

Health and Mental Health Services Cluster

Transcript

January 7, 2026, 6:35PM

□ **Kieu-Anh King** started transcription

R1 Room 140 0:11

Testing. Testing.

Testing does the transcription work.

I can.

OK so.

I am in room 140 getting set up for cluster.

Can you do me a favor and log into the cluster meeting and then tell me if the microphones are working?

I'm gonna hang up and then you can just text me that way using what you're hearing on this call versus what's in the meeting.

Hey, testing testing.

If the microphone in the room works, it is 10:37 AM January 726.

Testing, testing, seeing if the microphone works in the room.

Thanks, ray.

Yeah.

RR Rediet Retta 57:13

That's.

R1 Room 140 57:17

I'm off. That's why, folks, I have unmuted.

So we are now brought, you're aware?

That's good.

I'll go ahead and call the meeting to order now.

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

Unmet yourself using the teams app or by dialing *6 if you're going into the meeting as a reminder for the comment, it will be limited 2 minutes.

We'll start with introductions, with board offices going first.

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Helen Davira from the 2nd district.

Your first district, Victoria Gomez second district, Ester Lim, 4th district. Aaron Fox, Third District and Helika Yellow third district.

You have any representatives from the first district on the call.
2nd district.

AE **Arrazola, Elizabeth** 58:05

Elizabethtown district.

TM **Tonya McKenzie** 58:09

Tanya Mackenzie, District 2.

AG **Allen Gomez** 58:11

You hungry too?

R1 **Room 140** 58:13

No, they're looking.

We're in the room, but Natalie Romo got his Mitchell senior justice deputy.
Superintendent Mitchell, Assistant Justice deputy district.

Do we have any representatives from the third district on the plan?

ES **Edwards, Steven** 58:31

Good morning, everyone.

Stephen Edward, senior justice deputy for supervisor gorbach.

R1 **Room 140** 58:36

Have any representatives from the first district on the call.

CC **Cheney-Rice, Chloe** 58:40

Hi, Chloe's online.

PA **Perez, Alexandra** 58:43

And so is Ali.

R1 **Room 140** 58:46

Have representatives from the first sorry from the 5th district on the call.

CT **Cash, Tyler** 58:50

Thanks Jasmine.

This is Tyler Cash from supervisor barger's office.

CS **Croxton, Sandra** 58:55

Standard car accident for supervisor barger's office.

GL **Gamino, Leslie** 58:58

And Leslie Gamino with supervisor Barker's office.

R1 **Room 140** 59:04

Thank you.

And now move to county representatives.

Looking with CEO.

Connie Salgado Sanchez, Department of Health Services, government.

Resign public health.

Gomez and I'm with the CEO Capitol programs. The Desmond Public Works Public health government.

RT **Richard Tadeo** 59:31

Pick it today, your EMS.

R1 **Room 140** 59:38

OK. Mm-hmm.

Yeah, CEO budget.

We'll move on to county representatives on the call.

AG **Allen Gomez** 59:51

Allen Gomez, DHS.

ss **Stephen Scott** 59:54

Steve Scott, DHS.

R1 **Room 140** 1:00:02

We will now proceed with today's meeting.

The Agenda notes one item 2.

Hello Colley.

Motion before you all is called maintaining patient safety in the community through Los Angeles County drug doses.

Mobile appli application.

So the directive just really quickly before I ask Ricky to kind of present a little bit on this drug dose mobile app because I think this might be familiar or unfamiliar to folks I know was unfamiliar to me.

But basically, the motion directed says direct 75,950, the 4th district measure being monies to fund the drug just mobile application.

Upgrades unnecessary equipment.

RT **Richard Tadeo** 1:00:47

I will now throw it over to Ricky to talk a little bit more about this mobile app and then for hi, good Morning Health deputies. Ricky today here from EMS and the project really is to upgrade our drug doses, mobile application and the presentation just a few SL.

To give you an idea of what it is, next slide please.

So it's a mobile application and here is a screenshot of my phone.

R1 **Room 140** 1:01:14

Play.

RT **Richard Tadeo** 1:01:14

And and what? When you click on that drug doses next slide.

It will give you a disclaimer basically.

