



# Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

**DATE:** July 8, 2026

**TIME:** 11:45 a.m. – 1:30 p.m. **Please Note: Late Start Time**

**MEETING CHAIR:** Jazmine Garcia-Delgadillo, 1<sup>ST</sup> Supervisorial District

**CEO MEETING FACILITATOR:** Kieu-Anh King/Gustavo Medrano

**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 on a smartphone:

[Tel:+13237766996,330628704#](tel:+13237766996,330628704#)

[Click here to join the meeting](#) on Microsoft Teams

For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to [ClusterAccommodationRequest@bos.lacounty.gov](mailto:ClusterAccommodationRequest@bos.lacounty.gov)

Para solicitar interpretación al español, por favor envíen un correo electrónico con al menos 48 horas de anticipación a la reunión a [ClusterAccommodationRequest@bos.lacounty.gov](mailto:ClusterAccommodationRequest@bos.lacounty.gov)

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. One (1) minute is 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.

## 11:30 AM: CS-1 CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

Government Code Section 54956.9(a)

K.G. v. County of Los Angeles, Alyssa Villalobos, Guillermo Viera Rosa, Lisa H. Wong, and Does 1-10

United States District Court Case No. 2:25-cv-04754

Department of Mental Health and Probation Department

- I. Call to order
- II. **Board Motions:**
  - a. **SD 2:** Ensuring Measure B Funds Are Put to their Highest and Best Use
  - b. **SD 4:** Measure ER: Division of 1% for Core Public Health Services for the City of Long Beach Department of Health and Human Services and City of Pasadena Public Health Department
- III. **Presentation Items:**
  - a. **Chief Executive Officer, Department of Health Services: Measure B One-Time Funding for FY 2026-27**  
Speakers: Gustavo Medrano, Analyst, CEO; Richard Tadeo, Director, Emergency Medical Services Agency, Los Angeles County
- IV. **Discussion Item:**
  - a. **Health Services:** Measure ER and the LA County coverage program  
Speaker: Anna Gorman, Chief Operating Officer, Community Programs
- V. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- VI. 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.
- VII. Public Comment
- VIII. 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 HOLLY J. MITCHELL**

July 21, 2026

**Ensuring Measure B Funds Are Put to their Highest and Best Use**

Nearly 25 years ago, in November 2002, Los Angeles County (County) voters adopted Measure B, establishing a Countywide parcel tax to support trauma hospitals and emergency medical services. Measure B’s stated purpose is to “maintain and expand the trauma system Countywide, to ensure the continued availability of emergency medical services, and to respond effectively to biological terrorism.” In Fiscal Year 2024-25, Measure B generated \$340,585,187 to support trauma services.<sup>1</sup>

On July 15, 2025, the Board of Supervisors directed the Chief Executive Officer (CEO) to report back in 90 days with an analysis of the formula used to allocate future ongoing and one-time Measure B funding to non-County hospitals, and to recommend any needs-based changes.<sup>2</sup> The CEO issued its report back on April 6, 2026,<sup>3</sup> outlining three options for the Board’s consideration: A) maintain the current allocation methodology; B) allocate any increases in ongoing Measure B funding using needs-based criteria; or C) allocate one-time funding using needs-based criteria.

The County is currently facing severe budget constraints, driven largely by H.R.1 and related federal policies. Approximately 1.1 million County residents are projected to lose their Medi-Cal eligibility and become uninsured.<sup>4</sup> As the Department of Health

<sup>1</sup> [December 29, 2025 Auditor-Controller](#) letter to the Board of Supervisors.

<sup>2</sup> [Measure B funding formula motion.pdf](#)

<sup>3</sup> [1205628\\_040626ReportBackonOneTimeMeasureBFundingforNonCountyTraumaHospitals\\_bm.pdf](#)

<sup>4</sup> Dietz, UCLA Labor Center, 2026. *Projected reduction in Medi-Cal coverage due to federal H.R.1 and 2025-26 State Budget, by county, 2028*) <https://laborcenter.berkeley.edu/projected-reduction-in-medi-cal-coverage-due-to-federal-h-r-1-and-2025-26-state-budget-by-county-2028/>

- MORE -

MOTION

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Services noted in its April 7, 2026, Fiscal Outlook,<sup>5</sup> “[f]or the patients we serve, losing Medi-Cal doesn’t mean they stop getting sick – it means losing access to care. Health Services will still be here, but with over 600,000 more uninsured patients in LA County alone, the strain will be felt across our health system and across every emergency room in Los Angeles County.”

