



Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

DATE: January 7, 2026

TIME: 11:30 a.m. – 1:30 p.m.

MEETING CHAIR: Jazmine Garcia-Delgadillo, 1ST Supervisorial District

CEO MEETING FACILITATOR: Kieu-Anh King

THIS MEETING IS HELD UNDER THE GUIDELINES OF BOARD POLICY 3.055

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012
Room 140

To participate in the meeting virtually, please call teleconference number:

1 (323) 776-6996 and enter the following: 330 628 704# or [Click here to join the meeting](#)

For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to ClusterAccommodationRequest@bos.lacounty.gov

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

11:45 AM CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

(Subdivision d(1) of Government Code Section 54956.9)

Estate of Amanda Bews, et al. v. County of Los Angeles, et al.

Los Angeles Superior Court Case No. 24CMCV00666

United States District Court Case No. 2:23-cv-09775

Department: Health Services, Sheriff's Department

I. Call to order

II. **Board Motions:**

- a. **SD4:** Maintaining Patient Safety in the Community Through Los Angeles County Drug Doses Mobile Application
- b. **SD2:** Reimagining the Distribution of Opioid Settlement Funds in Los Angeles County

III. **Presentation Item:**

- a. **DPW/DHS:** Los Angeles General Medical Center USP 800 Pharmacy Upgrade Project (C.P. 87411). Speakers: Parisa Dadmehr, Interim Capital Projects Program Manager (Department of Public Works) and Stephen Scott, Director of Capital Projects (Department of Health Services)

IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting

V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda.

VI. Public Comment

VII. Adjournment

IF YOU WOULD LIKE TO EMAIL A COMMENT ON AN ITEM ON THE HEALTH AND MENTAL HEALTH SERVICES CLUSTER AGENDA, PLEASE USE THE FOLLOWING EMAIL AND INCLUDE THE AGENDA NUMBER YOU ARE COMMENTING ON:

HEALTH_AND_MENTAL_HEALTH_SERVICES@CEO.LACOUNTY.GOV

MOTION BY SUPERVISOR JANICE HAHN

AGN. NO.
January 13, 2026

Maintaining Patient Safety in the Community Through Los Angeles County Drug Doses Mobile Application

Out in the community, paramedics are tasked with providing immediate and emergency care to millions of Angelenos every day. In many of these situations, paramedics need to provide accurate dosing of numerous types of medications to adults, children, and infants. In 2016, Los Angeles County (County) became the first in the country to utilize the Drug Doses mobile application to serve as an immediate reference to the County's Emergency Medical Services (EMS) medication formulary. The LA County EMS standardized formulary reduces medication errors, particularly for pediatric patients, and increases paramedic confidence in medication dosing. The application has become an integral part of the workflow for EMS clinicians throughout the County and is referenced more than 2,000 times every month to guide accurate medication dosing.

Prior to this application, paramedics relied on static reference charts and needed to perform calculations, which lead to dosing errors. The LA County Drug Dose application is a comprehensive resource for medication dosing for all patient and provides the exact volume of medication to administer specific to the patient's age, which enhances safety and improves patient care. Since implementation of the application, the LA County formulation has expanded in response to updates in evidence-based field care, dosing

MOTION

MITCHELL

HORVATH

HAHN

BARGER

SOLIS

variations by route, and by indication have increased the complexity of dosing medications.

These enhancements will ensure this application, which EMS clinicians in LA County have come to rely on, is optimized to support them to provide the best patient care; it will ensure paramedics have clear and accurate information to dose medications per the LA County formulary for the specific patient, indication and route. Further, the recent release of the RAPID LA County Medic application integrates the Drug Doses Application information directly into the EMS treatment protocols for a seamless interaction, bringing all the necessary information to guide field care into one resource. These updates will enhance the safety and accuracy of medication dosing and offload tasks to allow paramedics to focus more on direct patient interaction.

Given the emergency conditions that paramedics manage in the often-chaotic field environment, they need real-time support tools that are quick to access and provide clear guidance. With the current health climate and the threats to our already impacted and overwhelmed first responder and emergency room systems, providing our front-line lifesavers with the necessary tools is paramount.

I, THEREFORE, MOVE that the Board of Supervisors direct \$75,950.00 of the Fourth District's Measure B monies to fund the Drug Doses Mobile Application upgrades and necessary equipment.

#

JH:el



Los Angeles County

**Drug Doses Mobile
Application**

11:51

5G 77



App Store



Zoom



Teams



SiriusXM



Pandora



Music



Remote



TV



Netflix



Tesla



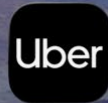
My Spectrum



Spectrum TV



Authenticator



Uber



Weather



Venmo



Citi Mobile



Capital One



Wells Fargo



Wallet



RAPIDLACou...



Drug Doses



ReddiNet



FirstWatch

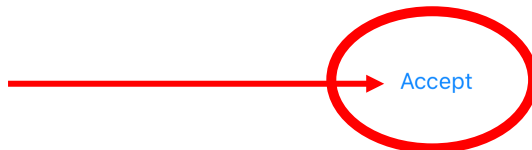
Q Search



Disclaimer

The drug dosage information on this **Drug Doses** mobile application has been compiled by the Los Angeles County Emergency Medical Services Agency (LAEMSA). It is intended for service providers only and not for patients. The information is entered by a number of people and, accordingly, its accuracy cannot be absolutely guaranteed. Information available on the app represent dosing of medications as per LAEMSA formulary and may not be applicable to other EMS agencies. It provides a quick and convenient access to information you have already learned or that is available elsewhere. This information is to be used as a guide only; health care professionals should always apply sound clinical judgment and individualized patient care. This information is not a replacement for training, experience, continuing medical education, or studying the latest LAEMSA treatment protocols and medical guidelines. Los Angeles County, LAEMSA, county employees, app contributors, and app developers make this information available without warranties of any kind, express or implied; they disclaim any liability, loss, or damage caused by the contents.