For the user of paramedic or the nurses in the hospitals providing online medical direction to our paramedics would accept next slide.

And it will bring you to these general menu of the color code and the color code is

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done through.

Weight and the corresponding age of the patient, and it ranges from less than three months on our newborn all the way up to an adult patient. And here, if we as an example, if you click on the pink next slide, which is three to six months.

And then it will show give you an option of what the weight of the patient and in this example we will click on 7 kilograms next slide.

And it will give you a slew of all the medications that is available for a patient with 7 kilograms. And as you can see in here, we have the banner up in here that gives the color code the kilograms the weight of the patients.

And months of the patients and also gives you the normal vital signs your the blood pressure, respiratory rate and heart rate. And then there's the medications that you see in here. And for this example, we will click on morphine sulfate next slide.

R1 Room 140 1:02:49

Yes.

RT Richard Tadeo 1:02:57

And here is where you would see that we have a standard formulary that all the fire departments and ambulance companies are going to are stocking at this point in time and it eliminates the calculation, you know, higher level math during their stressful.

R1 Room 140 1:02:58

Thank you.

RT Richard Tadeo 1:03:16

Situations for treating paramedics.

So here it would give you the dose which is a 0.7 milligrams and it will give the actual volume that the PR anomaly will have to drop.

And give to the patient. And in this instance for 7 kilograms, it's 0.1 milliliters. Next slide.

And here is one of the examples why we need to upgrade a lot of the the I gel.

Here the circle is actually not a medication, but it is an advanced airway device to manage the patients.

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So rather than inserting an endotracheal tube, the eye gel is a supraglottic airway that is inserted blind, but it protects the airway of the patient.

R1 Room 140 1:03:55

Thank you.

RT Richard Tadeo 1:04:02

And this has been proven through a lot of research that it is safe.

We implemented this. I gel about three years ago and there is no place for us to put the eye gel so as a stop gap measure, put it as part of the medication which is not ideal.

Next slide please.

So here the bracketed the the banners that you see in brackets. Here are hard coded so we're not able to add change the normal vital signs were not able to change card diversion. Defibrillation were able to change the values, but those banners are hard coded and this is.

Really, where the eye gel belongs to, and that's one of the things that need to be.

Updated and revised in this color code app.

Our stop gap measure is really when we put it on the medication is could be a little bit confusing because you would see that there's the dose is 0 because it's unknown and volume's not applicable because it's on medication.

So our stop gap measure is to put it in the comments section on the different zones Gray, pink, yellow, orange and the black zones, and then even in the adult sizes there are different.

Sizes for adults.

So this appears on every color code and every single.

Weight, so it's not ideal and we need to hard code that so that when you open it, it appears on the banner, specifically addresses the sizes of this eye gel for each particular weight and age of the patient. Next slide please.

And here we also shows you that.

That another.

Item that we need to upgrade is the color code was developed based on weight.

And recent research have now come up in terms of we are looking at age based so that.

The the doses are safe within a particular age base and as the stopgap measure.

R1 Room 140 1:06:07

Thank you.

RT Richard Tadeo 1:06:11

We did this again, particularly for midazolam to stop seizures, but there's also. A weight base, if it can determine the age of the patient, they still have to revert to that. But in order for us to be very, very specific in terms again of the doses and the volume, we need this hard coating to allow us to.

Revise this for age based dosing.

So that's the second big item that needs to be.

Are fixed with this color code.

Next slide please.

And then lastly, one of the things that we need to update is that it provides us with minimum age limit, but it doesn't give us a maximum age limit. So in this example that you see here on the seven KG, it would show our albuterol less than 4.

Years, which is fine, but once it gets to the other color code.

Screen.

Then it would appear the less than four years and the lesson or equal to a greater than four years as a dose, which again could be very confusing for the paramedics because when they click on a color code, they're expecting to see the actual dose for albuterol and.

Not this slew of different ages.

So that's also a critical.

Revision that we need to do the next slide.

OK.

That's the end of my presentation.

I just want to emphasize that when we develop this, it really was very, very critical.

Has become a standard tool for our paramedics that reduces drug medication calculation errors.

It's a patient safety issue and with this development, this is actually.

R1 Room 140 1:08:06

It.