Given these challenges, it is critically important that Measure B funds be allocated wisely and equitably reflecting the increased pressure on hospital trauma centers and emergency rooms that serve larger populations of Medi-Cal patients and those who lost Medi-Cal eligibility under H.R.1.

Any Measure B funds approved, especially those approved after H.R.1’s passage, should be more fairly allocated to meet Measure B’s goal to support and stabilize the entire Countywide trauma and emergency care system.

**I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Direct the Chief Executive Officer, in consultation with the Director of the Department of Health Services, the Director of the Department of Public Health and the Emergency Medical Services Agency, to retain a consultant to study the impacts of the County’s current allocation of Measure B funds to non-County trauma hospitals to ensure that future Measure B resources are allocated in a manner that maximizes public benefit, strengthens both the regional trauma and emergency services system, and aligns with the intent of the voters. At a minimum, the study should:
  - a) prioritize preserving a financially stable, accessible, and sustainable regional trauma and emergency services system;
  - b) identify strategies that maximize the public benefit of Measure B investments while strengthening trauma and emergency care for vulnerable populations;
  - c) consider financial vulnerabilities, including disproportionate impacts of H.R.1, and impacts on hospitals with high Medicaid payer mixes and uninsured volumes;

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<sup>5</sup> [DHS Fiscal Outlook.pdf](#)

- d) consider the fiscal health of both each individual eligible hospital and the multi-hospital system that it is part of (including cash reserves, days of cash on hand, unrestricted net assets, operating margin, and reimbursed trauma care, including through private insurance, etc.) when distributing taxpayer dollars;
  - e) align investments to community need and to better serve the most vulnerable populations; and
  - f) evaluate how any recommended changes to Measure B allocations could be implemented in a manner that maintains the integrity of the trauma care system, including consideration of any phased implementation, transition periods, or other mitigation strategies where appropriate.
- 2) Direct the Chief Executive Officer and consulting departments to report back in 180 days with recommendations to inform the prospective ongoing non-County Measure B allocation formula.

# # #

(YV/VG)

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# **Ensuring Measure B Funds Are Put to their Highest and Best Use**

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July 8, 2026

**Office of Supervisor Holly J. Mitchell**





# INTENDED PURPOSE OF MEASURE B

- Nearly 25 years ago, Los Angeles County voters adopted Measure B, establishing a Countywide parcel tax to support trauma hospitals and emergency medical services.
- Measure B's stated purpose is to **“maintain and expand the trauma system Countywide, to ensure the continued availability of emergency medical services, and to respond effectively to biological terrorism.”**





# CEO ANALYSIS

On **July 15, 2025**, the Board of Supervisors directed the Chief Executive Officer (CEO) to report back in 90 days with an analysis of the **formula used to allocate future ongoing and one-time Measure B funding to non-County hospitals**, and to recommend any needs-based changes.

## Report Back

The CEO issued its report back on **April 6, 2026**, outlining three options for the Board's consideration:

- A) Maintain the current allocation methodology;
- B) Allocate any increases in ongoing Measure B funding using needs-based criteria
- C) Allocate one-time funding using needs-based criteria.

## County Context

It is important that Measure B funds be allocated wisely and equitably, reflecting the increased pressure on hospital trauma centers and emergency rooms that serve larger populations of Medi-Cal patients and those who lost Medi-Cal eligibility under H.R.1.





# DIRECTIVES



Any Measure B funds approved, especially those approved after H.R.1's passage, should be more fairly allocated to meet Measure B's goal to support and stabilize the entire Countywide trauma and emergency care system.