If you understand these cautions and conditions, and agree to be bound by them, press “Accept” to open the Drug Doses application.



Reject

11:52

5G 77

Drug Doses

Last Updated: 01-05-2026 11:52

Grey

< 3 months

3 - 5 kg

Pink

3 - 6 months

6 - 7 kg

Red

7 - 10 months

8 - 9 kg

Purple

11 - 18 months

10 - 11 kg

Yellow

19 - 35 months

12 - 14 kg

White

3 - 4 years

15 - 18 kg

Blue

5 - 6 years

19 - 22 kg

Orange

7 - 9 years

24 - 28 kg

Green

10 - 12 years

30 - 36 kg

Black

Adult



Color Code



Messages

11:53

5G 77

Drug Doses

Last Updated: 01-05-2026 11:53

Gr

Pink / 3 - 6 months

6 kg

7 kg

Re

Purple

11 - 18 months

10 - 11 kg

Yellow

19 - 35 months

12 - 14 kg

White

3 - 4 years

15 - 18 kg

Blue

5 - 6 years

19 - 22 kg

Orange

7 - 9 years

24 - 28 kg

Green

10 - 12 years

30 - 36 kg

Black

Adult



Color Code



Messages

11:54

5G 77

< Back

Drug Doses

Pink

7 kg

5 - 6 months

Normal Vital Signs

HR: 100 - 160

BP: > 70

Resp: 25 - 40

Cardioversion

7

14

14

(Joules)

Defibrillation

14

28

28

(Joules)

igel - Sizes

Adenosine

Albuterol (<4 years)

Albuterol MDI (<4 years)

Amiodarone

Atropine (Pediatric)

Calcium Chloride

Dextrose 10%

Diphenhydramine

DuoDote™ (Atropine/Pralidoxime Chloride)

Epinephrine (Push Dose) 10mcg/mL IV

Epinephrine 0.1 mg/mL IV

Epinephrine 1mg/mL IM

Epinephrine 1mg/mL NEB

Fentanyl IN

Color Code

Messages

3:44

5G 70

< Back

Drug Doses

Pink

7 kg

5 - 6 months

Normal Vital Signs

HR: 100 - 160

BP: > 70

Resp: 25 - 40

Cardioversion

7

14

14

(Joules)

Defibrillation

14

28

28

(Joules)

Epinephrine 0.1 mg/mL IV

Epinephrine 1mg/mL IM

Epinephrine 1mg/mL NEB

Fentanyl IN

Fentanyl IV/IM/IO

Glucagon

Hydroxocobalamin

Lidocaine 2% IO

Midazolam-PEDS-IM/IN-Sedation

Midazolam-PEDS-IM/IN-Seizure,0-11mo (weight-based)

Midazolam-PEDS-IV/IO-Sedation

Morphine Sulfate IV/IM/IO

Naloxone

Normal Saline

Sodium Bicarbonate IV

Color Code

Messages

11:57

5G

77

Back

Drug Doses

Pink	7 kg	5 - 6 months		
Normal Vital Signs		HR: 100 - 160		
BP: > 70	Resp: 25 - 40			
Cardioversion	7	14	14	(Joules)
Defibrillation	14	28	28	(Joules)

Epinephrine 0.1 mg/mL IV

Pink - 7 kg

Morphine Sulfate IV/IM/IO

Dose

0.7 mg

Volume

0.18 mL

Comments

Adult:
4mg (1mL) slow IV/IO/IM push
May repeat every 5min prn X 2
Max total dose prior to Base Contact 12mg

Naloxone

Normal Saline

Sodium Bicarbonate IV

Color Code

Messages

This eliminates calculations during high-stress prehospital incidents reduces drug calculation errors. The app provides the exact mL to be administered.

igel is an advanced airway management device that requires appropriate sizing based on weight.
Listed as a “medication” as a stop-gap measure

11:545G77

< Back

Drug Doses

Pink	7 kg	5 - 6 months
Normal Vital Signs	♥ HR: 100 - 160	
💧 BP: > 70	🫁 Resp: 25 - 40	
Cardioversion	7	14 14 (Joules)
Defibrillation	14	28 28 (Joules)

igel - Sizes

Adenosine

Albuterol (<4 years)

Albuterol MDI (<4 years)

Amiodarone

Atropine (Pediatric)

Calcium Chloride

Dextrose 10%

Diphenhydramine

DuoDote™ (Atropine/Pralidoxime Chloride)

