommended Budget is the first step in the County's multi-part budget process, which includes Public Hearings in May; deliberations leading to Board of Supervisors (Board) approval of the Adopted Budget in June; and the Supplemental Budget culminating with Board approval of the Final Adopted Budget in the fall.

Any new requests for funding such positions **can be revisited during the County's** annual budgeting process and considered along with requests from other departments and Board priorities.

RECOMMENDATION NO. 9.5

The FSD should develop online and in-house training and expand it to the extent, as part of the training curriculum. Consider cross training all the existing lab training personnel.

RESPONSE

Agree. Implementation of this recommendation is currently in progress by LASD. A new training program, compliant with 17 California Code of Regulations Section 1221, et seq., is being developed for the Intoxilyzer 9000 instrument.

The training program will include a self-paced online background/theory component as well as the required in-person practical component. It should be noted that this training must first be approved by the California Department of Health, which regulates alcohol testing for driving-under-the-influence of alcohol investigations in California.

This training program is expected to be implemented prior to the end of Calendar Year 2025.

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS; FIRE DEPARTMENT;
DEPARTMENT OF MENTAL HEALTH; SHERIFF'S DEPARTMENT

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR WHAT IS A REGIONAL CENTER AND HOW ARE THEY SUPPORTING THE INTELLECTUALLY DISABLED RESIDENTS OF LOS ANGELES COUNTY?

SUMMARY (REPORT 10)

"This report is concerned with Regional Centers and the work they are doing to support the County of Los Angeles's (County) intellectually disabled residents. Regional centers are community-based nonprofit agencies that play a vital role in the coordination of developmental services and this report contains information obtained through site visits to all seven of the Regional Centers located in the County (part of the 21 Regional Centers located in the State of California). The report also includes historical information about the Regional Centers and the challenges faced by individuals with intellectual disabilities, as well as the findings from investigations of the funding, staffing, and language access challenges faced by the Regional Centers located in the County."¹⁰

CIVIL GRAND JURY FINDINGS

FINDING NO. 1A

State Mandated Service Reimbursement Rates make it difficult for Regional Centers and their contracted service providers to hire and retain qualified staff.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

Each Regional Center is a nonprofit, private corporation that contracts with the California Department of Developmental Services (DDS) to coordinate or provide community support, resources and access to services for individuals with developmental disabilities and their families (source: <https://dmh.lacounty.gov/our-services/developmental-disabilities/regional-centers/>).

¹⁰ 2024-2025 Los Angeles County Civil Grand Jury Final Report, What is a Regional Center and How Are They Supporting the Intellectually Disabled Residents of Los Angeles County?, p. 457.

FINDING NO. 1B

The difficulty outlined in Finding #1A is compounded by the large numbers of multi-lingual Regional Center consumers which necessitates the hiring of multilingual case workers. In Los Angeles County, according to the US Census, non-English and bilingual speakers make up 56% of the population.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

Each Regional Center is a nonprofit, private corporation that contracts with DDS to coordinate or provide community support, resources and access to services for individuals with developmental disabilities and their families (source:

<https://dmh.lacounty.gov/our-services/developmental-disabilities/regional-centers/>).

In terms of United States Census data about the County, the figure here about non-English and bilingual speakers appears to be roughly correct, based on publicly available data. The figure for "Language Other Than English Spoken at Home in Los Angeles County, California" (from the 2023 American Community Survey 1-Year Estimates (<https://www.census.gov/programs-surveys/acs.html>)) is 55.1 percent (\pm 0.4 percent) (source:

https://data.census.gov/profile/Los_Angeles_County,_California?g=050XX00US06037).

FINDING NO. 2

The existing MOU between Regional Centers, the DMH, the DCFS and the Probation Department has not consistently been adhered to. The Department of Mental Health told the committee that they are rarely asked by a Regional Center to assist with the evaluation or treatment of one of their clients. It is problematic to assume this is because of a lack of need, given that research shows that the rates of comorbidity involving mental health issues is much higher for those with intellectual disabilities than for the general population.

RESPONSE

Partially disagree. The statement that **"The Department of Mental Health (DMH) told the committee that they are rarely asked by a Regional Center to assist with the evaluation or treatment of one of their clients"** appears to be taken out of context, since additional background and procedural information is needed for understanding how referrals come to the attention of DMH, specifically as they relate to children and youth.

Referrals made directly to the County's DMH by the Regional Centers are uncommon because, under the current structure, referrals typically come through the County's Department of Children and Family Services (DCFS) as part of a Coordinated Service Action Team (CSAT) process.

This process was developed jointly by DMH and DCFS and serves as a mental health screening and referral mechanism for children and youth involved in the child welfare system. The CSAT process facilitates teaming and ongoing collaboration between DMH and DCFS who are co-located within DCFS regional offices.

Similarly, DMH clinical staff who work with detained youth or those impacted by the juvenile justice system who may benefit from psychological testing or from the full range of Regional Center services work collaboratively with the Probation Department Regional Center liaisons, who initiate referrals to the appropriate Regional Center.

In addition to the DMH staff working closely with the Probation Department liaison to ensure the client is connected to the Regional Center, they remain as a key team **member, supporting the youth's care in detention and/or in the community.**

When a child or youth is determined to be a Regional Center consumer or is assessed to require a referral to a Regional Center, DMH works closely with the parents/guardians, the respective Regional Center Liaison, and DCFS for coordination of services.

For children and youth who are not involved with either the child welfare or justice systems, DMH receives referrals through multiple other sources, including the County's DMH help line, 988 Crisis Line, Directly Operated Child/Adolescent Clinics, and from referrals from family members, schools, community-based organizations, other County departments, or from the youth themselves.

Initiating referrals to Regional Centers to activate services and coordinate care on **behalf of these clients relies upon DMH's internal coordinating team, which includes** the Countywide Regional Center Liaison and the Countywide Regional Center **Liaisons' Coordinator.** These two key coordinators support cross-agency and community coordination and collaboration in addition to supporting a team of eight (8) Regional Center Liaisons who are assigned in each Service Area (SA).

The standard approach to mental health service provision to children and youth includes meaningful engagement and collaboration with families, communities, and partner agencies. This is particularly true for coordinating mental health care and resources for clients also served by the Regional Center system.

FINDING NO. 3

The frequency and effectiveness of coordination among County Regional Centers is perceived differently among the Centers. However, a majority of Centers reported to us that coordination is inconsistent and frequently ineffective. All Centers would benefit from more frequent and substantive coordination focused on the sharing of lessons learned, effectiveness of processes, resolution approaches to unanticipated situations, etc.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 4

Though facing significant funding limitations from the State of California, most of **the County's Regional Centers are not taking advantage of the few options that** might be available to augment State funding. One Center established a charitable foundation as a separate legal entity to raise funds to augment fees paid to independent service providers for client services without the restrictions of the state mandated rates. Another Center applied for, and received, grants; the funds were

used to supplement staff salaries. One of the Regional Centers uses foundation funds to give their staff cash bonuses to reward good work, improve morale, and increase employee retention.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 5

Not all County Regional Centers have established robust training and cooperation programs with First Responders in their jurisdictions. Programs which identify to first responders the residences of intellectually disabled individuals can be lifesavers. Some, but not all, Los Angeles County Regional Centers currently have excellent programs to address these issues as well as ones that seek to educate their clients on how to respond when faced with such an emergency.

