

Los Angeles County Hospitals and Health Care Delivery Commission  
Annual Report  
June 2021 – May 2022

Department of Health Services  
Health Services Administration  
313 North Figueroa  
Los Angeles, CA 90012

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## COMMISSIONERS

<b>Appointed by</b>	<b>Commissioner</b>
Supervisor Hilda Solis, District 1	Rosemary C. Veniegas, PhD Chair
Supervisor Hilda Solis, District 1	Barbara Siegel, JD Vice-Chair
Supervisor Holly Mitchell, District 2	Michael Cousineau, DrPH
Former Supervisor Mark Ridley-Thomas, District 2	William "Guy" McCloud, FACHE
Supervisor Holly Mitchell, District 2	Monica Soni, MD
Supervisor Sheila Kuehl, District 3	Laura LaCorte, JD
Supervisor Sheila Kuehl, District 3	David Marshall, DNP
Supervisor Sheila Kuehl, District 3	Corinne Sánchez, JD
Supervisor Janice Hahn, District 4	Elisa Nicholas, MD, MSPH
Supervisor Janice Hahn, District 4	Margaret Farwell Smith
Supervisor Kathryn Barger, District 5	Genevieve M. Clavreul, RN, PhD
Supervisor Kathryn Barger, District 5	Phillip Kurzner, MD
Former Supervisor Michael D. Antonovich, District 5	Stanley Toy Jr., MD

## COMMISSION RESPONSIBILITIES

Consult with and advise the Board of Supervisors (Board), and as necessary, the Department of Health Services (DHS) on all matters pertaining to health care policies and programs of the Los Angeles County (LA County) Hospitals system, including, but not restricted to:

- (1) the need for additional hospital and/or other patient care facilities,
- (2) the relationships of LA County hospitals and other health care facilities, public and private,
- (3) health manpower problems; and
- (4) the utilization of LA County hospital facilities;

Conduct studies and make recommendations concerning health care policies and programs of the LA County Hospital System and to the request by the Board, DHS and/or other officers of LA County.

Act as liaison between the Director of DHS, the Board and the public in matters relating to the LA County Hospital system.

Perform such other services, as from time to time, may be requested by the Board.

In addition, commissioners engage with representatives from the Alliance for Health Integration, which is the collaboration among the Departments of Health Services, Mental Health and Public Health.

For additional information, see the Bylaws of the Commission in the Appendix.

## STRATEGIC PRIORITIES

The Commission annually reviews its priorities with members of the Board and health deputies, as well as with the DHS Director. The annual meeting with the Director occurred on February 3, 2022.

Due to the continuing COVID-19 pandemic and public health emergency, commission meetings were held as video conference calls consistent with guidance from County Counsel and the State of California.

In addition, due to COVID-19 safety concerns and the increased responsibilities at Ambulatory Care Network (ACN) sites and community partner sites, Commission site visits remained temporarily suspended. The site visits will resume after consultation with Commission staff, public health guidance and the sites. In the interim the commission plans to shift to a distributed request for information from the ACN sites using a revised site visit form (See appendix A).

During the February 3, 2022 meeting with Dr. Ghaly, the Commission indicated that its' priorities for the year would include:

- COVID-19
- Correctional Health Services (CHS) and Behavioral Health Access
- Health Equity

## COVID-19

Continuing in June 2021-May 2022, Commissioners reviewed monthly and other reports on the pandemic response. These included data dashboards:

- Projections of Hospital-based Healthcare Demand due to COVID-19 in LA County
- DHS COVID-19 Dashboard
- LA County COVID-19 Community Testing Dashboard
- EMS Hospital Daily COVID Assessment Poll Report
- LA County Emergency Operations Center COVID-19 Update

Activities and accomplishments during annual reporting period:

- Guest speakers on COVID-19 related topics:
  - August 5, 2021- Khan Phong Trinh, MD, MPH, Director of Community Care, MLK Outpatient Center, LA County Department of Health Services, COVID-19 Vaccination Efforts at DHS; Ms. Coral Itzcalli, Director of Communications, DHS Employee COVID-19 Vaccination Efforts
  - September 2, 2021- Commissioner Monica Soni, MD, Delayed Cancer Screenings Due to COVID; Ms. Jaclyn Baucum, Chief Operating Officer, Alliance for Health Integration Overview