RT **Richard Tadeo** 1:08:08

Free to download on mobile tablet, the paramedics have this on their table. They have it on their iPads and it's also tied in with another. Mobile application that we have, which is the rapid LA which gives them all the protocols that they need to do. So we're moving from a paper based system. In getting rid of clipboards of reference materials for this drug caller mobile application it. There there were 28 pages of drug calculations that they need to refer to. And with this application it streams like the process. We also conducted interviews on on the utilization of this by paramedics and by and large, your comment is that it reduces anxiety treating particularly for kids who are having seizures, kids who are. Having severe pain, so this is really in summary the product. And the revisions that we need to do. And happy to entertain any questions.

R1 **Room 140** 1:09:16

Questions from board offices. I was curious as to how accessible is the app because it's an app and you said that it's available.

RT **Richard Tadeo** 1:09:29

Is it available outside the county as well too? Or it is and that's primarily the reason for the disclaimer. The disclaimer basically says that this is applicable to LA County Pre hospital treatment guidelines and medical dosing. The other counties have different formulary and I think one of the big things that we were able to agree upon with the medical directors of the different fire departments and ambulance company is that we have to standardize the drug formula so that this could be applicable. So they have to stock a specific milligram per milliliter on those medications in order. For this to work and we verify that by our routine audits with the fire departments bringing in their units for inventory to make sure that that's the formula that's in place, yes, it is available. Other systems have looked at it. And hopefully you know, they will adopt it because I think it's really best practice.

R1 Room 140 1:10:30

Our office wanted to support this. You know this program we were the first in the country to use mobile app and when emergencies happen, there's so many behind the scenes that occur.

During proving you know patient safety, especially with those with.

Question do you have a sense of how many people actually downloaded the app, or how often it's used?

How many users it has? Yeah.

RT Richard Tadeo 1:11:09

The It's downloaded widely with our paramedics and we have over.

2000 utilizations per month on this app.

So that's quite a bit in terms of reference and it's also very useful for training so.

Our educators, our paramedic educators and nurse educators use this widely.

It's even applicable in the emergency department because our paramedic base hospitals that provide directions to paramedics use this to verify the doses that paramedics are giving to the patients.

R1 Room 140 1:11:50

So so you don't have a sense of how many people are using it.

RT Richard Tadeo 1:11:55

Oh I I can.

I don't have that at the top of my head, but we certainly can download that, yes.

R1 Room 140 1:12:00

Thank you.

That would be great.

Well, they have the the backup paper instructions just in case.

Technology goes down and they can't access the app.

RT Richard Tadeo 1:12:21

Oh yeah, the app actually resides on their phone.

And even without any.

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Connectivity, the last download that they have, it would remain in there.

Doses don't change that often, so they're still able to access that in and and they are required to have a backup in terms of their the charts that are provided to them.

The charts are also available online.

But again, that's cumbersome to access.

Accessing them through those charts, which is very static.

R1 Room 140 1:13:13

Any public comment on this item?

On to presentation item 2B2's motion.

I've been seeing notes that the sound is fake.

OK.

What should I do?

The volume level of the microphone.

So I think we just have to speak very loudly.

So the folks at home can pick it up, OK.

They're a microphone.

Maybe I can look right here.

Oh, OK.

Korea Gomez with the 2nd district.

I'm gonna be presenting our motion on rematching. The distribution of opioid settlement funds.

Take it out.

So a quick overview back in 2023.

Major opioid manufacturers and distributors agreed to a \$26 billion dollar nationwide settlement.

And California will be receiving about 2.05 billion of that over the next 8.

County in August of 2020.

Bill was given delegated authority and implementation oversight.

Changed public health overseas and daily.

Tracking and required.

Settlement funds represented moment for communities to abate, the harms that were caused through the opioid crisis. With proposed federal Type 2 drug prevention and treatment funding challenges due to evidence or challenges to evidence based harm reduction, the team was really intentional with hearing from wanting to hear

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from.

Experts and community members about how they envision these funds be utilized in the community.

So what we've been doing for the past few months is meeting with stakeholders, attending webinars, hearing from folks about what they would want and common themes we heard was having a transparent.