Epinephrine (Push Dose) 10mcg/mL IV

Epinephrine 0.1 mg/mL IV

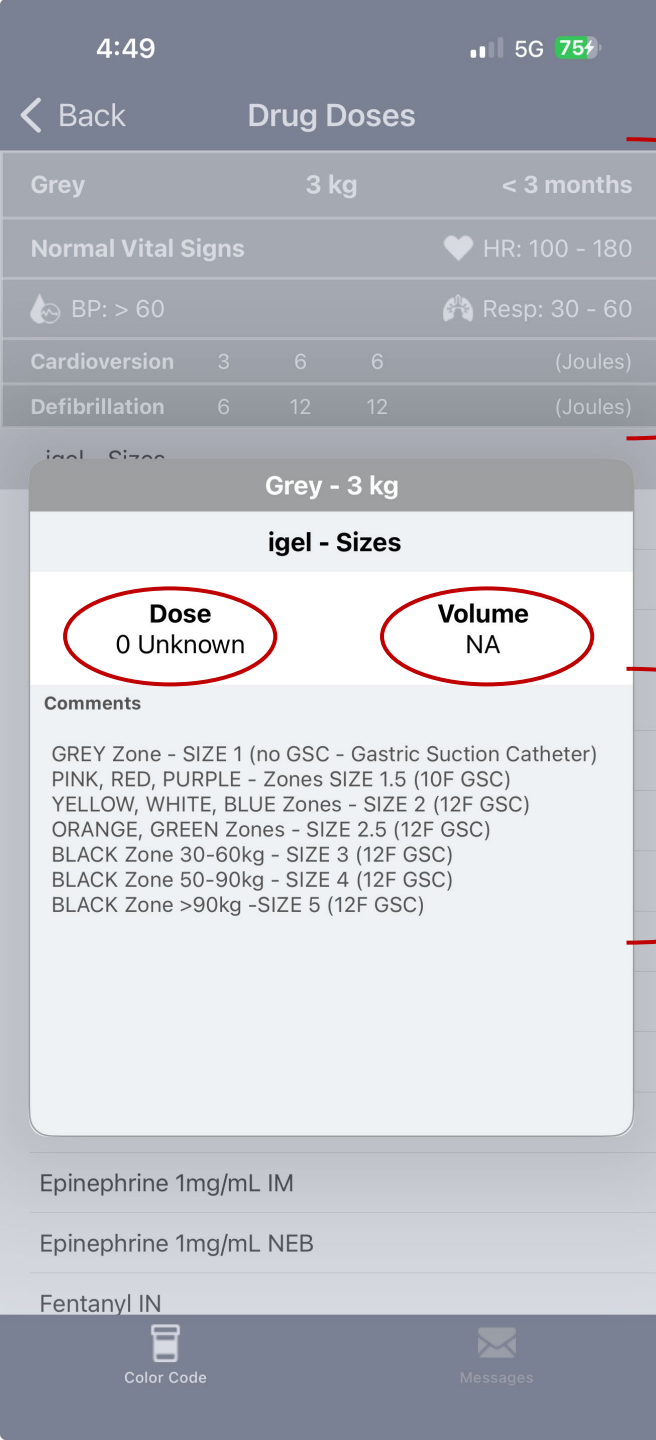
Epinephrine 1mg/mL IM

Epinephrine 1mg/mL NEB

Fentanyl IN

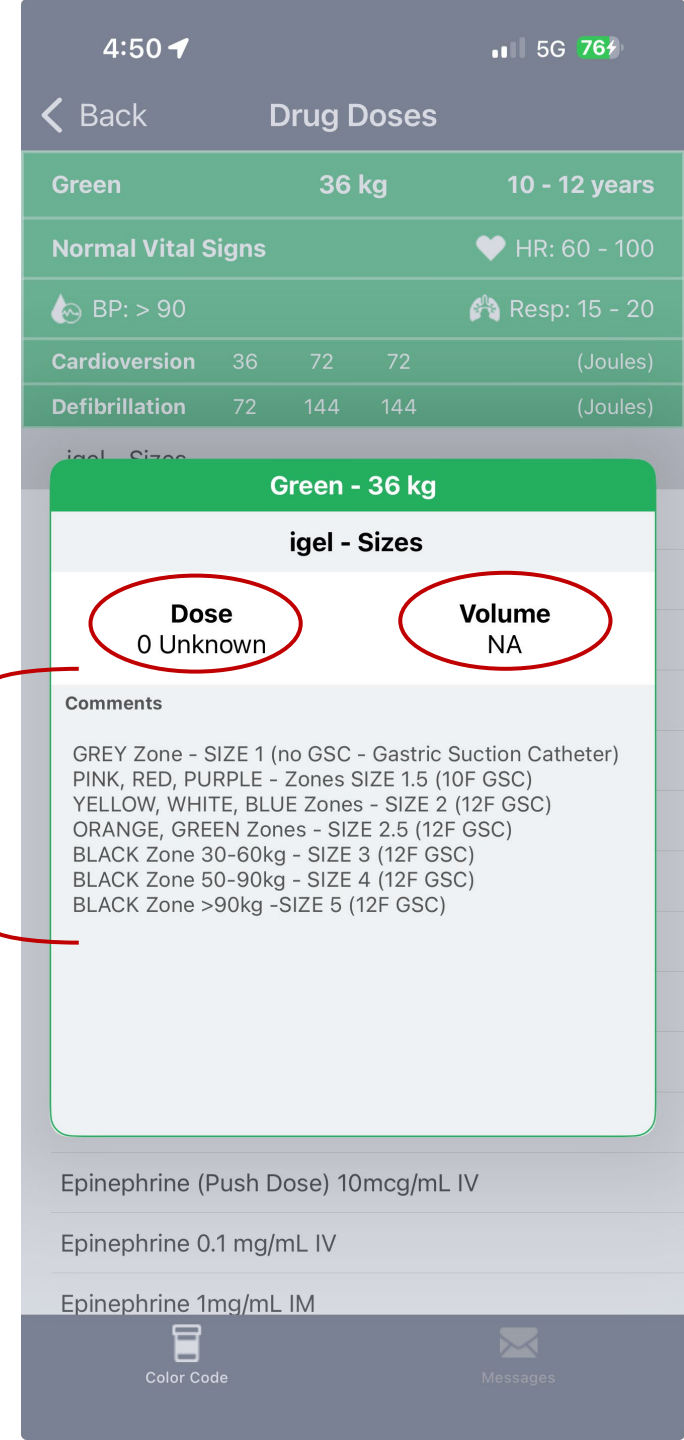
Color Code

Messages



Ideally, igel
should be listed
in the banner
but the banner is
hard coded and
cannot be
revised

igel is listed as a
medication as a
stop-gap
measure



3:35 5G 70

Back Drug Doses

Yellow	14 kg	19 - 35 months
Normal Vital Signs		HR: 90 - 140
BP: > 70	Resp: 20 - 30	
Cardioversion	14 28 28	(Joules)
Defibrillation	28 56 56	(Joules)