## Correctional Health Services and Behavioral Health Access

The Correctional Health Services standing committee continued to meet in 2021-2022. Their priorities are

- COVID-19 detection, prevention, and treatment,
- Behavioral Health, with particular emphasis on the Incompetent to Stand Trial population; and
- Correctional Health Services Treatment of Substance Abuse, including Withdrawal

## Health Equity

Consistent with the strategic initiatives of DHS for 2020-21, the Commission requested and reviewed available information on race and ethnicity, as well as sexual orientation and gender identity for the DHS general patient population and disparities that may be indicated by the data. During this annual report period the only DHS report received by the commission that included these demographic data was in May 2021. Demographics data were not consistently included in the DHS dashboards or other publicly accessible links. Commissioners in coordination with Commission staff continued to request that these data be included in the DHS dashboards.

Activities and accomplishments during annual reporting period:

- Reviewing the monthly DHS general dashboards, especially sections on Specialty Care and Surgical Cancellations.
- Throughout the 2021-22 annual report period Commissioners requested that DHS provide general demographic data, especially race and ethnicity as well as sexual orientation and gender identity (SOGI), on patients served as part of the dashboard to be able to view data on possible disparities. The request was initiated in March 2021 with assistance from DHS staff. A request was also made to the Chief Executive Officer (CEO) of the ACN on March 30, 2021. A special data request was forwarded by Commission staff in May 2021 to the data team responsible at DHS for preparing such analyses. Commission staff continued to follow up on this request.
- Commissioners received a DHS dashboard with demographic and SOGI data report on February 4, 2022.
- Commission staff noted that demographic and SOGI information will be included in the dashboard on a quarterly basis beginning in the first quarter of calendar year 2022.
- Reviewed data on COVID-19 disease, hospitalization and deaths among communities with known disparities in health, economic, and environmental indicators.

- Advocated to LA County leaders for increased education and outreach to the communities most impacted.
- Advocated for increased COVID-19 vaccine access for highly vulnerable communities by geography, within LA County facilities, and served by community partners.

Other accomplishments and activities during this period:

- The Commission reviewed its bylaws with regard to commission officer vacancies and officers' term limits. Amendments to the bylaws were drafted in consultation with County Counsel staff. The proposed revised language was reviewed by the commission at the April 2022 meeting.
- The revised bylaws were reviewed and adopted by the Commission at the June 2, 2022 Commission meeting, with the necessary 10-day publication notice before any action was taken (See appendix B for the amended Bylaws).
- The Commission utilizes MS Teams as the platform for Commission meetings, including video and screen sharing functions.
- The Commission reviewed reports and Board Correspondence regarding a security issue at Harbor-UCLA Hospital. We determined that Policy 451 improperly referred to individuals on 5150 holds as being "in custody" and therefore potentially transferred to the jail ward at LAC+USC. Based upon the Commission's recommendation, DHS has since revised the policy such that these individuals are not subject to being in sheriff's custody or transfer to the jail ward (See Appendix C attached correspondence dated January 21, 2022. Reply received from DHS on January 31, 2022).

## Collaborations with Other Committees, Task Forces, Collaboratives

Commissioners are active with various committees, task forces and collaboratives, which address topics relevant to the Hospitals and Health Care Delivery Commission

- CaliforniaHealth+ Advocates
- California Primary Care Association
- Community Clinic Association of Los Angeles County
- Dignity and Power Now and Frontline Wellness Network
- Joint Commissions Call for Commissions on Hospitals and Health Care Delivery, Mental Health and Public Health
- LA County Community Prevention and Population Health Task Force
- LA County COVID-19 Vaccine Work Group
- LA County Office of Women's Health (OWH) Advisory Council



## June 2021- May 2022 Meeting Schedule

**First Thursday of each month  
10:30 a.m. to 12:30 p.m.**

Location: Department of Health Services  
Health Services Administration  
313 N. Figueroa Street  
Los Angeles, CA 90012