Based on public health approach, I'm noting that there's been a lot of progress with that work already in reducing overdose deaths through prevention and harm reduction.

In addition, we looked beyond LA County. We met with John Hopkins School of Public Health, who has set, who had experts come together and said guiding principles about how they envision local jurisdictions utilizing opioid settlement funds.

One of them being spending money to save lives. Use it.

Using data to guide investments.

Investing in youth prevention, advancing racial equity, knowing that communities of color are disproportionately affected by the opioid crisis, and ensuring a transparent decision making to inform policy recommendations.

Examples of two communities that adopted these.

Guidelines are Rock County and Wisconsin and Jefferson County in Tennessee. Next slide.

With all this feedback and research and discussions with folks in aligning with national best practices, our team created this motion.

It will be coming to the board on February 3rd.

We intentionally wanted it to be heard at this cluster 'cause. We wanted to make sure there's ample time for discussion and feedback from folks, but this motion ultimately calls for more collaborative public health. Expert LED approach to settlement funding. We have 5 directives, so them summarize.

Would first be having public health sabse elita stakeholder process with livid county departments and community members to set funding priorities that will be submitted to the CEO, would ask the CEO to prioritize these recommendations.

Also have CEO identify if there's any additional staff who needs public health needs to fulfill this process.

Also, would direct CEO and DPH to identify any allocated unallocated funds?

And then meet, you know, no less than quarterly.

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And then our last directive is more accountability directive asking for a 90 day report back on this progress and after year one evaluating.

Evaluation of the stakeholder process.

And to give thanks to the folks that we met with these past few months, public health and CEO also.

Worked with us.

They gave feedback on our directives and they're both here. Doctor, Sai and Erica from CEO are here to answer any questions you might have.

I had a question on Directive 4.

Is directed CEO to prioritize and implement recommendations generated through the stakeholder process. Submission to the board for approval.

Recommendations with CEO be implementing prior to board.

So everything that we would forward buyers the board to be in alignment with the right, the delegated authority doesn't allow us to act independently, but we have the authority to be able to circulate a memo with notice that says this is what we intend to do. So I.

Think the intention here is that there would be a memo, drafted, circulated, that would outline the recommendations.

And then assuming that there are no issues would be able to move forward with the implementation and funding.

Budgetarily for departments to be able to implement the spending plan.

The directive also says, like prioritize.

So essentially CEO would be taking recommendations, but then?

Modify like allocations is that.

That's correct. I think this is a process that's in line with all of the advisory bodies in the county.

So I think about Measure B Advisory Board.

I think about cfc, the idea being that there are recommendations that are developed at the stakeholder level with community involvement, etc.

But the idea being that the CEO is the recommending body on the budget makes the recommendations that actually move forward for the board's consideration.

And so this is not.

Outside of the scope of how we typically.

Handle advisory body LED recommendations.

I did emphasize it is advisory body led and with the input of the experts, so that's.

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I want to note something that I forgot to mention. John Hopkins couldn't be here today, so they did submit a written public comment, so I don't.

Do you have another question?

That relates to the additional staffing needs within DPH. Do we have a sense what that looks like and would that also be funded through the DP through the open?

It's a.

Yeah, I can speak on that. I think we're still assessing.

G grace 1:20:29

What would be a tail?

R1 Room 140 1:20:30

What would be entail?

Terms of the future stakeholder process is somebody in the room with a laptop open.

G grace 1:20:35

In terms of the future state.

R1 Room 140 1:20:40

Have their microphone turned on.

Think that's why there's the reverb.

We're still assessing that in terms of whether it be funding. You know, I think we could work with CEO on.

There are admin components to it. I know that they're relatively nominal in terms of opioid settlement, if not.

Confident that Sapsi would be able to figure something out.

Any public comment on this item?

Me. I wasn't sure if there was, sorry.

Yeah. My name is Soma, executive director of the Sidewalk Project and also a survivor of the 1st and 2nd wave of the opiate crisis.

I support the 2nd district's motion to reimagine the distribution of opiate settlement funds, or OSF, LA County, and thank Supervisor Mitchell for championing good stewardship of these funds.

How we allocate these dollars really matters. Los Angeles County has made

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measurable progress as a direct result of public health driven evidence based investments in prevention, harm reduction and treatment.