RESPONSE

Agree.

CIVIL GRAND JURY RECOMMENDATIONS

RECOMMENDATION NO. 10.2

This Recommendation addresses Finding 2

The County Department of Mental Health (DMH) should seek additional funding authorization from the County Board of Supervisors to hire a coordinator with the primary job responsibility to regularly and proactively engage with case managers and/or their supervisors to evaluate and address active or emerging mental health issues of service consumers at all 7 County Regional Centers. Such coordination is particularly important for coordination between Regional Centers and the Department of Mental Health (DMH) to identify and treat individuals exhibiting a combination of intellectual impairment and mental health issues. Coordination and treatment of comorbidities are particularly important, because the occurrence of comorbidities is significantly more common among the intellectually disabled community than the general population.

RESPONSE

Partially disagree. This recommendation will not be implemented, since there is already a system in place to provide such coordination.

Referrals made directly to the County's DMH by the Regional Centers are uncommon because, under the current structure, referrals typically come through the **County's** DCFS as part of a CSAT process.

This process was developed jointly by DMH and DCFS and serves as a mental health screening and referral mechanism for children and youth involved in the child welfare system. The CSAT process facilitates teaming and ongoing collaboration between DMH and DCFS who are co-located within DCFS regional offices.

Similarly, DMH clinical staff who work with detained youth or those impacted by the juvenile justice system who may benefit from psychological testing or from the full

range of Regional Center services work collaboratively with the Probation Department Regional Center liaisons, who initiate referrals to the appropriate Regional Center.

In addition to the DMH staff working closely with the Probation Department liaison to ensure the client is connected to the Regional Center, they remain as a key team **member, supporting the youth's care in detention and/or in the community.**

When a child or youth is determined to be a Regional Center consumer or is assessed to require a referral to a Regional Center, DMH works closely with the parents/guardians, the respective Regional Center Liaison, and DCFS for coordination of services.

For children and youth who are not involved with either the child welfare or justice systems, DMH receives referrals through multiple other sources, including the County's DMH help line, 988 Crisis Line, Directly Operated Child/Adolescent Clinics, and from referrals from family members, schools, community-based organizations, other County departments, or from the youth themselves.

Initiating referrals to Regional Centers to activate services and coordinate care on behalf of these clients relies upon DMH's **internal coordinating team, which includes** the Countywide Regional Center Liaison and the Countywide Regional Center **Liaisons' Coordinator. These two key coordinators support cross-agency and** community coordination and collaboration in addition to supporting a team of eight (8) Regional Center Liaisons who are assigned in each SA.

The standard approach to mental health service provision to children and youth includes meaningful engagement and collaboration with families, communities, and partner agencies. This is particularly true for coordinating mental health care and resources for clients also served by the Regional Center system.

The referral processes and protocols discussed here are set in the current structure, along with training courses that are offered on a regular basis, bi-directionally, between **DMH's** partner agencies.

There is agreement with the recommendation to increase the engagement and training opportunities between DMH and the Regional Center teams, at both Executive Director and Client-Serving levels. Specifically, increasing the opportunities for child/youth providers to convene, share resources, develop strategic plans, and provide updates will help strengthen communication and collaboration between the partners.

Increasing these opportunities not only aligns with an integrated approach to care, but is also a proactive approach that supports children, through early diagnosis and prompt care, leading to more positive outcomes.

As mentioned above, DMH has designated SA liaisons who serve as intermediaries between DMH and the Regional Center. In certain cases (for both children and adults), these liaisons provide input and recommendations to DMH Senior Management for review, especially for the cases that are complex and severe. Having this feedback loop in place ensures the Countywide Regional Center Coordinator receives and communicates pertinent updates and relevant issues to the respective Regional Center.

RECOMMENDATION NO. 10.3

This Recommendation addresses Findings 1, 2, and 3

A high quality of service to the consumer should not be impacted by which Regional Center is providing those services. Therefore, the Director of DMH or DCFS should be authorized to coordinate health and safety issues that are common to a majority of Regional Centers with the primary focus being on ensuring that best practices, lessons learned, innovative solutions, and successful hiring practices are captured and shared among all Centers on a regular basis.

RESPONSE

Partially disagree. DDS, which oversees the Regional Centers (the non-profit agencies tasked with providing these services), is responsible for coordinating and delivering services for individuals with developmental disabilities that are served by the Regional Centers.

DDS monitors the performance of the Regional Centers to ensure that they uphold the Lanterman-Petris Short Act and meet the obligations in their DDS contract, State law, and regulations. Additional reports can be found here:

<https://www.dds.ca.gov/rc/dashboard/>.

When a child or youth is a Regional Center consumer, involved with child welfare and DMH, the three agencies (i.e., DMH, DCFS, and DSS) collaborate at the line level to address any health or safety concerns that need to be discussed at the Child and Family Team meeting. If the situation is more complex, the agencies can address system-level concerns during a System of Care meeting that is held every month. As such this recommendation has already been implemented to the extent that the County is involved and has oversight on these situations.

At times, the issues involved may be more complicated and require an escalation to the State level. In some cases, the matter can be brought before the Interagency Joint Resolution Team to request technical assistance from the System of Care Technical Assistance Team, as outlined in Assembly Bill (AB) 2083.

At the State level, AB 2083 brings together representatives from DDS, the California Department of Social Services (CDSS), the California Department of Education (CDE), the California Department of Health Care Services (DHCS), and other relevant agencies to support cross-system collaboration and problem solving.

RECOMMENDATION NO. 10.4

In cooperation with The Association of Regional Center Agencies (ARCA) or other appropriate agency, the County Regional Centers should increase both the general **public and elected officials' awareness of the vital role Regional Centers play in supporting a safe and fulfilling life for the County's intellectually disabled residents.** These efforts should also inform elected officials on how funding restrictions are directly impacting consumers and their families. In parallel with this initiative, all Regional Centers should establish a charitable foundation as a separate legal entity to raise discretionary spending funds. More aggressive approaches to pursuing grant funding should also be taken.

RESPONSE

Disagree. This recommendation will not be implemented because it is outside of jurisdiction of the County and outside of the scope of practice of DMH.

Each Regional Center is a nonprofit, private corporation that contracts with the California DDS to coordinate or provide community support, resources and access to services for individuals with developmental disabilities and their families (source: <https://dmh.lacounty.gov/our-services/developmental-disabilities/regional-centers/>).

RECOMMENDATION NO. 10.5

This Recommendation address Finding 5

Crisis teams are crucial in addressing the public safety and mental health of the citizens of the county. Regional Centers should cooperate to provide comprehensive and recurring training to all county Law Enforcement, Fire Departments, and other First Responder organizations regarding behaviors and characteristics frequently encountered among the Developmentally Disabled Community. In addition, there should be education that includes effective approaches to defuse situations, rather than exacerbate them. Traditional responses to crises can magnify the event rather than resolving it. Training should be cooperatively led by Regional Center representatives and the Department of Mental Health unit. It should be mandatory for each Regional Center to contact its local law enforcement and fire units and inform them of the programs the Centers provide and the types of clients they serve.

In addition, County Regional Centers should, as a cohesive group, develop a 24/7 emergency notification and response system that is focused on the special needs of the intellectually disabled community. This system should include direct ties to law enforcement agencies and other first responders throughout the County.