### **Meeting location for all meetings is via MS Teams**

June 3, 2021

July 1, 2021                      No meeting (Recess)

August 5, 2021

September 2, 2021

October 7, 2021

November 4, 2021

December 2, 2021

January 6, 2022

February 3, 2022

March 3, 2022

April 7, 2022

May 5, 2022

## 2021-22 Guest Speakers

**Frequency:** First Thursday of Each Month  
**Meeting Time:** 10:30 AM to 12:30 PM  
**Location:** Department of Health Services

Health Services Administration  
 313 North Figueroa St., Room 706  
 Los Angeles, CA 90012

Date	Guest speaker
June 3, 2021	Ms. Laura Quiñonez, Deputy County Counsel, Brown Act Refresher
August 6, 2021	KhanPhong Trinh, MD, MPH, Director of Community Care, MLK Outpatient Center, LA County Department of Health Services (DHS) COVID-19 Vaccination Efforts at DHS; Ms. Coral Itzcalli, Director of Communications, DHS Employee COVID-19 Vaccination Efforts
September 3, 2021	Commissioner Monica Soni, MD, Delayed Cancer Screenings Due to COVID; Ms. Jaclyn Baucum, Chief Operating Officer, Alliance for Health Integration Overview
October 8, 2021	No speaker
November 5, 2021	Darrell Harrington, M.D. Associate Medical Director, Anti-Racism, Diversity and Inclusion Initiative (ARDI)
December 3, 2021	Elizabeth Jacobi, Administrative Deputy, Patient Safety; Donna Nagaoka, Director, Organizational Development
January 6, 2022	No speaker
February 3, 2022	Christina R. Ghaly, M.D., DHS Director
March 3, 2022	D'Artagnan Scorza, Ph.D., Executive Director, Racial Equity presenting on Anti-Racism, Diversity and Inclusion Initiative (ARDI)
June 2, 2022	Clemens Hong, M.D., Director of Community Programs, DHS

## Correctional Health Services Standing Committee

### Standing Committee Report

The Standing Committee was formed to address three specific concerns related to correctional health services:

- COVID-19 detection, prevention and treatment
- Behavioral Health
- Medically Assisted Treatment for Substance Abuse

The Committee met with the following subject matter experts: Dr. Tim Belavich, Dr. Sean Henderson, Dr. Kristin Ochoa, Dr. Rebecca Troztky, Judge Espinoza, Connie Draxler, and Dr. Brian Hurley. Dr. Belavich assured the Committee that our three priorities continue to be relevant.

In June 2021, the chair of the committee met with the Executive Director of the Los Angeles County -- Countywide Criminal Justice Coordination Committee Mark Delgado to provide an overview of the committee.

#### COVID-19

COVID-19 quarantine, and isolation requirements forced the jail to move up to 500 inmates with mental health issues to Men's Central Jail, which Dr. Belavich admits is a very poor environment for vulnerable individuals who need psychological and behavioral support. He reported that while there is a Men's Central Jail Closure Team, he could not wait for that team to create and implement a plan to properly house inmates with mental illness. This is an on-going concern that the Committee will continue to monitor.

We asked Dr. Henderson to begin considering a CHS Endemic COVID-19 plan, which he indicated he would be working on as the immediacy of the current epidemic wanes.

#### Behavioral Health: Misdemeanor Incompetent to Stand Trial (MIST)

Dr. Belavich also informed us that pursuant to SB 317, in December and January the County released or had release plans for approximately 130 MIST individuals. We met with Dr. Ochoa and Judge Espinoza from the Office of Diversion & Reentry (ODR) and learned that ODR successfully housed up to 90 of these individuals, but the funding to continue the housing program was only available until June 2022. The Committee sent correspondence to the Board of Supervisors and Dr. Ghaly recommending that the County support and promote the funding necessary to continue to provide housing and services for the SB 317 population as well as support early intervention to reduce justice system involvement for individuals with mental illness. The Committee also met with Connie Draxler, Sr. Deputy for Re-Entry Initiatives for the Department of Mental

Health (DMH), to better understand the SB 317 process map. Out-of-custody cases are handled entirely by DMH. In-custody individuals declared MIST are evaluated by CHS for four possible outcome recommendations: community-based diversion with ODR; assisted out-patient treatment with DMH; conservatorship; or dismissal. At a future meeting, the Committee will ask a subject matter expert to explain the CHS MIST evaluation process (See Appendix D, letter dated February 28, 2022).