## 1. Impact Study

Direct the CEO, in consultation with the Director of the DHS, the Director of the DPH and the EMS Agency, to retain a consultant to study the impacts of the County's current allocation of Measure B funds to non-County trauma hospitals to ensure that future Measure B resources are allocated in a manner that maximizes public benefit, strengthens both the regional trauma and emergency services system, and aligns with the intent of the voters.

## 2. Report Back

Direct the Chief Executive Officer and consulting departments to report back in 180 days with recommendations to inform the prospective ongoing non-County Measure B allocation formula.

**THANK  
YOU**

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**MOTION BY SUPERVISOR JANICE HAHN**

AGN. NO.  
July 21, 2026

**Measure ER: Division of 1% for Core Public Health Services for the City of Long Beach Department of Health and Human Services and City of Pasadena Public Health Department**

In June 2026, voters in Los Angeles County (County) supported Measure ER to “help our community address severe federal cuts enacted by the President and Congress; reduce the loss of essential services, including healthcare for County residents; reduce the risk of closing the County’s four public hospitals and numerous clinics, and significant healthcare provider layoffs and other service cuts by enacting a ½ percent (0.5%) general sales tax for 5 years [to generate] approximately \$1 billion annually, with independent audits...”<sup>1</sup> Measure ER specifically calls out and designates “1% to provide financial support to the City of Pasadena Public Health Department and the City of Long Beach Department of Health and Human Services to safeguard their public services, to be divided between the cities proportionately based on what each city spent on core public health services over the past five fiscal years.”<sup>2</sup>

Given the dependence on these funds and with local cities reviewing and setting their future budgets, the Departments of Health Services and Public Health and the Chief Executive Office should engage and have conversations and discussions with impacted

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<sup>1</sup> [https://28f19ed8-4f8f-4988-a4c4-9650ce4b6dc2.filesusr.com/ugd/0da5cc\\_ca734912fa8642aba9b50504761eb8ec.pdf](https://28f19ed8-4f8f-4988-a4c4-9650ce4b6dc2.filesusr.com/ugd/0da5cc_ca734912fa8642aba9b50504761eb8ec.pdf)

<sup>2</sup> Id.

MOTION

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cities about Measure ER funding.

**I, THEREFORE, MOVE** that the Board of Supervisors direct the Departments of Health Services, Public Health, and the Chief Executive Office to meaningfully engage with the Cities of Long Beach and Pasadena as it relates to the 1% designation of the Measure ER funds to solicit their feedback, concerns, and requests.

**# # #**

JH:el



# Measure B Advisory Board (MBAB)

## 2026 One-Time Funding and Timeline

07/08/2026

### Background and Recommendation

In February of each year, if there is at least \$15 million in unallocated one-time Measure B funding available to allocate, the Emergency Medical Services Agency, a component of the Department of Health Services, will convene the MBAB to begin soliciting proposals for the programming of one-time Measure B funding.

As of June 2026, there is approximately \$22 million in one-time Measure B funding available, including funding from the annual FMAP / Federal Medicaid Assistance Percentage rebate, which is known at the end of each fiscal year.

CEO and the EMS Agency recommend convening the MBAB in August 2026, to begin the one-time funding proposal and recommendations process, with the goal of submitting recommendations for the FY 2027-28 Final Changes Budget, which will be considered by the Board in June 2027.

### Key Dates (Target: Final Changes Budget)

Existing Date / Proposed Date	Item / Description
Early to Mid-February <b>Early to Mid-August</b>	<ol style="list-style-type: none"> <li>1. DHS Finance notifies EMS Agency of the amount of unallocated Measure B Funds</li> <li>2. EMS Agency emails notifications to MBAB members to:               <ol style="list-style-type: none"> <li>a. Inform them of the unallocated dollar amount.</li> <li>b. Verify MBAB membership / appointees.</li> <li>c. Provide a tentative timeline of project proposal acceptance and submitters' conference.</li> </ol> </li> </ol>
<b>One Month</b>	
Mid-March <b>Mid-September</b>	EMS Agency distributes submission memorandum, which includes the MBAB Funding Proposal Process and the Measure B Funding Proposal Form, to MBAB members and distribution list.
<b>Two to Three Months</b>	
Mid-April to Mid-July <b>Mid-October to Mid-December</b>	Proposal submission acceptance dates.
<b>Two to Four Weeks</b>	
August <b>January</b>	EMS Agency sends MBAB members binder of proposals for their review and preliminary ranking.
<b>One Month</b>	