RESPONSE

Agree. This recommendation has already been implemented through the current efforts of the **County's** Fire Department (Fire) and **Sheriff's Department (LASD).**

LASD has established the Mental Evaluation Team (MET) and the Mental Health Training Team, which now operate throughout the County, in recognition of how crisis response teams are essential for supporting public safety and addressing the mental health needs of County residents.

The MET collaborates with DMH to provide co-response services that include crisis intervention, assessment, and stabilization. These teams are deployed when first

responders encounter individuals experiencing a mental health crisis related to a diagnosed mental illness, developmental disability, or significant life stressors.

The Risk Assessment Management Program has developed a strong partnership with several Regional Centers, as part of MET. A designated liaison is maintained to participate in the Centers' quarterly advisory committee meetings. This collaboration enables MET's training team to serve as a channel for additional training offered by the Regional Centers while also sharing the nationally recognized mental health training provided to deputy sheriffs and other first responders.

MET can facilitate the exchange of information between Regional Centers and first responders by utilizing existing information and sharing protocols. Establishing a 24/7 emergency notification system tailored to the needs of individuals with intellectual disabilities, integrated with MET's current operations, would enhance situational awareness, and improve response outcomes. This system would promote a more compassionate, respectful, and effective approach to crisis stabilization, thereby reducing the potential need for force and improving overall outcomes during encounters.

Additionally, Fire concurs that interagency collaboration in the management of people with disabilities is critical to assuring the best outcomes possible when these people are **in crisis**. **Fire's intersection with this population occurs in two forums:**

1) Mental Health Emergencies: The disabled community has a disproportionate percentage of coexisting mental illness, relative to the rest of the population, as pointed out by the CGJ. Fire strongly believes that patients experiencing a mental health crisis are often best served in receiving facilities that are wholly dedicated to mental health, compared with hospital Emergency Departments (ED). EDs are often loud and chaotic and many of the EDs have limited access to mental health resources.

Fire has worked with the Department of Health Services (DHS) and their Emergency Medical Services (EMS) Agency (LEMSA; Local Emergency Medical Services Agency) to develop a triage to alternate destinations (TAD) program for patients experiencing mental health emergencies. The TAD program allows paramedics to provide a medical clearance, based on agreed upon criteria established by the LEMSA, and to transport EMS patients experiencing a mental health emergency to a psychiatric urgent care center (PUCC), rather than an ED.

PUCCs are available 24 hours/day, 7 days/week, are wholly dedicated to mental health, and are a more therapeutic environment than a hospital ED. To date, Fire has diverted more than 1,400 patient transports to PUCCs. To establish the TAD program, the California EMS regulations required six hours of initial training and four hours of continuing education biannually for each of **Fire's more than 1,300 paramedics**.

One of the key topics, which was developed in collaboration with LASD's **Mental Evaluation Team**, was entitled **"Responding, Observing, Assessing, Reacting (ROAR),"** and is specifically focused on crisis de-escalation. While some of the educational topics for TAD are prescribed in the regulations, and because Fire is certified to produce their own continuing education, Fire is open to input from the Regional Centers (located in the County) to help focus

their curriculum on topics relevant to the communities they serve, to achieve the best patient outcomes possible.

2) Intellectual Disabilities: In 2021, Fire developed the “Sirens of Silence” program to help Fire’s emergency medical technicians (EMT), paramedics, and lifeguards understand the unique needs of patients on the autism spectrum.

This program was shared with the LEMSA to make this training available across the entire County EMS system, rather than only being provided to Fire personnel. Fire will work with the Regional Centers (located in the County) to enhance **Fire’s existing training and** to develop new curriculum to better serve the unique needs of the intellectually disabled community, as such opportunities arise.

RECOMMENDATION NO. 10.6

This Recommendation addresses Findings 1, 2, and 3

County Regional Centers should be required to conduct annual satisfaction surveys focused on measuring the degree to which each Regional Center is meeting the needs of the diverse ethnic groups prevalent in the County. The results of this survey should be made available to the general public through the Regional **Center’s public website.**

RESPONSE

Partially disagree. This recommendation will not be implemented. DMH does not have jurisdiction over this matter unless DDS and the Association of Regional Center Agencies (ARCA) creates a Memorandum of Understanding (MOU) with DMH.

DMH is committed to supporting the efforts of ARCA or its partners by leveraging **the department’s** Cultural Competency and Anti-Racism, Diversity, and Inclusion (ARISE) resources, even in the absence of such a formal agreement.

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS; DEPARTMENT OF
PUBLIC HEALTH

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR THE EFFECTS OF RAT INFESTATIONS IN LOS ANGELES: "RATS ARE MORE THAN PESTS"

SUMMARY (REPORT 11)

"This report is concerned with the effects of rat infestations and their likely effects on the spread of these diseases in the County of Los Angeles (County), with a particular focus on the City of Los Angeles (City). The stated purpose of this inquiry is to assess the potential risks and impacts on the health of County residents, while also investigating existing programs within the County that address rat infestations and rat-borne diseases. The report focuses on pest control company reports and complaints submitted by County residents, with an observation that rat infestations tend to coincide with higher prevalence of homelessness in localities, with infections among homeless individuals."¹¹

CIVIL GRAND JURY FINDINGS

FINDING NO. 1

The number of rat- and rodent-related complaints continues to be relatively high in certain areas of the County, particularly in the City of Los Angeles. It appears that **there are challenges in coordinating with the City's Department of Sanitation when addressing garbage disposal and clean-up of concerned areas.**

RESPONSE

Partially disagree. The approach **used by the County's Department of Public Health (DPH)** to promote rodent control involves education, collaboration, and enforcement. DPH works with the City's Department of Sanitation and responsible parties to ensure cleanup of conditions that contribute to the proliferation of rats on streets, sidewalks, allies, and private properties.

The following actions are recommended for City departments, business and property owners, and the general public, to maintain a high standard of environmental sanitation and to mitigate the risk of the spread of related communicable disease:

1. Trash, Garbage, and other Waste Removal:
Keeping streets, sidewalks, and alleys free of trash, garbage, fecal matter, pet droppings, discarded food, and other waste is essential to minimizing rats and disease transmission.
2. Illegal Waste Dumping:
Enforcement and abatement of illegal trash disposal.

¹¹ 2024-2025 Los Angeles County Civil Grand Jury Final Report, The Effects of Rat Infestations in Los Angeles: "Rats Are More Than Pests", p. 481.

3. Rodent and Vector Control Measures:

To minimize the risk of disease transmission from vectors, such as mice and rats, the City and property owners must retain pest control services. Areas with heavy rodent populations must be routinely monitored and appropriate rodent control measures need to be implemented. Control measures include sealing/collapsing rodent burrows, eliminating food sources, eliminating rodent harborages, and initiating baiting to control populations by certified pest control operators.

FINDING NO. 2

The detection of rat-borne pathogens in the homeless population is a great concern in terms of possible spread of rat-borne diseases to the general population. The absence of a surveillance program of these diseases in the homeless population appears to be a significant gap from a health care perspective.

RESPONSE

Disagree. Although the spread of rodent-borne diseases is of concern especially in vulnerable populations, it is incorrect to state that the presence of rodent-borne diseases in the homeless population will lead to spread in the general population.

For most rodent-borne diseases mentioned, including flea-borne typhus, there is no human-to-human transmission. An infected arthropod vector or direct exposure to infected rodent excreta is required for disease transmission.