Finoprine 0.1 mg/kg IV

Yellow - 14 kg

Midazolam-PEDS-IM/IN-Seizure, 12mo-14yrs (age-based)

Dose	Volume
0 Unknown	NA

Comments

12-16mo = 1.25mg (0.25mL)
(Red if age unk)
17 mo - 5 yrs = 2.5mg (0.5mL)
(Purple, Yellow, White if age unk)
6-11 yrs = 5mg (1mL)
(Blue, Orange, Green if age unk)
≥12 yrs = 10mg (2mL)
(Longer than the length-based tape if age unk)

Repeat x1 in 2 min prn, up to 2 doses or 10mg prior to Base contact

Morphine Sulfate IV/IM/IO

Naloxone

Normal Saline

Color Code Messages

Not developed for
Age-Based Dosing
Stop-gap measure
is listing all the igel
sizes per color
zone in the
“Comment”
section

3:36 5G 70

Back Drug Doses

Blue	22 kg	5 - 6 years
Normal Vital Signs		HR: 70 - 120
BP: > 80	Resp: 15 - 30	
Cardioversion	22 44 44	(Joules)
Defibrillation	44 88 88	(Joules)

Blue - 22 kg

Midazolam-PEDS-IM/IN-Seizure, 12mo-14yrs (age-based)

Dose	Volume
0 Unknown	NA

Comments

12-16mo = 1.25mg (0.25mL)
(Red if age unk)
17 mo - 5 yrs = 2.5mg (0.5mL)
(Purple, Yellow, White if age unk)
6-11 yrs = 5mg (1mL)
(Blue, Orange, Green if age unk)
≥12 yrs = 10mg (2mL)
(Longer than the length-based tape if age unk)

Repeat x1 in 2 min prn, up to 2 doses or 10mg prior to Base contact

Naloxone

Normal Saline

Ondansetron ODT

Sodium Bicarbonate IV

Color Code Messages

3:53 5G 69

< Back Drug Doses

Pink	7 kg	5 - 6 months
Normal Vital Signs		♥ HR: 100 - 160
💧 BP: > 70	🫁 Resp: 25 - 40	
Cardioversion	7	14
Defibrillation	14	28

igel - Sizes

Adenosine
Albuterol (<4 years)
Albuterol MDI (<4 years)
Amiodarone
Atropine (Pediatric)
Calcium Chloride
Dextrose 10%
Diphenhydramine
DuoDote™ (Atropine/Pralidoxime Chloride)
Epinephrine (Push Dose) 10mcg/mL IV
Epinephrine 0.1 mg/mL IV
Epinephrine 1mg/mL IM
Epinephrine 1mg/mL NEB
Fentanyl IN

Color Code Messages

Although the App has a minimum age limit, it does not have a **maximum** age limit and medications will appear on all the color zones greater than the minimum age

3:37 5G 70

< Back Drug Doses

Black	Adult
Normal Vital Signs	
♥ HR: 60 - 100	
💧 BP: > 90	🫁 Resp: 12 - 20
Cardioversion	120 150 200
Defibrillation	200 200 200

igel - Sizes

Adenosine
Albuterol (<4 years)
Albuterol (=>4 years)
Albuterol MDI (<4 years)
Albuterol MDI (=> 4 years)
Amiodarone
Aspirin
Atropine (Adult)
Atropine (Pediatric)
Calcium Chloride
Dextrose 10%
Diphenhydramine
DuoDote™ (Atropine/Pralidoxime Chloride)
Epinephrine (Push Dose) 10mcg/mL IV

Color Code Messages

QUESTIONS?

Richard Tadeo
rtadeo@dhs.lacounty.gov

MOTION BY SUPERVISOR HOLLY J. MITCHELL

February 3, 2026

Reimagining the Distribution of Opioid Settlement Funds in Los Angeles County

On July 21, 2021, opioid manufacturer Janssen Pharmaceuticals/Johnson & Johnson, along with distributors McKesson, AmerisourceBergen and Cardinal Health (collectively, “the Entities”), agreed to a \$26 billion nationwide settlement to resolve more than 3,000 opioid-related lawsuits. The State of California (State) is expected to receive approximately \$2.05 billion over an 18-year period, with the State Department of Health Care Services responsible for administering the funds to counties. Each county implements and manages these funds according to its own procedures.

On August 8, 2023, the Los Angeles County (County) Board of Supervisors (Board) approved the County’s Opioid Settlement Funds Spending Plan¹ and delegated authority to the Chief Executive Officer (CEO) to oversee its implementation in consultation with relevant County departments. The Board further directed the Department of Public Health (DPH) to submit annual reports detailing the impact of programs supported by these funds.

At times, the County receives less opioid settlement funding than originally projected due to the terms and conditions of the settlement agreements. The CEO accounted for this potential variability in the development of the Phase 1 and Phase 2 spending plans. BrownGreer, the settlement administrator, has established a portal that

¹ <https://file.lacounty.gov/SDSInter/bos/supdocs/183022.pdf>

-MORE-

MOTION

Solis	_____
Mitchell	_____
Horvath	_____
Hahn	_____
Barger	_____

provides detailed information regarding projected settlement information by entity and the anticipated duration of each settlement. This portal has enhanced the County's visibility into expected payment amounts and timelines, thereby improving the County's ability to operationalize and refine spending plans for the Board's consideration.

Despite the increased transparency provided through the portal, several factors continue to contribute to variability in the County's receipt of opioid settlement funds. These factors include: 1) entities entering bankruptcy proceedings, which may result in one-time or time-limited payments that are difficult to predict; 2) annual decisions by cities to opt-in or opt-out of receiving their direct allocations, with opt-outs redirecting their funds to the County; 3) state-specific formulas that allocate funds among states, counties, and cities which vary by year and settlement amount; and 4) BrownGreer's reliance on multi-year assumptions that, if unmet, may impact the amounts actually paid. Given these uncertainties, careful review and consideration of potential variability is warranted when preparing future spending plan recommendations for the Board's consideration.