### Correctional Health Services Treatment of Substance Abuse, Including Withdrawal

Medication Assisted Treatment for substance abuse improves patient survival, decreases illicit opiate use and increases a person's ability to participate fully in therapy and counseling elements of treatment. Dr. Rebecca Trotzky spoke with the Committee on the benefits of using Buprenorphine (BUP) for opiate withdrawal. She reported that the number of opiate overdose deaths drops substantially with administration of BUP.

Dr. Henderson reported that the County selected the contractor for the CHS Methadone Program, and after multiple delays, CHS will be initialing the program in the next year. The Committee will continue to follow the progress of the Methadone Program.

We are aware that CHS did not receive designated funding for Medication Assisted Treatment with Buprenorphine, although Drs. Belavich and Henderson informed us that there is a CHS unfunded BUP pilot serving approximately 180 individuals. The largest roadblock to increasing the number of individuals placed on BUP appears to be the nursing and sheriff staffing required to escort and assure proper ingestion of the medication.

The Committee is also interested in understanding the CHS approach to opiate drug withdrawal. Based on a literature review, we believe that in-custody opioid withdrawal alone increases the chance a person will overdose upon community release because of a loss in opioid tolerance. We therefore updated this priority to include withdrawal.

### Compassionate Release

Dr. Henderson reported that the granting of Compassionate Release for inmates with terminal and other serious diseases is problematic because Sheriff's Protocols and State Law require a consultation with a physician who is not employed by or contracted with the County, a task that is not possible for incarcerated individuals. The Commission successfully sought, and County Counsel has approved, outside assistance from a panel of volunteer physicians

who agreed to act as outside consultants for this purpose. We are hopeful that this solution will allow eligible inmates to die with dignity outside the County Jails.

## Nominations Committee and Bylaws Amendments

### **Nominations Committee**

In accordance with the Hospital & Healthcare Delivery Commission Bylaws, Article V – Election of Officers, the Chairperson Rosemary Veniegas appointed Commissioner Corinne Sanchez to proceed with the nomination process.

The Secretary position was vacated when a commissioner completed service in October 2021. The position remains unfilled pending necessary amendments to the bylaws.

### Bylaws Amendments

#### MEETING TIME

The commission amended the meeting start time from 10:00 a.m. to 10:30 a.m. The Commission Fact Sheet from the Executive Office of the Board of Supervisors will now reflect the time consistent with the Commission Bylaws.

Amendments to the commission bylaws were recommended by the Nomination Committee and reviewed at the April 2022, May 2022, and June 2022 Commission meeting. The proposed text included but not limited to:

#### VACANCIES

For the Section regarding a vacancy to a Commission officer position, the committee proposed adding Section (f) to Article V of the Bylaws.

“In the event there is a vacancy of a Commission officer position caused by death, resignation, removals, disqualifications, or otherwise, the Commission at the next regular meeting shall elect a successor for the unexpired term.”

#### TERM OF SERVICE

For Article IV of the Bylaws, the committee proposed adding language regarding limiting the term of service as an officer on the Commission.

“No member of the Commission shall serve more than two (2) consecutive terms in the same Commission officer position.”

Proposed amendments to the bylaws were distributed to commissioners on May 23, 2022. The commission approved the Bylaw amendments at the June 2, 2022 Commission meeting.