Therefore, a higher infection rate in the homeless population would not affect risk of spread in the general population. The risk of human disease is linked to exposure to rodents and free-roaming animals, and to the environmental factors that allow rodents and free-roaming animals to find shelter and food near humans.

It is also incorrect to state that there is an absence of a surveillance program for rat-borne diseases. DPH has a robust surveillance system to monitor reportable infectious diseases among all residents of the County, including those experiencing homelessness.

The list of reportable diseases in the County can be found here:

<http://publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf>.

Homelessness status is documented as part of the case investigation if it is reported to the clinical provider or to DPH.

FINDING NO. 3

The statistical data regarding the occurrence of most rat-borne diseases in the **County are not up to date on the Department of Public Health's website. In most of these diseases, the latest data available is either 2015 or 2016.**

RESPONSE

Disagree. DPH data on select diseases is available for years 2018 to 2022 on Acute Communicable Disease Control (ACDC) Program's annual dashboard and can be viewed through this link:

http://dashboard.publichealth.lacounty.gov/acdc_annual_report_dashboard/.

DPH is in the process of updating 2023 data to the dashboard and the anticipated availability of this data is August 2025. DPH updates the dashboard on an annual

basis, usually with a two-year delay due to investigation and closure timelines and processes.

CIVIL GRAND JURY RECOMMENDATIONS

RECOMMENDATION NO. 11.2

This recommendation addresses Finding #1

The VCP of the DPH must closely follow-up with complaints in rat-infested areas identified in this Report. To enhance monitoring, VCP should utilize its database of complaints to effectively track if issues are repeatedly reported from same locations within short period of time. This effort also requires close coordination with the Los Angeles City Environment and Sanitation and Bureau (see Recommendation #11.1). In addition, VCP will have to do more community engagements in affected areas focusing on educating residents about its initiatives in controlling rats and rodents. Successful rat controls require the participation of the community. This effort require close coordination with the Integrated Pest Management (IPM) of the County as it is an integral part of the IPM alliance.

RESPONSE

Partially disagree. A portion of the recommendation has been implemented. Multiple permit fee based Environmental Health programs conduct routine inspections that find rodent infestation or investigate rodent complaints and order the abatement of vermin.

Specifically, this includes the following programs and efforts:

- Housing programs addressing rodents in Multiple Family Dwellings and residential properties;
- Food programs addressing rodents in permitted food facilities; and
- The Outbreak Investigations and Evaluation Unit addressing vector borne outbreaks and rodent complaints at homeless encampments (through one-time funding).

However, the remaining portion of the recommendation requires further analysis (both within the next six months and beyond) to determine the costs, staffing capacity, and funding sources for enhanced monitoring, as well as continuing to improve coordination with City departments on regular cleanup of rat-infested areas and community engagement efforts.

DPH responds to individual complaints of rodents, but those efforts do not have a dedicated source of funding. Similarly, enhanced monitoring and other recommended efforts do not have a dedicated source of funding and would require an allocation of both local government funding and departmental staffing.

At this time, there has been a significant reduction in federal and State governmental funding that will require the careful allocation of remaining local government funding for all public health priorities. As such, DPH is not funded nor staffed to carry out the totality of the recommendation. However, DPH will **continue to work with the City and the County's IPM Program on** the rodent infestation issues identified in this report.

RECOMMENDATION NO. 11.3

This recommendation addresses Finding #2

The DPH should prioritize targeted surveillance with focus on high-risk areas (i.e., with high incidence of homeless people and rat infestations), and provide accessible testing, and community outreach to ensure timely identification and intervention of rat-borne pathogens in the homeless population. This should be included as part of either VMP or ACDCP of the DPH. Advanced molecular tools are now available and being applied for surveillance purposes.

RESPONSE

Partially disagree. The recommendation has already been partially implemented. DPH has a robust surveillance system to monitor reportable infectious diseases among all residents of the County, including those experiencing homelessness.

Surveillance data collected is used to inform targeted community outreach. For example, ACDC closely monitors for areas with a high number of human flea-borne typhus cases, including identifying clusters and outbreaks of flea-borne typhus cases, and for areas with any locally acquired hantavirus cases. ACDC collaborates **with the Environmental Health Division's Outbreak Investigations and Evaluation** Unit to provide community outreach during outbreaks in these areas, including to any homeless individuals identified in the areas of concern.

Additionally, the Outbreak Investigations and Evaluation Unit informs property managers and city departments of environmental risk factors and signs of rodent activity identified during their assessment of these areas for mitigation.

Symptomatic patients are directed to seek clinical care for evaluation, testing, and treatment. This is important because many rodent-borne diseases have non-specific symptoms that require thoughtful assessment and broad testing to identify the cause of illness.

ACDC has various channels in which guidance is disseminated to providers regularly on the importance of considering flea-borne typhus in symptomatic patients, and on the appropriate testing and treatment for these individuals. ACDC will continue to explore and collaborate closely with the Environmental Health Division on additional community outreach strategies, especially in the highest risk communities. However, DPH does not currently have resources to offer direct community testing.

RECOMMENDATION NO. 11.4

This recommendation addresses Finding #3

The DPH should be proactive in updating the statistical data about the occurrence of rat-borne diseases that are made readily available to the public on the **department's website.**

RESPONSE

Agree. This recommendation has already been implemented. DPH data on select diseases is already available for years 2018 to 2022 on ACDC's annual dashboard, which can be viewed through the following link:

http://dashboard.publichealth.lacounty.gov/acdc_annual_report_dashboard/.

DPH is in the process of updating 2023 data to the dashboard and the anticipated availability of this data is August 2025. DPH updates the dashboard on an annual basis, usually with a two-year delay due to investigation and closure timelines and processes.

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES
CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS; CHIEF EXECUTIVE
OFFICE; DEPARTMENT OF AGING AND DISABILITIES; DEPARTMENT OF PARKS AND
RECREATION

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR GET READY, HERE WE COME!!!: SENIORS AND SENIOR CENTERS

SUMMARY (REPORT 12)

"This report is concerned with rapid growth of the senior population in the greater Los Angeles Region and the corresponding need to develop and increase programs and services for this population. The report looks at the State-developed Master Plan on Aging (MPA) and its five key program and service goals. The report also concludes that an ideal senior center should address all such goals, while being both welcoming and accessible at a low cost and concludes that more senior centers meeting this threshold will be needed in the future, to meet the needs of the senior citizens that they will serve."¹²

CIVIL GRAND JURY FINDINGS

FINDING NO. 1

The City of Los Angeles and County Departments of Aging do not have a cohesive or coordinated plan to address the increase of the – current and projected – senior populations in either the City or the County.

RESPONSE

Disagree. The County of Los Angeles (County) Aging and Disabilities Department (AD) was formally established on July 1, 2022, as one of the successor agencies to the former Workforce Development, Aging, and Community Services Department (WDACS). **AD retained the County's Area Agency on Aging and other core functions** to ensure continuity of services and programs for older adults and adults with disabilities.

The County (through WDACS) and the City of Los Angeles Department of Aging (LADOA) have taken steps to build a more coordinated and cohesive regional approach to aging services. In December 2020, both entities submitted a joint letter to the California Department of Aging (CDA) requesting approval to develop a Joint Area Plan. The goal was to strengthen alignment and enhance regional delivery of comprehensive services to older adults.