<b>Existing Date / Proposed Date</b>	<b>Item / Description</b>
September <b>February</b>	MBAB meeting for proposal presentations and ranking of proposals, if time allows.
<b>One Month</b>	
October/November <b>February</b>	2nd MBAB meeting to rank proposals, if needed.
<b>One to Two Months</b>	
Mid January to Early February <b>Mid-April</b>	MBAB Funding Recommendations Board Memorandum is distributed to allow time for inclusion in Recommended Final Changes Budget.
<b>Two Months</b>	
Mid April <b>Late June</b>	Final Changes Budget. Includes MBAB recommendations for following fiscal year.
July 1	New fiscal year begins, MBAB allocations available for use.





Health Services  
LOS ANGELES COUNTY

# LA County Uninsured Program

7.8.26



# Measure ER

- In February, the LA County Board of Supervisors approved a motion to place the **Essential Services Restoration General Sales Tax Act** on the ballot .
- In June, Measure ER passed with just over 50% of the vote.
- Creates half-cent sales tax, with expected \$1 billion revenue.
- Tax collected for five years.



# Spending Plan

Up to 45%	• Uninsured Program
22%	• LA Health Services Hospitals and Clinics
10%	• Department of Public Health
5% each	• Reproductive health providers, nonprofit safety net hospitals
4%	• School-based health programs
3%	• Dept. Public Social Services
2.5% each	• Correctional Health Services, IHSS
1%	• Pasadena and Long Beach public health departments



# Engagement

## Engagement

- Community Clinic Association of Los Angeles County
- Hospital Association of Southern California
- LA Care
- Community organizations
- Fellow County Departments

### **Much more to come, including around:**

- Outreach
- Communications
- Program design and implementation
- Selecting a name!





# Previous Programs & Key Differences

1995: Public Private Partnership – PPP (temporary federal match, County GF)

2007-2010: PPP + Healthy Way LA 1.0 (federal match under CA Coverage Initiative Waiver, PPP = GF)

2011-2014: Healthy Way LA 2.0 (Bridge to Reform Waiver: “Matched” & “Unmatched”)

Jan. 2014 – Jan. 2024: My Health LA (County GF, some matching under GPP)

2027: New Program TBD (County Sales Tax -> General Fund, sunsets 2031)

## Key differences in the new program:

- Funding
- Eligibility
- Accountability
- Time-limited



# Proposed Eligibility

- **Income:** 138% of Federal Poverty Level or below (mirrors Medi-Cal eligibility)
- **Residency:** Live in LA County
- **Age:** 19 and older (given that children maintain full eligibility for full-scope Medi-Cal)
- **Insurance Status:**
  - Those who are not eligible for full-scope Medi-Cal due to immigration status under federal rules and not enrolled in State-Only Full-Scope Medi-Cal.
  - Those who lose access to Full-Scope or Restricted Scope Medi-Cal due to state or federal policy changes, including but not limited to California's freeze on the Medi-Cal expansion and the federal introduction of work requirements and biannual eligibility redeterminations.

**NOTE: This is expected to be a bridge program for those who are eligible for Medi-Cal. This is a program of last resort and we want to ensure everyone eligible for Medi-Cal applies for, enrolls and retains Medi-Cal.**



# Enrollment

- We don't know what the enrollment will be. Uninsured could be more than 650,000.
- Financial modeling based on different numbers from 100,000 and up.
- Expect enrollment to be low at the start and ramping up as more policy changes take place.
- Enrollment will impact utilization, expenditures and more.
- Enrollment will likely occur at the contracted clinics.
- Working with DPSS on strategies and data sharing and understanding impact of state and federal changes.
  