This motion builds on that progress.

In 2024, LA County had a 22% decrease in OD deaths, thanks to OSF funds for evidence based community LED harm reduction.

Meanwhile, OD deaths.

In the jails have increased by 28% despite receiving 8.2 million in opiate settlement funds for medically assisted treatment.

Correctional Health is admitted allocating some of those funds for other things other than creating an adequate mat in the jails.

And there is a resulting 800 person waiting list for medically assisted treatment in the jails.

This is an ADA violation and directly drives overdose overdose mortality.

I support the alignment with nationally recognized guidance from the John Hopkins Bloomberg School of Public Health emphasizes evidence based decision making investment in prevention, centering racial equity, and ensuring a fair and transparent process.

I support the county transition to a collaborative, transparent and accountable process for the development of spending plans and convene stakeholders to inform funny priorities. Decisions about substance use funding should be driven by evidence and expertise.

And this motion does ensure that.

Thank you for supporting.

Commissioner Boardman, from the Commission on alcohol and other drugs.

Thank you to Supervisor Mitchell for bringing this forward.

Very well put, Selma. Thank you.

We are in support of this particular motion.

I would like to see the Commission on alcohol and other drugs better involved in some of the processing the opioid settlement dollars.

Where there is some level of accountability from that particular committee.

Maybe some online?

 **Tonya McKenzie** 1:24:06

Commissioner Tanya McKenzie from LA County Commission, alcohol and other drugs, and I am so glad that.

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Supervisor Mitchell brought this forward and I think this is very important opportunity for us to allocate opioid settlement funds in Los Angeles County. This is this is a pretty big deal.

R1 Room 140 1:24:27

Great.

TM Tonya McKenzie 1:24:28

We know that this crisis has touched every corner of our communities and how we invest these dollars will shape lives like this. Is this is a big deal. This motion honors the progress I think we've made through the public health investments in prevention treatment.

RR Rediet Retta 1:24:39

Thank you.

TM Tonya McKenzie 1:24:44

And harm reduction and it takes that kind of work even further. So I think this is an opportunity to just take it next level. I especially appreciate the commitment to collaboration and transparency. This is a smart strategic step forward.

RR Rediet Retta 1:24:53

I.

TM Tonya McKenzie 1:25:00

And I just, you know, we support it. Want to be involved as much as possible and look forward to being able to participate in the process.

R1 Room 140 1:25:09

Baby.

From Elam.

BW Beth Wiese (she/they) 1:25:19

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Hello, Beth.

We see.

I am the founder of transformative harm Reduction Research Institute of the Voices, A called Thrive, a community driven Research Institute that supports harm reduction organizations around the county to save lives.

And I want to thank Supervisor Mitchell for bringing this forward.

And I support a more transparent and.

Harm reduction.

Invested approach to these opioid settlement funds as they are funds that are designated for people who are dealing with chaotic opioid dependency. And I appreciate the acknowledgement of systems alignment because 2022 and there was a still a rise in the county of LA, but if you.

Look at Skid Row.

Where harm reduction organizations were opened that year?

Overdose fatalities in the ZIP codes of Skid Row not only went down.

But also transportations and Ed visits also went down and that is directly because of harm reduction organizations being present in that area, such as homeless health care and the sidewalk project specifically.

And we're also seeing now that through thrive, we're partnering with EMS to do respiratory monitoring on people who are experiencing an overdose.

And it has not only created a streamlined, better communication.

And collaboration among overdose response teams and EMS when responding, this is providing an opportunity to rethink how we support post overdose experiences and where peers can be involved in being able to work with an individual and listen to an individual and sit with an individual. And I would.

R1 Room 140 1:26:51

Hey.

BW Beth Wiese (she/they) 1:27:10

Highly encourage you all to ensure that these funds.

Continue to support overdose response and post overdose care.

RR Rediet Retta 1:27:16

Spin off the Internet, really.

BW **Beth Wiese (she/they)** 1:27:19

In recovery, sobering centers as opposed to the emergency room.

R1 **Room 140** 1:27:25

You for your public comment.

BW **Beth Wiese (she/they)** 1:27:27

To allow for.