At a time of uncertainty regarding federal and State revenue streams, opioid settlement funds present a rare opportunity to strategically invest in the County's substance use disorder (SUD) prevention and treatment system and to strengthen the health and resilience of neighborhoods and communities. DPH's Bureau of Substance Abuse Prevention and Control (DPH-SAPC) has long served as a leader in advancing innovation in SUD services. In partnership with its provider network, and in collaboration with numerous County partners and community stakeholder organizations, DPH-SAPC delivers prevention, harm reduction, and treatment programs through a comprehensive system uniquely structured to meet the County's needs. The County's SUD system has achieved groundbreaking progress in expanding access to treatment across all levels of care. Between 2023 and 2024, the County recorded the most substantial decline in drug-related overdose deaths and poisonings in its history, due to expanded prevention and harm reduction initiatives implemented under DPH-SAPC's leadership. DPH-SAPC'S approach to opioid settlement investments emphasizes building a continuum of SUD services capable of addressing the full spectrum of SUD needs.

As the County prepares to receive future opioid settlement funding, thoughtful and

transparent funding allocation by public health experts remains essential. This need is heightened by proposed federal reductions to drug prevention and treatment funding, as well as recent challenges to evidence-based harm reduction strategies. Opioid use continues to constitute a severe public health crisis both nationally and locally. In 2023, more than 105,000 people in the United States died from drug overdoses, with nearly 80,000 involving opioids. Within the County there were 11,128 opioid-related emergency department visits and 15,623 hospitalizations in 2022, followed by 2,085 deaths in 2023. Of these deaths, 792 occurred among Latinx residents and 435 among Black/African American residents.² According to the County's overdose prevention program, overdose rates among Black, Latino, and Indigenous residents are increasing rapidly, underscoring the urgent need for equity-driven investments.

Other jurisdictions have adopted proactive strategies to guide the allocation and expenditure of opioid settlement funds. For example, The Johns Hopkins Bloomberg School of Public Health (Johns Hopkins) has issued nationally recognized guidance for local governments on the effective use of these funds. In developing this guidance, Johns Hopkins collaborated with a coalition of 60 substance use expert organizations, including physicians, addiction medicine specialists, and leaders in recovery, treatment, and harm reduction. The resulting principles have been incorporated into opioid settlement planning in more than 25 states, including Wisconsin, Connecticut, Tennessee and Arizona.³ The recommended principles include: 1) Spending money to save lives; 2) Using evidence to guide spending; 3) Investing in youth prevention; 4) Focusing on racial equity; and 5) Developing a fair and transparent process for deciding where to spend the funding.

In the current political and fiscal environment, it is more important than ever that the County use a public health-driven and expert-informed approach when allocating opioid settlement funds. Currently, the CEO has delegated authority to develop new spending plans and adjust existing plans, with notice provided to the Board. DPH manages the day-to-day operations, including tracking expenditure of funds and

² [Opioid Deaths – LA County Alcohol and Other Drug Surveillance Dashboard](#)

³ [Develop a Fair and Transparent Process for Deciding Where to Spend the Funding | Opioid Principles](#)

preparing the annual reports required by the State.

The County should transition to a collaborative process for the development of spending plans, in which DPH-SAPC partners with relevant departments and convenes stakeholders to inform funding priorities. This collaborative process should occur throughout the year, or at multiple points during the year, to ensure that DPH-SAPC maintains up-to-date recommendations on potential projects, and that the implementation of any new process does not delay the timely distribution of opioid settlement funds received by the County. This shift will align with national best practices, while promoting efficacy, transparency, accountability, equity and fulfillment of community needs through a collaborative process that involves subject matter expert input, without impacting spending plans previously approved by the Board.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Chief Executive Officer (CEO), in collaboration with the Director of the Department of Public Health (DPH), to determine the total amount of existing unallocated opioid settlement funding available, and to develop a proposed approach for estimating future funding that accounts for the variability associated with this funding source. Prospectively, the departments should meet no less than quarterly to review available opioid settlement funds and anticipated future allocations, including carryover funds, that may be available for future programming.
2. Direct the Director of DPH, in consultation with the Directors of the Department of Health Services, the Justice Care and Opportunities Department, the Department of Youth Development, and other relevant County departments, to convene community stakeholders, including individuals with lived experience and subject matter experts in addiction and substance use, to provide guidance and recommendations to inform the development of proposed spending plans. These recommendations shall be submitted to the CEO to inform their recommendations to the Board related to the use of unallocated and future opioid settlement funding.
3. Direct the Director of DPH, in coordination with the CEO, to manage a smooth transition to a collaborative spending-plan development process and to prevent

any unintended disruptions in services.

4. Direct the CEO to prioritize and implement recommendations generated through the DPH-led stakeholder process for submission to the Board for approval, and to identify any additional staffing needs within DPH necessary to support implementation of these new processes.
5. Direct the Director of DPH and the CEO to report back to the Board in writing in 90 days on progress made, and to provide an annual report one year following, that evaluates the effectiveness and impact of the collaborative stakeholder process and recommendations on the actual funding distribution and outcomes.

#

(VG/YV/KK)



HOLLY J. MITCHELL

LOS ANGELES COUNTY SUPERVISOR ♦ 2ND DISTRICT

Reimagining the Distribution of Opioid Settlement Funds in Los Angeles County

Presented by Victoria Gomez

LOS ANGELES COUNTY OPIOID SETTLEMENT PROCESS

OVERVIEW

- In 2021, major opioid manufacturers and distributors agreed to pay \$26 billion nationwide to settle lawsuits over their role in the opioid crisis.
- CA to receive approx. \$2.05 billion over 18 years.