On July 19, 2021, CDA provided formal acknowledgment and concurrence with this collaborative effort, in consultation with the federal Administration for Community Living. As a result, the Joint Area Plan is being implemented as part of the Fiscal Years (FY) 2024–2028 planning cycle. While each Area Agency on Aging (AAA) continues to meet all regulatory and reporting requirements independently, the Joint Area Plan offers a shared framework for:

¹² 2024-2025 Los Angeles County Civil Grand Jury Final Report, Get Ready, Here We Come!!!: Seniors and Senior Centers, p. 513.

- Coordinated planning and strategy development;
- Shared performance metrics and potential data system integration; and
- Unified stakeholder and provider engagement.

Importantly, both departments hold an Annual Joint Public Hearing, inviting older adults, caregivers, service providers, and advocates from across the County and City of Los Angeles (City) to provide input on aging service priorities and emerging needs. This forum ensures transparency, inclusion, and collaboration across jurisdictions, and informs both the Joint Area Plan and other programmatic and policy decisions.

While the County and City remain distinct entities, this joint approach reflects a deliberate effort to offer seamless, equitable, and coordinated services to the **region's growing and diverse older adult population.**

Additionally, the County Department of Parks and Recreation (DPR) has developed a coordinated plan to address the needs of the senior population through support of the Purposeful Aging Los Angeles (PALA) Initiative, as a key stakeholder. PALA is a collaborative effort among County, City (of Los Angeles), AARP (American association of Retired Persons), and other partners aimed at making the region more livable for older adults.

In its second phase (PALA 2.0), the initiative focuses on best practices, identifying service gaps, and advocating on issues like connectivity, housing, emergency preparedness, and social isolation. **The County's Quality and Productivity** Commission (QPC) recognized PALA 2.0 as changemaker. Innovative partnerships like this are needed to plan for the needs of the rapidly growing senior population.

DPR continues to be a strong partner in the PALA initiative. Currently, DPR aligns **its programs with PALA's goals by offering recreational and educational activities** and in anticipation of the growth of seniors, DPR has three senior centers and 24 senior program sites, including cultural events, group walks, special interest classes, and intergenerational programs. Seniors also receive access to health and social services through partnerships with other County departments such as AD.

FINDING NO. 2

There is inadequate training of some of the County and Los Angeles City senior center managers in program development and the unique needs of the senior population.

RESPONSE

Disagree. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

AD's staff already undergo periodic, mandatory training on an array of important topics, such as equity practices and policies, privacy awareness, management training, and other relevant topics.

Additionally, DPR provides training to Senior Center Leads. DPR hosts monthly senior program meetings, which include trainings. These trainings range in topics from programing development and excursion protocols to trauma-informed training. Some trainings also leverage **DPR's** community partner network to provide

additional topic specific trainings; the latest one was on nutritional services programs.

FINDING NO. 3

The City and County do not adequately pursue government funding from the various national organizations on aging.

RESPONSE

Disagree. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

AD already actively works with State and federal government agencies and advocates for critical and additional funding and resources. DPR seeks funding from State and federal government agencies on aging. DPR currently receives Community Development Block Grant (CDBG) funding for two park sites that host senior services. DPR also receives State funding for its senior nutritional programs hosted at eligible sites.

AD and DPR will continue to pursue funding and look to collaborate with the City to pursue additional grant opportunities aimed at supporting senior services and programming, when such funding opportunities are available.

FINDING NO. 4

The City and County Departments of Aging do not coordinate on developing standards for the effectiveness of services at Senior Centers.

RESPONSE

Disagree. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

The County (through WDACS) and the City (through LADOA) have taken steps to build a more coordinated and cohesive regional approach to aging services. As previously mentioned, in December 2020, both entities submitted a joint letter to the CDA requesting approval to develop a Joint Area Plan. The goal was to strengthen alignment and enhance regional delivery of comprehensive services to older adults.

On July 19, 2021, CDA provided formal acknowledgment and concurrence with this collaborative effort, in consultation with the federal Administration for Community Living. As a result, the Joint Area Plan is being implemented as part of the FY 2024–2028 planning cycle. While each AAA continues to meet all regulatory and reporting requirements independently, the Joint Area Plan offers a shared framework for:

- Coordinated planning and strategy development;
- Shared performance metrics and potential data system integration; and
- Unified stakeholder and provider engagement.

Importantly, both departments hold an Annual Joint Public Hearing, inviting older adults, caregivers, service providers, and advocates from across the County and City to provide input on aging service priorities and emerging needs. This forum ensures transparency, inclusion, and collaboration across jurisdictions, and informs both the Joint Area Plan and other programmatic and policy decisions.

While the County and City remain distinct entities, this joint approach reflects a deliberate effort to offer seamless, equitable, and coordinated services to the **region's growing and diverse older adult population.**

Additionally, the County DPR has developed a coordinated plan to address the needs of the senior population through support of the PALA Initiative, as a key stakeholder. PALA is a collaborative effort among County, City, AARP, and other partners aimed at making the region more livable for older adults.

In its second phase (PALA 2.0), the initiative focuses on best practices, identifying service gaps, and advocating on issues like connectivity, housing, emergency preparedness, and social isolation. **The County's** QPC recognized PALA 2.0 as changemaker.

FINDING NO. 5

City and County-operated Senior Centers do not consistently provide affordable two-way transportation options for physically limited individuals to go to and from the centers.

RESPONSE

Disagree. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

AD manages the New Freedom Transportation Program which provides transit programs that go beyond the requirements of the Americans with Disabilities Act (ADA), to enhance transportation services provided to persons with disabilities.

Additionally, the New Freedom Transportation Program has been advertised at all community and senior centers under the jurisdiction of AD.

FINDING NO. 6

Many of the older Senior Centers are in states of disrepair.

RESPONSE

Disagree. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

Community and senior centers under the jurisdiction of AD already have a dedicated, internal facilities team that ensures these centers are appropriately maintained. All such centers are maintained and comply with ADA requirements.

Additionally, DPR ensures that the senior centers and programs are supported by contracted maintenance services and assigned County maintenance staff who provide daily cleaning, maintenance, and groundskeeping. These efforts ensure that all facilities remain safe, clean, and welcoming for older adults.

FINDING NO. 7

The process of developing relationships with non-profit organizations is cumbersome.

RESPONSE

Disagree. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

DPR partners with local healthcare organizations and community partners (including L.A. Care, AltaMed Health Services, and Kaiser Permanente) to secure alternative funding and support for senior programming.

DPR also continues to collaborate with partners from the PALA Initiative to pursue ongoing funding opportunities from non-profit organizations and other alternative sources.

FINDING NO. 8

There are no uniform program standards to improve the quality of life for seniors.

RESPONSE

Disagree. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

Select community and senior centers under the jurisdiction of AD provide daily physical activity classes and opportunities for socialization (e.g., through participation in congregate meals, music clubs, games, etc.). Such centers also provide a variety of workshops and presentations on topics related to mental health, financial education, and nutritional information.

Additionally, all 27 senior program sites managed by DPR currently offer weekday programming that includes meals, fitness activities, educational classes, excursions, workshops, and intergenerational activities.

These programs provide consistent opportunities for wellness, recreation, and social engagement for older adults, supporting seniors in maintaining active, healthy lifestyles while fostering community connections. These sites help reduce isolation and promote overall well-being by providing a reliable schedule and diverse programming.

