

MOTION BY SUPERVISOR HOLLY J. MITCHELL

April 14, 2006

Creating Public-Facing Safety Net Dashboards to Track the Impact of H.R.1 and Other Health Policy Changes

The County of Los Angeles (County) is home to the nation’s second-largest county health care system, the Department of Health Services (DHS), and the largest county mental health department, the Department of Mental Health (DMH). The County’s Department of Public Social Services (DPSS) manages the largest Medi-Cal enrollment in the State of California, and the Department of Public Health (DPH) is one of the largest public health departments in the nation.

DHS serves approximately 500,000 patients annually, regardless of insurance, income, or immigration status through a network of state-of-the-art treatment and research facilities, including Harbor-UCLA Medical Center, Los Angeles General Medical Center, Olive View-UCLA Medical Center, Rancho Los Amigos Rehabilitation Center, and the Ambulatory Care Network (ACN). The ACN operates 24 clinics across the County, including major centers such as the Martin Luther King Jr. Outpatient Center, the High Desert Regional Health Center, El Monte Comprehensive Health Center, and the San Fernando Health Center. The ACN is committed to providing world-class, compassionate health care that is safe and accessible to all patients, regardless of ability to pay.

Although DPH is not primarily responsible for providing direct healthcare services,

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it plays a crucial safety-net role in delivering immunizations and in testing and treatment related to tuberculosis and sexually transmitted infections. DPH comprises 39 programs and multiple public health centers located throughout the County, serving its ten million residents.

DPSS administers Medi-Cal and additional essential safety net programs to millions of County residents, including CalFresh, CalWORKs, General Relief, the Cash Assistance Program for Immigrants, the Refugee Program, and In-Home Supportive Services.

H.R. 1 will result in significant reductions to critical health care and safety net funding across County health and social services departments, affecting thousands of current beneficiaries and destabilizing safety net hospitals. DHS anticipates a \$280 million loss in fiscal year 2025-26, and projects an annual deficit of approximately \$1.85 billion by fiscal year 2028-29, driven largely by Medicaid cuts. H.R. 1 is projected to result in approximately \$750 million per year in lost DHS revenue.

DPH projects a \$200 million to \$300 million reduction in federal and state funding. The department is forecasting a minimum \$24 million deficit this fiscal year, requiring clinic closures, personnel reassignments, and potential layoffs. Future deficits are expected to worsen as federal revenues decline.

Since the signing of H.R. 1, from July 2025 to February 2026, more than 200,000 County residents have lost full-scope Medi-Cal coverage. CalFresh has experienced similar declines, with over 100,000 individuals losing food assistance. These losses reflect the compounding effects of federal policy changes under H.R. 1, the expiration of COVID-era continuous coverage protections, and heightened fears regarding public charge rules.

In the face of threatened service reductions, lay-offs, and closures, it is critical that the public has timely and reliable access to information regarding impacts to the County's health and social services safety net. DPSS currently maintains a public-facing dashboard with monthly summary-level caseload data; however, additional data and analysis are necessary to understand the full scope of H.R. 1's impact. Early indicators point to disproportionate enrollment losses in certain geographic areas. Enhanced transparency

regarding enrollment trends, disenrollment patterns, and geographic disparities is essential to ensure the County can target interventions effectively and maintain equitable access to safety net services for vulnerable populations.

The Chief Executive Office's Chief Data Officer oversees the County's Information Hub, a cross-departmental data platform designed to advance a person-centered, 360-degree view of client services and improve care coordination and outcomes. Integrating public-facing safety net dashboards into a unified portal would provide the County with a centralized data-sharing system that is accessible and straightforward for policymakers, advocates, and County residents to navigate.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Director of the Department of Health Services (DHS), within 60 days, to add to its public-facing website, a dashboard that is updated monthly (or as it becomes available) and includes:
 - a. To the extent available, workload data from all County DHS facilities (each hospital and ambulatory care network site), including but not limited to visit volumes; wait times to be seen once patients arrive; wait times to receive specialty care appointments once requested; wait times for specialty care services once prescribed; and other quality and utilization metrics.
 - b. Visit volume broken down by specialty type.
 - c. Visit volume broken down by in-person and telephonic and/or virtual visits.
 - d. To the extent available, quality of care data, including compliance with federal and State standards, quality metrics, and patient experience scores.
2. Direct the Director of the Department of Public Health (DPH), within 60 days, to add to its public-facing website a dashboard that is updated monthly and includes clinic workload volumes, as well as patient cycle times and wait times, by service type and by clinic site.
3. Direct the Director of the Department of Mental Health (DMH), within 60 days, to add to its public-facing website a dashboard that is updated monthly and includes:
 - a. Workload data from DMH directly operated clinic-sites and outpatient programs (including Psychiatric Urgent Care Centers and Crisis Residential Treatment

- Programs), including client volumes; wait times for initial assessments and follow up appointments; and other service utilization metrics.
- b. Visit volume broken down by program, service type, and clinic-site (outpatient services, crisis services, specialty clinics), and by in-person versus telephonic and/or virtual encounters.
 - c. Data regarding access to care, including the average number of days from referral to first appointment across DMH directly operated programs.
4. Direct the Director of the Department of Public Social Services (DPSS), within 60 days, to add to its public-facing dashboard monthly updates that enable straightforward comparison of the following metrics across Supervisorial Districts, Service Planning Areas, office locations, and administered programs (CalFresh, Medi-Cal, CalWORKs, General Relief, Cash Assistance Program for Immigrants, Refugee Program, and In-Home Supportive Services) to the extent the data exists and is available:
- a. Application processing times in accordance with State reporting standards.
 - b. Caseload volumes.
 - c. Enrollment and disenrollment trends, with month-by-month comparisons.
 - d. To the extent available, program reach index rates (defined as the estimated percentage of eligible residents enrolled in each program).
 - e. Application approval and denial rates, including the top three reasons for denials.
5. Direct the Directors of DHS, DPH, DMH, and DPSS to ensure that each dashboard, directed in items 1 through 4, includes historical data beginning no later than January 1, 2025, so that policymakers and the public may assess pre-existing trends and attribute changes to specific policy events, including the implementation of H.R. 1.
6. Direct the Chief Executive Office's Chief Data Officer, in coordination with the Directors of DHS, DPH, DMH, and DPSS, to, within 90 days, report back in writing to the Board on the feasibility of integrating the dashboards described in directives 1 through 4 above into a unified, public-facing portal through the County's

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Information Hub, and to provide findings and a proposed implementation timeline.

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