LOS ANGELES COUNTY

- In 2023, LA County approved a spending plan.
- CEO received delegated authority and implementation oversight.
- DPH oversees daily management, spending tracking, and required reporting.

ENGAGING WITH COMMUNITY ON OPIOID SETTLEMENT FUNDS

How do they envision these
funds be utilized?

COMMUNITY FEEDBACK

- Stakeholders emphasized a transparent, equitable, public health approach, noting there has been a progress in reducing overdose deaths through prevention and harm reduction.

APPROACHES FROM OTHER JURISDICTIONS

- Reviewed approaches used by other jurisdictions recommending public health-led efforts supported by expert led advisory boards.
- Reviewed guidance by the Johns Hopkins Bloomberg School of Public Health adopted by multiple local governments (Rock County, WI & Jefferson County, TN):
 - Spending money to save lives, using data to guide investments, investing in youth prevention, advancing racial equity, and ensuring transparent decision-making to inform policy recommendations.

MOTION PROPOSAL

Motion coming to February
3, 2026, Board Meeting

DIRECTIVES SUMMARIZED

- Calls for a more collaborative, public health and expert-informed approach to opioid settlement spending.
- Proposes a DPH-SAPC led stakeholder process with County departments and community partners to set funding priorities for the CEO.
- Requires the CEO to prioritize recommendations from the stakeholder process.
- Directs the CEO and DPH to identify unallocated funds, estimate future funding, and review funds quarterly.
- Directs the CEO to identify DPH staffing needs to support the process.
- Establishes accountability through a 90-day report back and a one-year evaluation of the stakeholder process.

BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	1/7/2026	
BOARD MEETING DATE	2/3/2026	
SUPERVISORIAL DISTRICT AFFECTED	☐ All ☒ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th ☐ 5 th	
DEPARTMENT(S)	Public Works	
SUBJECT	CP Los Angeles General Medical Center United States Pharmacopeia 800 Pharmacy Upgrade Project	
PROGRAM	N/A	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	☒ Yes ☐ No	
SOLE SOURCE CONTRACT	☐ Yes ☒ No If Yes, please explain why: N/A	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	☒ Yes ☐ No – Not Applicable If unsure whether a matter is subject to the Levine Act, e-mail your packet to EOLevineAct@bos.lacounty.gov to avoid delays in scheduling your Board letter.	
DEADLINES/ TIME CONSTRAINTS	There is no urgency.	
COST & FUNDING	Increase of \$1,960,000 for a revised budget of \$3,626,000. Funding source: Capital Project No. 87441 TERMS (if applicable): N/A Explanation: N/A	
PURPOSE OF REQUEST	Public Works is seeking Board approval of the revised project budget and related appropriation adjustment.	
BACKGROUND (include internal/external issues that may exist including any related motions)	In February 2016, the California State Board of Pharmacy revised its regulations mandating the healthcare facilities with personnel handling hazardous drugs, including the receipt, storage, compounding, dispensing, administration, and disposal of sterile and nonsterile products to comply with the compounding standards in United States Pharmacopeia (USP) 800. On November 13, 2018, the Board established and approved the Los Angeles General Medical Center USP 800 project, budget, and related appropriation adjustments, and authorized Public Works to deliver the project using Board-approved Job Order Contracts. The proposed project will include remodeling the sterile compounding areas of the existing inpatient and outpatient pharmacy to meet the USP 800 requirements, as well as incorporating accessibility upgrades to meet the Americans with Disabilities Act and Department of Health Care Access and Information requirements. Since the original project approval, the project experienced delays due to licensing of the mobile trailer and cost impacts, such as changes to USP requirements following COVID-19, resulting in redesign and subsequent project cost increase.	
EQUITY INDEX OR LENS WAS UTILIZED	☐ Yes ☒ No If Yes, please explain how: N/A	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	☒ Yes ☐ No If Yes, please state which one(s) and explain how: This project supports Board Priority No. 7, Sustainability, by investing in County buildings to provide improved public services and workforce environments that will lead to increased productivity.	
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Vincent Yu, Deputy Director, (626) 458-4010, cell (626) 614-7217, vyu@pw.lacounty.gov	



MARK PESTRELLA, Director

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (626) 458-5100
<http://dpw.lacounty.gov>

ADDRESS ALL CORRESPONDENCE TO:
P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE
REFER TO FILE:

February 3, 2026

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:

**CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
LOS ANGELES GENERAL MEDICAL CENTER
UNITED STATES PHARMACOPEIA 800 PHARMACY UPGRADE
APPROVE REVISED PROJECT BUDGET AND
RELATED APPROPRIATION ADJUSTMENT
CAPITAL PROJECT NO. 87441
FISCAL YEAR 2025-26
(SUPERVISORIAL DISTRICT 1)
(4-VOTES)**

SUBJECT

Public Works is seeking Board approval of the revised project budget and related appropriation adjustment for the Los Angeles General Medical Center United States Pharmacopeia 800 Pharmacy Upgrade project.

IT IS RECOMMENDED THAT THE BOARD:

1. Find that the proposed Los Angeles General Medical Center United States Pharmacopeia 800 Pharmacy Upgrade project is within the scope of the Board's previous finding of exemption from the provisions of the California Environmental Quality Act.
2. Approve the revised project budget of \$3,626,000, an increase of \$1,960,000 from the previous Board-approved amount of \$1,666,000, for the Los Angeles

General Medical Center United States Pharmacopeia 800 Pharmacy Upgrade project, Capital Project No. 87441.

3. Approve the Fiscal Year 2025-26 appropriation adjustment to allocate \$2,098,000 from the Department of Health Services' Enterprise Fund-Committed for Los Angeles General Medical Center to fully fund the projected Fiscal Year 2025-26 expenditures for the Los Angeles General Medical Center United States Pharmacopeia 800 Pharmacy Upgrade project, Capital Project No. 87441 for the proposed project.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The purpose of the recommended actions is to find the Los Angeles (LA) General Medical Center United States Pharmacopeia (USP) 800 Pharmacy Upgrade project is within the scope of the Board's previous exemption from the California Environmental Quality Act (CEQA); and approve the revised project budget and related appropriation adjustment for the LA General Medical Center USP 800 Pharmacy Upgrade project.