These centers also conduct focus groups, surveys, and listening tours, and host monthly senior advisory meetings, to continuously provide quality services that seniors are interested in.

FINDING NO. 9

Not many Senior Centers offer “field trips” for seniors.

RESPONSE

Disagree. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

All senior sites managed by DPR participate in at least one quarterly field trip. Each site attends one to two concerts annually through partnerships with the Hollywood Bowl and Ford Theatre.

Other excursions include outings to DPR parks, gardens and nature centers, the LA Opera, sporting events, and various local entertainment venues, providing enriching cultural and recreational experiences for seniors.

Additionally, select community and senior centers under the jurisdiction of AD already provide field trips, contingent on resource and staffing availability. In FY 2024-25, AD provided 27 field trips.

FINDING NO. 10

The Senior Centers do not uniformly offer adequate IT training, fraud awareness, and personal safety measures.

RESPONSE

Disagree. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

Select community and senior centers under the jurisdiction of AD already provide information technology (IT) training and host fraud awareness workshops and presentations. In FY 2024-25, AD provided IT training to 170 seniors and had 108 fraud awareness training courses and 235 personal safety measure presentations and/or workshops.

Additionally, DPR is already providing IT training to seniors at several program sites through a partnership with Delete the Divide (an Internal Services Department (ISD) program). DPR is currently drafting a memorandum of understanding (MOU) to expand these classes to additional locations.

DPR also hosted a Senior Resource Fair with 600 participants, featuring fraud awareness and personal safety workshops led by the **County Sheriff's Department** (LASD). These educational programs will continue to grow and operate on an ongoing basis.

FINDING NO. 11

Some Senior Centers do not offer nutritional food service programs.

RESPONSE

Agree. However, the centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

Select Community and Senior Centers operated by AD offer the Emergency Food Assistance Program (food pantry) and the Elderly Nutrition Program (onsite congregate meals) at County facilities.

Of the 13 centers under AD's jurisdiction, 10 provide food pantry services and seven offer congregate meals. The availability of these programs at each site is influenced by several factors, including the presence of external service providers, operational logistics, and the physical capacity of the facility. As a result, not all of these centers are able to host food pantry distributions or provide congregate meals.

Additionally, DPR receives State funding and partners with local organizations to deliver its nutritional program to all of its eligible sites. These efforts help ensure that older adults have access to nutritious meals across multiple locations.

CIVIL GRAND JURY RECOMMENDATIONS

RECOMMENDATION NO. 12.1

The City and County should develop a coordinated plan to address the needs of the rapidly growing senior population in the City and County.

RESPONSE

Disagree. This recommendation has already been implemented. AD was formally established on July 1, 2022, as one of the successor agencies to the former WDACS. **AD retained the County's Area Agency on Aging and other core functions** to ensure continuity of services and programs for older adults and adults with disabilities.

The County (through WDACS) and LADOA have taken steps to build a more coordinated and cohesive regional approach to aging services. In December 2020, both entities submitted a joint letter to CDA requesting approval to develop a Joint Area Plan. The goal was to strengthen alignment and enhance regional delivery of comprehensive services to older adults.

On July 19, 2021, CDA provided formal acknowledgment and concurrence with this collaborative effort, in consultation with the federal Administration for Community Living. As a result, the Joint Area Plan is being implemented as part of the FY 2024–2028 planning cycle. While each AAA continues to meet all regulatory and reporting requirements independently, the Joint Area Plan offers a shared framework for:

- Coordinated planning and strategy development
- Shared performance metrics and potential data system integration
- Unified stakeholder and provider engagement

Importantly, both departments hold an Annual Joint Public Hearing, inviting older adults, caregivers, service providers, and advocates from across the County and City to provide input on aging service priorities and emerging needs. This forum ensures transparency, inclusion, and collaboration across jurisdictions, and informs both the Joint Area Plan and other programmatic and policy decisions.

While the County and City remain distinct entities, this joint approach reflects a deliberate effort to offer seamless, equitable, and coordinated services to the **region's growing and diverse older adult population.**

Additionally, DPR has developed a coordinated plan to address the needs of the senior population through support of the PALA Initiative, as a key stakeholder. PALA is a collaborative effort among County, City, AARP, and other partners aimed at making the region more livable for older adults.

In PALA 2.0, the initiative focuses on best practices, identifying service gaps, and advocating on issues like connectivity, housing, emergency preparedness, and social isolation. **The County's** QPC recognized PALA 2.0 as changemaker. Innovative partnerships like this are needed to plan for the needs of the rapidly growing senior population.

DPR continues to be a strong partner in the PALA initiative. Currently, DPR aligns **its programs with PALA's goals by offering recreational and educational activities**

and in anticipation of the growth of seniors, DPR has three senior centers and 24 senior program sites, including cultural events, group walks, special interest classes, and intergenerational programs. Seniors also receive access to health and social services through partnerships with other County departments such as AD.

RECOMMENDATION NO. 12.2

The City and County should develop Senior Center Management Training Programs.

RESPONSE

Partially disagree. This recommendation has already been implemented. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

AD's staff already undergo periodic, mandatory training on an array of important topics, such as equity practices and policies, privacy awareness, management training, and other relevant topics.

Additionally, DPR provides training to Senior Center Leads. DPR hosts monthly senior program meetings, which include trainings. These trainings range in topics from programing development and excursion protocols to trauma-informed training. Some trainings also leverage **DPR's** community partner network to provide additional topic specific trainings; the latest one was on nutritional services programs. DPR will continue to host these monthly training events.

As funding becomes available, expansion of current training and development of a more tailored curriculum can be explored, in collaboration between AD, DPR, and the City.

RECOMMENDATION NO. 12.3

The City and County should seek more funding from State and Federal government agencies on Aging.

RESPONSE

Partially disagree. This recommendation has already been implemented. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

AD already actively works with federal and State government agencies and advocates for critical and additional funding and resources. DPR seeks funding from federal and State government agencies on aging. DPR currently receives CDBG funding for two park sites that host senior services. DPR also receives State funding for its senior nutritional programs hosted at eligible sites.

AD and DPR will continue to pursue funding and look to collaborate with the City to pursue additional grant opportunities aimed at supporting senior services and programming, when such funding opportunities are available.

RECOMMENDATION NO. 12.4

The City and County Departments of Aging should promote Senior Centers more with local advertising, flyers, etc.

RESPONSE

Agree. This recommendation has already been implemented at County facilities. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

AD already actively promotes all programming services, activities, and events through its internal, dedicated marketing and communications team. In FY 2024-25, AD conducted 128 outreach and information events to promote services at its community and senior centers.

DPR actively promotes senior programs on a year-round basis using a wide range of outreach channels. These include flyers distributed throughout the community, social media platforms, the DPR website, media releases, posters, banners, and outreach through community-based organizations, listservs, and newsletters.

AD and DPR will continue working in collaboration with the City to strengthen and expand these outreach efforts. Ongoing cross-promotion between these parties includes:

- Use of diverse outreach tools, such as posters, banners, social media, and monthly calendars;
- Bilingual materials to ensure language accessibility across communities;
- Targeted promotion at key DPR sites, including East Rancho Dominguez and Loma Alta parks; and
- Ongoing coordination (between AD and DPR) to enhance program visibility and increase community participation.

RECOMMENDATION NO. 12.5

Senior Centers should provide affordable two-way transportation options for physically limited individuals to go to and from their centers.