RR **Rediet Retta** 1:27:27

Hey Cortana.

BW **Beth Wiese (she/they)** 1:27:30

Reduced burnout on EMS as well as reduced burnout. OK.

R1 **Room 140** 1:27:30

Thank you for your public comment.

You've reached your time.

BW **Beth Wiese (she/they)** 1:27:34

Thank you. Sorry.

R1 **Room 140** 1:27:35

Thank you.

Elam. I see you have your hand up.

Would you like to provide public comment?

EJ **Elham Jalayer** 1:27:45

Is that me?

Is that?

R1 **Room 140** 1:27:49

Please go ahead.

AL Amy Lieberman 1:27:50

That's you, Ellie.

EJ Elham Jalayer 1:27:51

OK.

Yeah. Sorry, can't. I couldn't hear.

Elham Julier, a community health program manager at Buena Star Human Services that has been providing harm reduction services since 1997.

We support the 2nd district's motion to reimagine the distribution of opioid settlement funds in Los Angeles County.

How we allocate these funds truly matters. Los Angeles County's recent progress in reducing overdose deaths is a result of evidence based public health.

Health investments, particularly in harm reduction, overdose response and treatment access after years of increases, 2024 marked the most significant decline in overdose deaths in the county's history, driven largely by reductions in fentanyl involved deaths.

These outcomes reflect the impact of harm reduction strategies such as naloxone, distribution, outreach and low barrier services that.

Harm reduction services provide many of.

Of which have produced measurable results despite minimal funding for the for this reason, opioid settlement funds should be directed towards proven public health. Interventions, not law enforcement or correctional systems.

These dollars were intended to address a public health crisis, and the evidence shows that harm reduction saves lives.

This motion builds on what is already working aligned with a national public health guidance and includes accountability measures that matter.

I urge the county to continue investing these funds in evidence based harm reduction practices that have proven effective.

Thank you.

R1 Room 140 1:29:35

Lieberman, would you like to go next?

AL Amy Lieberman 1:29:38

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Sure. Hi, my name is Amy Lieberman.

I am the deputy director of the harm Reduction legal project at the Network for public health law.

I'm a public health attorney.

That focuses on providing legal information to harm reduction organizations, and I work across the country but very heavily with the California harm reduction programs.

I like I echo the thoughts of my colleagues who have spoken so far, and who will be speaking again.

In the future I support the 2nd district's motion.

For reimagining this distribution of opioid settlement funds in LA County.

I'd like to echo that this is a public health.

Issue that deserves public health responses and that if we are looking at evidence based uses of this funding of this money that is supposed to be repairing the communities that these pharmaceutical companies destroy.

Destroyed.

There is no evidence that increased criminalization or stigmatization, increased law enforcement involvement or increased incarceration saves lives or does anything to increase the quality or length of a person who uses drugs lives. Whereas there is much evidence that public health interventions, such as what we've been doing and.

What we've been seeing working here in Los Angeles County do.

And I just want to encourage the county to transition to this process.

The best way to know what people who use drugs need is to ask people who use drugs and that the this collaborative process needs to involve people who are actively using drugs, people who are in recovery, people who live in these spheres and not just.

The people that think that they know what people who use drugs need.

And I'll just let everyone else will say something wonderful as well.

So I'm done. Thanks.

SD Spider Davila 1:31:53

Sorry about that.

Hi, I'm spider davila.

I'm with Community health project LA and I wanted to thank Supervisor Mitchell for bringing this forward and their office for their support of harm reduction and their

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engagement in the use of funds.

I also wanted to thank Sapsi for their help in the development of this motion.

But I'm a director at CHPLA, but I want to speak a little personally here. As someone who's experienced opioid

Use disorder and serves people affected by opioid use an overdose every day.

It is pain me to see our money misspent used carcerally and used in any way that doesn't benefit those who have been affected by the opiate by opioid use and overdose.

And I say our money because it's owed to those of us who have suffered and those that continue to suffer under these epidemics. We've lost friends and family and continue to lose people we love and should have say over how those funds are spent. There needs to be.

Oversight and accountability.

Which this motion seems to offer, and I'll let my friends and colleagues continue to speak to the specificities.