Background

In February 2016, the California State Board of Pharmacy revised its regulations mandating the healthcare facilities with personnel handling hazardous drugs, including the receipt, storage, compounding, dispensing, administration, and disposal of sterile and nonsterile products to comply with the compounding standards in USP 800.

On November 13, 2018, the Board established and approved the LA General Medical Center USP 800 Pharmacy Upgrade project, project budget, and related appropriation adjustment; and authorized Public Works to deliver the project using a Board-approved Job Order Contract (JOC).

The previously approved project includes remodeling the sterile compounding areas of the existing inpatient and outpatient pharmacy, such as the chemotherapy preparation and intravenous rooms, adjacent sterile compounding areas, and related spaces to meet the USP 800 requirements. The remodeling work consists of replacement of epoxy painted walls, automatic doors, lighting, and eye wash stations; installation of new sheet vinyl flooring, acoustical ceiling tiles, humidity and pressure regulating systems, and pass-through cabinets; and upgrades to electrical power, data outlets, and Class II Type A2 biological safety cabinets. Accessibility upgrades to meet the Americans with Disabilities Act and Department of Health Care Access and Information requirements are also included.

To ensure uninterrupted compounding service during construction, on February 6, 2018, the Board approved the acquisition of a mobile sterile compounding pharmacy unit and associated site preparation work to accommodate the mobile unit. Health Services acquired the mobile sterile compounding pharmacy unit and the site preparation work was completed in 2022 through the previously approved JOC.

Since the original project approval, the project experienced delays and cost impacts. The initial project estimate did not account for the long-lead time needed to license and operate the mobile pharmacy trailer. This delay, coupled with changes to the USP 800 requirements and COVID-19 impacts, required a redesign. The changes in scope include modifications to the air balancing system, installation of new hard lid ceilings, new sheet vinyl flooring, and associated electrical and data work to meet new code requirements.

If approved, the construction of the project is anticipated to begin in March 2026 and is estimated to be substantially completed in February 2027.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: North Star 1, Make Investments that Transform Lives, Focus Area Goal A, Healthy Individuals and Families, Strategy ii, Improve Health Outcomes, by promoting comprehensive and inclusive care through investments in public healthcare infrastructure that enhance the quality and delivery of healthcare services to Los Angeles County residents; North Star 2, Foster Vibrant and Resilient Communities, Focus Area Goal A, Public Health, Strategy i, Population Based Health, which focuses on our County health systems to improve health outcomes of individuals and communities with an emphasis on providing quality, accessible, and culturally responsive services; North Star 3, Realize Tomorrow's Government Today, Focus Area Goal G, Internal Controls and Processes, Strategy ii, Manage and Maximize County Assets, by maximizing the use of strategic investment and space management in ways that are fiscally responsible and align with the County's highest priority needs. These recommendations provide improved access to services for the community that will, in turn, benefit the common good by providing competent care, which will support the overall well-being of the residents of Los Angeles County.

FISCAL IMPACT/FINANCING

The revised budget for the LA General Medical Center USP 800 Pharmacy Upgrade project, Capital Project No. 87441, is \$3,626,000, an increase of \$1,960,000 from the previously approved projected budget of \$1,666,000. This cost includes plans and specifications, plan check, construction, consultant services, Civic Arts fees, miscellaneous

expenditures, and County services. The project schedule and budget summary is included in Enclosure A.

Of the \$3,626,000 project budget, Health Services paid \$108,000 for preliminary fees through its operating budget and \$397,000 was paid through the capital project. The projected Fiscal Year (FY) 2025-26 expenditures are \$2,902,000, of which \$804,000 has been included in the FY 2025-26 Final Budget, therefore \$2,098,000 is needed to cover the total expenditures. Board approval of the FY 2025-26 appropriation adjustment (Enclosure B) will allocate \$2,098,000 from the Health Services Enterprise Fund-Committed for LA General Medical Center to fully fund the estimated FY 2025-26 expenditures for the LA General USP Medical Center 800 Pharmacy Upgrade project, Capital Project No. 87441. Health Services will provide funding in future budget phases, as needed, to fully fund the remaining project budget.

There is no net County cost impact associated with the recommended actions.

Operating Budget Impact

Following completion of the project, Health Services will request and fund the annual ongoing maintenance and operational costs with departmental resources in future budget phases as needed.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In accordance with the Board's Civic Art Policy amended on August 4, 2020, the project budget includes 1 percent of the eligible design and construction costs allocated to the Civic Art Fund. If approved, this budget increase will increase the eligible Civic Art allocation from \$11,000 to \$20,000.

In accordance with Board Policy 5.270, Countywide Local and Targeted Worker Hiring, the projects will require that at least 30 percent of the total California construction labor hours be performed by Local Residents and at least 10 percent be performed by Targeted Workers facing employment barriers.

Green Building/Sustainable Design Program

The proposed project will support the Board's policy for Green Building/Sustainable Design Program policy by minimizing the amount of demolition materials disposed of in landfills during construction and incorporating energy efficient equipment.

ENVIRONMENTAL DOCUMENTATION

On November 13, 2018, the Board approved the project and determined that it was exempt from CEQA. The revised project scope is within the scope of the Board's previous finding of exemption from the provisions of CEQA, which included categorical exemption Sections 15301 (a), (d), and (l); and 15302 (c) of the CEQA Guidelines and Classes 1 (c), (d), and (l); and 2 (e) of the County's Environmental Document Reporting Procedures and Guidelines, Appendix G.