RESPONSE

Agree. This recommendation has already been implemented at County facilities. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

AD manages the New Freedom Transportation Program which provides transit programs that go beyond the requirements of the Americans with Disabilities Act, to enhance transportation services provided to persons with disabilities. DPR agrees with the recommendation and recognizes the importance of accessible transportation, but the funding is not available for them to implement this recommendation, at this time.

Additionally, the New Freedom Transportation Program has been advertised at all community and senior centers under the jurisdiction of AD.

RECOMMENDATION NO. 12.6

The City and County should ensure that their Senior Centers are appropriately maintained.

RESPONSE

Agree. This recommendation has already been implemented. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

Community and senior centers under the jurisdiction of AD already have a dedicated, internal facilities team that ensures these centers are appropriately maintained. All such centers are maintained and comply with ADA requirements.

Additionally, DPR ensures that the senior centers and programs are supported by contracted maintenance services and assigned County maintenance staff who provide daily cleaning, maintenance, and groundskeeping. These efforts ensure that all facilities remain safe, clean, and welcoming for older adults.

RECOMMENDATION NO. 12.7

The City and County Departments of Aging should, with scrutiny, allow centers to seek aid from non-profit organizations and alternative funding sources.

RESPONSE

Disagree. No update is needed to implement this recommendation, since such funding is already being sought. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

Select community and senior centers under the jurisdiction of AD explore alternative funding sources and have previously been awarded two (2) grants from the National Council on Aging (NCOA) and the United Way of Greater Los Angeles.

DPR partners with local healthcare organizations and community partners (including L.A. Care, AltaMed Health Services, and Kaiser Permanente) to secure alternative funding and support for senior programming. These partnerships helped offset costs for events such as the 2025 Senior Resource Fair. The Senior Resource fair aimed to connect seniors with a variety of resources related to mental health, health and wellbeing, and other social services programming. It also offered four workshops on topics such as fraud in the older adult community, digital inclusion, and disease prevention.

Ultimately, the resource fair successfully hosted 600 participants and involved 60 resource partners. DPR also continues to collaborate with partners from the PALA Initiative to pursue ongoing funding opportunities from non-profit organizations and other alternative sources.

RECOMMENDATION NO. 12.8

All senior centers should offer appropriate services to seniors concentrating on lifestyle dynamics like physical health, mental health, family relationships, socialization, and financial and nutritional education to improve the quality of life of seniors.

RESPONSE

Agree. This recommendation has already been implemented. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

Select community and senior centers under the jurisdiction of AD provide daily physical activity classes and opportunities for socialization (e.g., through participation in congregate meals, music clubs, games, etc.). Such centers also provide a variety of workshops and presentations on topics related to mental health, financial education, and nutritional information.

Additionally, all 27 senior program sites managed by DPR currently offer weekday programming that includes meals, fitness activities, educational classes, excursions, workshops, and intergenerational activities.

These programs provide consistent opportunities for wellness, recreation, and social engagement for older adults, supporting seniors in maintaining active, healthy lifestyles while fostering community connections. These sites help reduce isolation and promote overall well-being by providing a reliable schedule and diverse programming.

These centers also conduct focus groups, surveys, and listening tours, and host monthly senior advisory meetings, to continuously provide quality services that seniors are interested in.

RECOMMENDATION NO. 12.9

The Senior Centers should provide field trips at least once a quarter.

RESPONSE

Partially disagree. This recommendation has already been implemented. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

All senior sites managed by DPR participate in at least one quarterly field trip. Each site attends one to two concerts annually through partnerships with the Hollywood Bowl and Ford Theatre.

Other excursions include outings to DPR parks, gardens and nature centers, the LA Opera, sporting events, and various local entertainment venues, providing enriching cultural and recreational experiences for seniors.

Additionally, select community and senior centers under the jurisdiction of AD already provide field trips, contingent on resource and staffing availability. In FY 2024-25, AD provided 27 field trips.

RECOMMENDATION NO. 12.10

All seniors should be offered adequate IT training, fraud awareness, and personal safety measures.

RESPONSE

Agree. This recommendation has already been implemented. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

Select community and senior centers under the jurisdiction of AD already provide IT training and host fraud awareness workshops and presentations.

In FY 2024-25, AD provided IT training to 170 seniors and had 108 fraud awareness training courses and 235 personal safety measure presentations and/or workshops.

Additionally, DPR is already providing IT training to seniors at several program sites through a partnership with Delete the Divide (an ISD program). DPR is currently drafting an MOU to expand these classes to additional locations.

DPR also hosted a Senior Resource Fair with 600 participants, featuring fraud awareness and personal safety workshops led by LASD. These educational programs will continue to grow and operate on an ongoing basis.

RECOMMENDATION NO. 12.11

All Senior centers should offer a nutritional food service program.

RESPONSE

Partially disagree. This recommendation has already been partially implemented. The centers referenced in the report are within the jurisdiction of the City, not the jurisdiction of the County.

Select Community and Senior Centers operated by AD offer the Emergency Food Assistance Program (food pantry) and the Elderly Nutrition Program (onsite congregate meals) at County facilities.

Of the 13 centers under AD's jurisdiction, 10 provide food pantry services and seven offer congregate meals. The availability of these programs at each site is influenced by several factors, including the presence of external service providers, operational logistics, and the physical capacity of the facility. As a result, not all of these centers are able to host food pantry distributions or provide congregate meals.

Additionally, DPR receives State funding and partners with local organizations to deliver its nutritional program to all of its eligible sites. These efforts help ensure that older adults have access to nutritious meals across multiple locations.

RESPONSE TO THE CIVIL GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES CHIEF EXECUTIVE OFFICE FOR THE BOARD OF SUPERVISORS

2024-2025 CIVIL GRAND JURY RECOMMENDATIONS FOR LAX AUTOMATED PEOPLE MOVER: \$880,000,000 OF CHANGE ORDERS! – SO WHAT?

SUMMARY (REPORT 13)

"This report is concerned with the Los Angeles International Airport (LAX) Automated People Mover, a large airport capital improvement project, and the change orders associated with this construction project, assessing whether the City of Los Angeles (City) can effectively plan and manage complex, long-term, and high monetary value construction projects. This report seeks to showcase the complexity of a large-scale public works project, while also looking at common challenges with major public development projects, such as overseeing a substantial budget, the need for coordination amongst various parties, and managing change order increases and time extensions. The report also looks to provide lessons learned and offer suggestions/recommendations to minimize cost increases in future public works projects."¹³

CIVIL GRAND JURY FINDINGS

FINDING NO. 1

The Department of Airport's accounting of the Enterprise Fund is not combined or consolidated with the City's General Fund or otherwise included in the City's general fund budgeting.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County of Los Angeles (County). As such, the County does not have a response for this finding.