- Special outreach considerations needed on immigrants and people experiencing homelessness.





# Providers

- Federally Qualified Health Centers
- Likely around 55-60 agencies
- Throughout all of LA County and all Supervisorial districts
- Also must be able to serve Medi-Cal patients
- Be contracted with a managed care health plan
- Access to 340B pharmacy
- We will ensure geographic distribution across LA County and that there are clinics culturally representative of populations.
- Health Services clinics will not be part of the program but will continue to see uninsured patients.





# Services

## Proposed Services

- Care that would include
  - Preventive (at contracted clinics)
  - Dental (at some available contracted clinics)
  - Urgent (at Health Services or contracted clinics)
- Pharmacy network (at contracted clinics and in a community network)





# Behavioral Health



- **Mental Health:**
  - Refer to DMH for specialty mental health treatment.
  - Expectation that the clinics provide mild/moderate treatment within the clinics.
  - No prevention dollars as in My Health LA.



- **Substance Use Treatment:**
  - Refer to SAPC for substance use disorder treatment.
  - Some of the clinics may be contracted by SAPC.
  - Goal to have MAT on formulary.



# Specialty Care & Access to Diagnostics

## Specialty care

- Clinics would cover basic laboratory and ancillary service – and specialty care where possible.
- Determining best way to provide specialty care. Exploring options with CCALAC, health plans, IPAs, and more.
- Looking specialty-by-specialty to determine access at Health Services (would be through eConsult)
- Likely would exclude some (e.g. physical and occupational therapy, rehab)

## Diagnostics

- LA Health Services does not have capacity to take on diagnostics (x-ray, ultrasound, MRI, CT).
- Considering options but most likely would be to use Health Services-contracted entity to provide diagnostics.



# ER and Hospital Care

- Most will still be eligible for Restricted Scope Medi-Cal (likely requirement to sign up).
- Referral, management and reimbursement for elective admissions will need to be considered.
- Considering how best to avoid avoidable emergency room visits (possible incentive).
- No budgeted reimbursement for hospitals.
- Clinics likely will be responsible for following up with participants after hospital visits (LANES).
- Will need a way for hospitals to refer people back to primary care providers.
- Having a regular source of care ideally will help reduce avoidable ER visits.





# Support in LA Health Services

- Small staff to administer this program
- Support from:
  - Contracts
  - Finance
  - IT
  - Pharmacy
  - HR
  - Specialty care
  - Hospitals
  - Call center
  - Government relations





# Accountability Metrics

- Plan to have public website and dashboard with metrics (CEO/CIO working on standards for metrics and reporting).
- For the program, metrics that could be publicly reported:
  - Enrollment
  - Expenditures
  - Demographics
  - Utilization
  - Quality of care
  - Access to care
  - Medi-Cal enrollment

NOTE: All metrics should incorporate an equity lens, including an assessment of disparities in access, utilization, and outcomes across different populations.



# Buckets of Expenditures

## Buckets

Primary

Specialty

Dental

Pharmacy

Admin

Reserve

## Payment Options:

- Per Member Per Month
- Fee-for-Service – leaning toward starting with that, then possibly switching to PMPM
- Both could have base and supplemental based on quality metrics



# Payments to Contracted Clinics

- **Payment Options for the Contracted Clinics**
  - Per Member Per Month
  - Fee-for-Service – leaning toward starting with that, then possibly switching to PMPM
  
  - Both could have base and supplemental based on quality metrics
  - Clinics would likely be able to charge for services not covered



# Estimated Timeline

- **June/July:** Work on program design, planning, stakeholder engagement
- **Aug/Sept:** Contracts executed for pharmacy vendor, claims administrator, eligibility and enrollment system
- **End of Sept:** RFSQ for Federally Qualified Health Centers released
- **Oct 1:** Tax collection begins
- **Oct - Nov:** Program planning and implementation ramp-up
- **Dec:** Clinic contracts executed
- **Jan:** Target program launch



# Questions?

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