But I just wanted to focus on gratitude and thanks for bringing this forward.

R1 Room 140 1:33:06

Oscar, would you like to provide color comment?

Are you there?

EJ Elham Jalayer 1:33:15

Oscar.

OA Oscar A. 1:33:19

Hello everyone. My name is Oscar Adiano.

I support the 2nd District motion on opioid funds from a nonprofit leadership perspective.

How these funds are governed directly offers weather prevention, treatment and harm reduction services remain stable and accessible in our communities. This is a public health issue and the progress we've seen has come from evidence based approaches that meet people where they are.

I also want to emphasize the importance of ongoing support for individuals who are not eligible for Medicaid, including many communities that experience the greatest barriers to care so they can continue to access services supported through the opioid

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settlement framework. I supported transparent, polyhealth led and collaborative process to.

Guide these decisions and I look forward to engaging as the process moves forward. Thank you.

R1 Room 140 1:34:07

Ana, would you like to?

Are you there?

Thanks, grace. But just before I call the call.

AL Amy Lieberman 1:34:42

Yeah, Viana and grace.

I think you were called on.

VR Viana R. 1:34:46

OK, sorry I couldn't hear.

Hi my name is Viana.

I work for the sidewalk project. I'm also survivor of opiate use disorder and I'm here today on behalf of the loved ones I've lost to overdose over the years.

And the community's still living at that lot.

+14***99 1:35:00**

Hello.

SD Spider Davila 1:35:01

If you're not speaking.

VR Viana R. 1:35:04

Because of both my lived experience and my work, I care deeply what actually saves lives.

And I'm here to support the 2nd District motion to reimagine how Los Angeles County allocates over 8 sediment use funds.

And again, the very last place these funds should be used is on carceral or punitive approaches.

And no single intervention can solve this crisis.

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So I strongly support the county transitioning to a collaborative expert informed process for developing opioid sediment study plans.

And I urge the board to support this motion and continue choosing policies that save lives. Thank you.

R1 Room 140 1:35:40

Grace, would you like to provide public comment next?

G grace 1:35:44

Yes, thank you.

I just want to start off by saying.

Extremely appreciative of being here today and I would think.

Supervisor Mitchell for bringing this motion forward.

I am someone who has experienced cataclysmic use disorder and have been working in harm reduction for five years.

Working on the front lines has allowed me to see the direct impact funding has on our participants, both positive and negative. We have an opportunity here to increase accountability with these funds that are that were created to repair decades of harm.

And still cause harm.

Today I fully support this motion and I'm proud of my constituents for being here advocating and I'm proud of the board for putting this forward and what everybody has said here today in support of it.

R1 Room 140 1:36:34

Jean Shimatsu, would you like to provide public comment next?

J Jeanne Shimatsu, AADAP, Inc. 1:36:40

Yes. Hi, Jini Shumatsu with Adap.

I'll keep this short because I think all of my predecessors were eloquent and what they shared.

I echo that on behalf of the Asian American Drug Abuse program.

I strongly support the 2nd district's motion to reimagine the distribution of opioid settlement funds in Los Angeles County.

I have full faith in the Department of Public Health SAPC.

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They've done an excellent job coordinating.

Agencies who know who have staff that know what it's like, boots on ground our agency.

As well as other partner agencies have personally witnessed and conducted life saving measures reversing.

Opioid overdoses, we have found the preventative measures of education distribution of supplies such as, of course, naloxone.

But test strips fentanyl test strips is not, and other steps that have been.

Forward thinking and helping people pull their life together to give them more chances when they're ready at the point of where there will, where, where they are in their life and with compassion and with respect.

So this funding is incredibly valuable.

In saving more lives, and I think we, we've expressed that the work that has been done is phenomenal and we don't wanna go backwards, but we wanna move this forward to truly.

To truly change our landscape and help the people that we serve.

So I'll leave it at that, but thank you.

R1

Room 140 1:38:32

Thank you all for taking the time to provide helpful comments.

Then move on to presentation item manager.

We've got a written comment from Johns Hopkins.

Would you like me to try and read as much as I can into the chat box?

I will send.

I'll put it in the chat, yeah.

And then I shouldn't read it then.

More along so you can put in the chat box so folks can see it.