FINDING NO. 2

Financial Reporting as a separate entity from the General Fund, may enable LAWA to avoid focus and scrutiny that is associated with the General Fund budgeting.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 3

Looking at LAWA's June 20, 2024 audited balance sheet, unallocated cash is \$1.7 billion (<https://lawamediastorage.blob.core.windows.net/lawa-media-files/media-files/lawa-web/lawainvestor-relations/files/fy2024-lawa-annual-comprehensive-financial-report.pdf>, pg 45, Accessed March 7, 2025, Note: these balances reflect the entire LAWA Dept. of Airports which include LAX and Van Nuys Airport and

¹³ 2024-2025 Los Angeles County Civil Grand Jury Final Report, LAX Automated People Mover: \$800,000,000 of Change Orders! – So What?, p. 549.

other holdings of LA Department of Airports. LAX is the most significant holding.). Net position (assets minus liabilities) is \$6.4 billion (<https://lawamediastorage.blob.core.windows.net/lawa-media-files/media-files/lawa-web/lawainvestor-relations/files/fy2024-lawa-annual-comprehensive-financial-report.pdf>, pg 46, Accessed March 7, 2025, Note: these balances reflect the entire LAWA Dept. of Airports which include LAX and Van Nuys Airport and other holdings of LA Department of Airports. LAX is the most significant holding.). For year end 2024 LAWA Enterprise Fund had net profit of \$302 million (<https://lawamediastorage.blob.core.windows.net/lawa-media-files/media-files/lawa-web/lawainvestor-relations/files/fy2024-lawa-annual-comprehensive-financial-report.pdf>, pg 47, Accessed March 7, 2025, Note: these balances reflect the entire LAWA Dept. of Airports which include LAX and Van Nuys Airport and other holdings of LA Department of Airports. LAX is the most significant holding.). The Net Position of the entire City is \$31.7 billion, not counting the Enterprise Funds (<https://controller.lacity.gov/reports/pafr24>, See middle of webpage. Accessed April 2, 2025.). Therefore, LAWA itself has assets equivalent to over 20% **of the City's Net** Position ($6.4/31.7 > 0.2 = 20\%$)

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 4

LAWA projections predict a NET CASH FLOW every year of between \$600 million **and \$900 million. THAT'S EVERY YEAR!!!!** (<https://www.lawa.org/sites/lawa/files/2025-03/3.%20Management%20Report%20C%20-%20Capital%20Finance%20Plan.pdf>, PAGE 11, Accessed April 22, 2025)

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 5

After Jury reviewed the CITY charter, we found no reason that Airport Enterprise Fund should not be able to make a transfer of excess funds to the City. Even if there are current provisions in LAWA debt agreements, we recommend restructuring to enable transfers. There appear to be more than enough financial resources for the Airport Enterprise Fund to enable a transfer of funds to the City.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 6

TIME is the overriding element that enabled the majority of the \$880 million of change orders.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 7

The City's commitment to host various high profile international events places extreme pressure to complete the Project by the deadlines. There was pressure from the City to meet the Olympic completion deadline combined with the Contractors slowdown, led to the majority of the change orders dollars. Because LAWA could not invest the time necessary to litigate the decision of the Project Neutral, along with the time to litigate 209 relief event claims in the Global Settlement, combined with the fact that the Enterprise Fund provides protection from some of the public scrutiny, enabled LAWA to pragmatically accept the change orders.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 8

Legal contracts need to consider time, which can be used as leverage to force agreement that may not be beneficial to the customer.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 9

City Representatives/Governmental Departments need to consider external deadline commitments – had Contractor not been able to pressure LAWA with additional delays, the Jury believes the global settlement of \$550 million might have been considerably lower. Consider renovation commitments of future projects, such as the Convention Center. If the renovation is not completed, can the City fulfill a commitment made for an upcoming event?

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 10

We **concluded, without exception, that every City department (and the City's representatives)** are highly competent, pragmatic, and knowledgeable.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 11

Ramifications of the MOU between the City and city departments should have been more carefully considered by the legal preparers and signatories of the MOU. Advice or modifications to the MOU by legal consultants should have been provided to mitigate the foreseeable issues.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 12

Definitive coordination and confirmation of building code between departments with Authorities Having Jurisdiction and Designers. Specific Building Codes need to be communicated and committed to in writing to Spec Designers. Once Spec Designers receive codes, the edicts from the Authorities Having Jurisdiction must be respected, and supersede all future code requirements.

Clarifications should be corrected via a bulletin among the Spec Designers, Construction Manager, or LAWA.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 13

Some of the LAWA's Consultants (specifically Project Manager and Legal writers of the construction Contract) may have been in position to foresee and make certain suggestions which would have reduced the magnitude of change orders.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 14

The Project Manager should have been more closely interfacing with LADBS to identify and resolve design conflicts. The Construction Manager (Parsons) did not **ensure the Contractor's design documents met the LADBS requirements. Part of the Construction Manager's obligation was to perform constructability analysis for the project (Exhibit A - Contract between City of Los Angeles and Parsons Transportation, dated 7th November, 2016).** If the design was not sufficient to

comply with the LADBS requirements, then it was not constructible, as no permit allowing construction would have been issued.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 15

Upon receipt and review of the Bidders' proposals, Parsons (as part of their obligation to provide Document Controls, Design Management and Constructability) was in a position to be aware of the conflict in the Contractors proposal and the codes specified in the design documents. There was an obligation to notify the Contractor that the design documents were unacceptable.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 16

Further, the legal review of the Construction Management Agreement should have been clearer as to exactly when the Construction Managers obligations were to start, i.e., whether or not in the Procurement Phase or Construction Phase.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 17

After reviewing the Design Specs, the Jury concluded that the Project's concept was properly conveyed to the bidders.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 18

Issues between contractor and Owner may have been avoided if more due diligence was performed prior to the selection of the Contractor. Future analyses need to consider past performance, and consider how the Contractor might interact with Owner and City Departments.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 19

With the presumed benefits that would limit change orders and comply with the schedule of a DB delivery method, the Jury agreed that the DB contract was, in fact, the most appropriate method.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 20

The jury determined lack of enforcement provisions and progress requirements during litigation to be a major defect in the Contract. While resolving disputes, Contractor must be forced to materially advance the project.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 21

The Jury found the dispute resolution procedure in the Contract to be inadequate.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 22

The person acting as Project Neutral was pre-agreed upon to be a single individual (not a panel), with a very technical construction/engineering background. The use of a single Project Neutral should be limited to only very technical issues that fall under a predetermined dollar threshold.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 23

Once the Project Neutral was selected, there was no provision in the Contract to replace and select another.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 24

Claim relief lacks provisions for contractual disputes that do not center on technical design.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

FINDING NO. 25

The contract did not provide further procedures, short of arbitration and litigation, to resolve non-technical relief event claims.

RESPONSE

Upon careful review, it is confirmed that this finding does not pertain to the operations of the County. As such, the County does not have a response for this finding.

CIVIL GRAND JURY RECOMMENDATIONS

RECOMMENDATION NO. 14.1

Airport Enterprise Fund should make a transfer of excess funds to the City.

RESPONSE

Upon careful review, it is confirmed that this recommendation does not pertain to the operations of the County. As such, the County does not have a response for this recommendation.

Los Angeles International Airport (LAX), along with Van Nuys Airport (VNY) are owned and operated by Los Angeles World Airports (LAWA), under the direction of a policy-making Board of Airport Commissioners appointed by the Mayor of Los Angeles. LAX has its own Aviation Enterprise Fund.

LAWA is completely separate and apart from the County-owned five (5) general aviation airports under direction from the Board of Supervisors and managed by the **County's Department of Public Works (PW)**.

This recommendation (Recommendation 14.1) states that the **"Airport Enterprise Fund should make a transfer of excess funds to the City."** The Board of Commissioners for LAWA should make that determination, not the County of Los Angeles Board of Supervisors.

Additionally, PW has not been involved at all in the LAX Automated People Mover project.