## APPENDICES

- A. Revised Site-Visit Form June 2022
- B. Amended Bylaws June 2022
- C. Correspondence dated January 21, 2022
- D. Letter dated February 28, 2022



**County of Los Angeles  
Hospitals and Health Care Delivery Commission**

Dear Department of Health Services Leaders,

The Los Angeles County Hospitals and Health Care Delivery Commission was established in 1979 and has the following duties in accordance with 3.32.040 of the Hospitals and Health Care Delivery County Code:

- A. Consults with and advises the director of hospitals and the Board on all matters pertaining to patient care policies and programs of the County hospital system, including but not restricted to:
  - 1. The need for additional hospital and/or other patient care facilities,
  - 2. The relationships of County hospitals and other health care facilities, public or private,
  - 3. Health manpower problems, and
  - 4. The utilization of County hospital facilities;
- B. Conducts studies and makes recommendations concerning patient-care policies and programs of the County hospital system as requested by the board, the director of hospitals and/or other officers of the County;
- C. Acts as liaison between the director of hospitals, the Board and the public in matters relating to the County hospital system;
- D. Performs such other services, as from time to time, may be requested by the Board of Supervisors.

Due to the past public health emergency related to COVID-19 the Commission temporarily suspended conducting site inspections. However, the Commission is now resuming site inspections and are respectfully requesting a virtual meeting with your site leadership. Commission liaison staff will coordinate the site visit arrangements and teleconference link.

***Thank you in advance for partnership with Hospitals and Health Care Delivery Commission. Please also provide a copy of any planned presentations to DHS-HSA GovtRelations at [govtrelations@dhs.lacounty.gov](mailto:govtrelations@dhs.lacounty.gov). If you have any questions, please contact us at [govtrelations@dhs.lacounty.gov](mailto:govtrelations@dhs.lacounty.gov).***

Respectfully,

Los Angeles County Hospitals and HealthCare Delivery Commission

To make our meetings more productive, we are requesting the following information below.

A SWOT Analysis is a process where the management team identifies the internal and external factors that will affect the organization's future performance. It helps to identify internal and external factors that impact the organization's strategy and operations. Please complete the SWOT analysis by identifying your site's current top 3-5 strengths, opportunities, weaknesses, and threats.

If possible, please provide the SWOT analysis form at least two weeks prior to the site inspection.

**SWOT ANALYSIS (List top 3-5 in each category)**

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>-</li> <li>-</li> </ul>	<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>-</li> <li>-</li> </ul>
<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>-</li> <li>-</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>-</li> <li>-</li> </ul>

- What are your top 3-5 strategic or operational goals/objectives?
- How can the Commission advocate with your organization for the top needs that have been identified?

**Data and Dashboards**

**DHS Sites:** *In preparation for each site inspection, commissioners will review the DHS dashboard. For other sites, please provide a data-based summary including demographics, patient experience, services provided, services utilization, and quality, e.g., Uniform Data System (UDS) two weeks before the site visit. Send the data to DHS-HSA GovtRelations at [govtrelations@dhs.lacounty.gov](mailto:govtrelations@dhs.lacounty.gov)*

**For DHS Hospitals**

- Hospital-only DHS dashboard for October-September fiscal year (?)

**For outpatient/ambulatory care sites**



**For community clinic sites- Such as key health indicators and UDS measures**

To the extent not described above, please identify any challenges or opportunities in the next 1-3 years in the following areas and any actions that your site has taken or plans to take to address with regards to DHS contracted services:

- Patient experience
- Quality measures/Patient Safety / Key Health Indicators
- Workforce/Staffing
- Facilities
- Human Resources
- Logistics
- Supplies
- Infrastructure
- Procurement

**Impact of COVID-19**

Please describe how the site or the LACDHS funded service has been affected by the COVID-19 public health emergency in the following areas.

- Patient experience
- Quality measures/Patient Safety
- Workforce/Staffing

**LOS ANGELES COUNTY**  
**HOSPITALS AND HEALTH CARE DELIVERY COMMISSION**  
**BYLAWS**

**ARTICLE I – NAME**

The Commission shall be known as the Los Angeles County Hospitals and Health Care Delivery Commission. As used in these Bylaws, the word “Commission” means and refers to the Los Angeles County Hospitals and Health Care Delivery Commission. “Members” shall mean Commissioners of the Los Angeles County Hospitals and Health Care Delivery Commission.