It will be part of the official meeting.

Record item goes to the full board.

OK.

Thank you.

Thank you.

I think you all we'll move on to presentation item 3A from DPW and DHS on the LA General Medical Center 800 Pharmacy.

Thank you.

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Good afternoon.

I'm appreciate Admiral with public works.

I'm presenting.

USB 100 pharmacy upgrade project.

November 13, 2020.

Approved this project project budget and related appropriation adjustments. In addition to authorizing to deliver the project use.

Since then?

Approval the project has experienced some delays due to licensing.

And some cost impacts, but just changes to the USB requirements following COVID-19, resulting in redesign and subsequent project cost increase.

Public works is seeking approval from the board for the revised project budget and related approval and adjustments.

The proposed scope of work would include remodeling the existing areas of penalty and outpatient pharmacy.

The new requirements for USP 800 as well as incorporating accessibility to meet American with Disabilities Act and Department of Health care Access and information requirements.

Total budget of the project after the increase would be 3,626,000.

People answering.

Yeah, just really quickly.

So I know that some of the increase in cost is due to to initial kind of timeline of when this project was.

And then lays happen and now what?

Is the regional project actually included this upgrade for three separate campuses?

LA General was one of them.

The there's only one trailer that can be used, so we would have to take turns to use that trailer for each campus.

So a portion of the delay was related to that and it was also difficult for difficulties trying to.

Relicense it from 1 campus to the other campus.

That was one of the problems with the current schedule. If soon as we go to the board.

We plan on starting the construction and we're hoping to complete like within.

Supported the project.

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So just noticing the more than doubling of the price and just trying to understand.

My expenses aren't due to.

I know it's a delay, but can you say a little bit more?

Sure, there's some changes in in the code requirements, so from five years ago we had to go through another plan review. So we had to prepare new set of plans and go through another permitting process.

So a portion of it was related to that, again due to code change some scope change.

So we added to the scope a little bit.

In addition, there's escalation for the construction cost. It's usually about 5% per year.

You account all of that. It kind of adds to the cost.

Thanks.

So this has the trailer you said had to be relicensed every time it could have moved and added to the cost.

Did we not anticipate that these trailers had to be relicensed every time we do that, we made issues with the licensing. OK.

There were some humidity issues and some unforeseen that we did not anticipate.

Then, are we anticipating any other delays?

Aunt.

No, we are currently in plan.

Check with Edgeco and we're hoping and as soon as we get board approval, we should be able to start.

Are we relocated to trailer?

It's sitting at La general.

Working on the licensing process with that, with the. Then I know that this is the additional is being funded through health services enterprise.

Well, with that, anything else, I'm gonna let DHS answer that question. Steve Scott.

ss **Stephen Scott** 1:43:44

Yeah, sure, this is.

This is funny.

Through DHS enterprise funding, yes.

R1 **Room 140** 1:43:52

So the two mill that's gonna be pulled out of that fund was that bookmark for anything else?

ss **Stephen Scott** 1:43:58

No.

R1 **Room 140** 1:44:06

Question. So just for confirmation, are we in compliance with USP 800 for our other hospitals or the pharmacies?

Can check Steve, do you happen to know of the other two?

ss **Stephen Scott** 1:44:17

Yes, yes, yes.

LA General is the last hospital that requires this project, and we're under construction as, as you know, with the replacement hospital for Harvey, UCLA. So once the the new hospitals complete, it will be fully USPA 100 compliant.

R1 **Room 140** 1:44:35

Thank you.

One last this health services enterprise fund.

What's the balance in there?

ss **Stephen Scott** 1:44:42

I don't have that with me, but I think that question was asked at the last board meeting and the answer was provided.

I can.

I can try to get finance to give you an update on that.

R1 **Room 140** 1:44:56

The fiscal outlook that was provided in September projections haven't changed since then.

I can send it to you if you'd like.

Friends from board offices.

On this item.

You don't have any items from previous meeting or any emergency urgency items.

We'll move on to item six public comment.

Quick reminder that general public comment is limited to two minutes.

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Each general public comment on today's agenda.

Any public comment on this item?

Hey, Dan, today's meeting.

Kieu-Anh King stopped transcription