Upon the Board's approval of the recommended actions, Public Works will file a Notice of Exemption with the Registrar-Recorder/County Clerk and with the State Clearinghouse at the Office of Land Use and Climate Innovation in accordance with Section 21152 of the California Public Resources Code and will post the notice to its website in accordance with Section 21092.2.

CONTRACTING PROCESS

Public Works completed the design of the project using a Board-approved, on-call architectural/engineering firm and is recommending the use of a Board-approved JOC to complete the construction of the project.

The project scope of work includes remodeling and alteration work, and Public Works has determined that the use of a JOC is the most appropriate contracting method to deliver the project.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Public Works will work with Health Services to minimize construction impacts and disruptions at the facilities. All adjacent campus services are anticipated to remain operational during construction.

The Honorable Board of Supervisors
February 3, 2026
Page 6

CONCLUSION

Please return one adopted copy of this Board letter to Public Works, Project Management Division I.

Respectfully submitted,

MARK PESTRELLA, PE
Director of Public Works

MP:GT:cg

Enclosures

c: Arts and Culture (Civic Art Division)
Auditor-Controller
Chief Executive Office (Capital Programs Division)
County Counsel
Executive Office, Board of Supervisors
Health Services (Capital Projects Division)

**CONSTRUCTION CONTRACT
CONSTRUCTION MANAGEMENT CORE SERVICE AREA
LOS ANGELES GENERAL MEDICAL CENTER
UNITED STATES PHARMACOPEIA 800 PHARMACY UPGRADE
APPROVE REVISED PROJECT BUDGET AND
RELATED APPROPRIATION ADJUSTMENT
CAPITAL PROJECT NO. 87441
FISCAL YEAR 2025-26
(SUPERVISORIAL DISTRICT 1)
(4-VOTES)**

I. PROJECT SCHEDULE SUMMARY

Project Activity	Scheduled Completion Date
Project Design Documents	November 2025*
Jurisdictional Approvals	January 2026
Construction Start	March 2026
Substantial Completion	February 2027
Final Acceptance	May 2027

*Completed Activity

II. PROJECT BUDGET SUMMARY

Project Activity	Board-Approved Budget	Impact of This Action	Revised Budget
Job Order Contract (Construction)	\$1,033,500	\$ 482,000	\$1,515,000
Job Order Contract Fees	\$ 18,000	\$ 12,000	\$ 30,000
Change Orders	\$ 195,700	\$ 252,000	\$ 448,000
Construction Subtotal	\$1,247,200	\$ 746,000	\$1,993,000
Civic Art	\$ 11,000	\$ 10,000	\$ 21,000
Plans and Specification	\$ 87,414	\$ 457,000	\$ 544,000
Consultant Services	\$ 43,250	\$ 20,000	\$ 64,000
Miscellaneous Expenditure	\$ 16,500	\$ 13,000	\$ 29,000
Jurisdictional Review, Plan Check, and Permit	\$ 54,012	(\$ 10,000)	\$ 44,000
County Services	\$ 206,624	\$ 724,000	\$ 931,000
TOTAL PROJECT COST	\$1,666,000	\$1,960,000	\$3,626,000

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BOARD OF SUPERVISORS
OFFICIAL COPY

January 20, 2026

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPARTMENT OF HEALTH SERVICES

AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HER RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFORE

FY 2025-26

4 - VOTES

SOURCES

USES

DHS ENTERPRISE FUND

MN2-301G

COMMITTED FOR LOS ANGELES GENERAL MEDICAL CENTER

DECREASE OBLIGATED FUND BALANCE 2,098,000

DHS ENTERPRISE FUND

MN2-HS-6100-60070

OTHER FINANCING USES

INCREASE APPROPRIATION 2,098,000

LOS ANGELES GENERAL MEDICAL CENTER ENTERPRISE FUND

MN4-HG-96-9911-60010

OPERATING TRANSFERS IN

INCREASE REVENUE 2,098,000

LOS ANGELES GENERAL MEDICAL CENTER ENTERPRISE FUND

MN4-HG-96-9912-60010

OPERATING SUBSIDY - GENERAL FUND

DECREASE REVENUE 2,098,000

ENT SUB - LOS ANGELES GENERAL MEDICAL CENTER

A01-AC-6100-21200-21224

OTHER FINANCING USES

DECREASE APPROPRIATION 2,098,000

LOS ANGELES GENERAL MEDICAL CENTER

LA GENERAL MEDICAL CENTER USP 800 PHARMACY UPGRADE

A01-CP-6014-64010-87441

CAPITAL ASSETS - B & I

INCREASE APPROPRIATION 2,098,000

SOURCES TOTAL \$ 6,294,000

USES TOTAL \$ 6,294,000

JUSTIFICATION

This budget adjustment of \$2,098,000 is necessary to fund Capital Project No. 87441, Los Angeles General Medical Center United States Pharmacopeia (USP) 800 Pharmacy Upgrade Project, using DHS Enterprise Fund-Committed for LA General Medical Center obligated fund balance for anticipated expenditures in FY 2025-26.

JEAN LO

Digitally signed by JEAN LO
Date: 2025.11.19 19:28:03
-08'00'

AUTHORIZED SIGNATURE

JEAN LO, CHIEF, CONTROLLER'S DIVISION

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED/REVISED)

REFERRED TO THE CHIEF
EXECUTIVE OFFICER FOR---☐ ACTION☒ RECOMMENDATION

AUDITOR-CONTROLLER

BY

Lan Sam

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Date: 2025.11.20 08:14:22 -08'00'

B.A. NO. 063

DATE 11/20/25

☒ APPROVED AS REQUESTED☐ APPROVED AS REVISED

CHIEF EXECUTIVE OFFICER

BY

Amir Alam

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Amir Alam
Date: 2025.11.20
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DATE 11/20/25