**ARTICLE II – LEGAL AUTHORITY**

The Commission was created by and functions pursuant to the Los Angeles County Code, Chapter 3.32 (Section 3.32.010 et seq.) (“Ordinance”).

In accordance with the duties set forth in Section 3.32.040, and in addition to them, the Commission shall:

- (a) Consult with and advise the director of hospitals and the Board on all matters pertaining to patient care policies and programs of the County hospital system, including but not restricted to:
  - (1) The need for additional hospital and/or other patient care facilities,
  - (2) The relationships of County hospitals and other health care facilities, public or private,
  - (3) Health manpower problems, and
  - (4) The utilization of County hospital facilities;
- (b) Conduct studies and make recommendations concerning patient-care policies and programs of the County hospital system as requested by the Board, the director of hospitals and/or other officers of the County;

- (c) Act as liaison between the director of hospitals, the Board and the public in matters relating to the County hospital system;
- (d) Perform such other services, as from time to time may be requested by the Board.

### **ARTICLE III – DUTIES OF MEMBERS**

The duties of each Member are set forth in Section II of the Los Angeles County Commission Manual (July 2017). In accordance with those duties, and in addition to them, the Members shall:

- (a) Be encouraged to take an active role in helping the Commission fulfill its goals and objectives;
- (b) Are responsible for attending meetings regularly to ensure a quorum, and to facilitate the business and meet the goals of the Commission;
- (c) Provide advance notice to the Chairperson or Commission Staff if they cannot attend a meeting;
- (d) Review meeting materials in advance of a meeting, and comply with the Ralph M. Brown Act (Brown Act) as set forth in state and local laws regarding public meetings; and
- (e) Have knowledge of the County's strategic goals and the vision and priorities of the Board.

The Chairperson shall notify the appointing Supervisor if a Member has three (3) consecutive unexcused absences from scheduled meetings and site visits. Members should contact Commission Staff no later than noon on the day prior to the scheduled meeting or site visit in order to receive an excused absence.

### **ARTICLE IV – OFFICERS**

The officers of the Commission shall consist of a Chairperson, Vice-Chairperson, and Secretary, to be elected by the Commission at its last general meeting of each year. The term of office shall be two (2) calendar years, commencing January 1<sup>st</sup>. No member of the Commission shall serve more than two (2) consecutive terms in the same Commission officer position.

## **ARTICLE V – ELECTION OF OFFICERS**

The following procedures for election of the Commission’s officers shall apply:

- (a) The Chairperson shall appoint a Nominating Committee of three (3) in October of each alternating year.
- (b) The Nominating Committee shall present its nominations to the Commission at the November meeting followed by an opportunity for additional nomination on the floor.
- (c) Voting shall be by roll call vote.
- (d) Election shall be by majority of all votes cast.
- (e) No proxy voting will be accepted.
- (f) In the event there is a vacancy of a Commission officer position caused by death, resignation, removals, disqualifications, or otherwise, the Commission at the next regular meeting shall elect a successor for the unexpired term.

## **ARTICLE VI – DUTIES OF OFFICERS**

The duties of the Chairperson are set forth in Section III of the Los Angeles County Commission Manual (July 2017). In accordance with those duties, and in addition to them, the Chairperson shall:

- (a) Work with Commission Staff to prepare the meeting agenda in compliance with Brown Act standards and timeframes.
- (b) Preside over all meetings by:
  - (1) Calling the meeting to order at the scheduled time.
  - (2) Verifying the presence of a quorum.
  - (3) “Processing” all motions (e.g., stating the motion prior to discussion, restating the motion just prior to the vote, announcing the result of the vote, and specifying who voted in favor, voted against, abstained, or recused).
  - (4) Facilitating all meetings by staying on track and adhering to time constraints.
  - (5) Conducting the meeting in a fair and equitable manner.

- (6) Restraining Members when engaged in debate, within the rules of order to enforce the observance of order and decorum among Members.
- (7) Maintaining neutrality to facilitate debate.
- (8) Ensuring the work of the Commission is consistent with its intended purpose and mission.
- (c) Be familiar with and conduct the meetings in according to Robert's Rules of Order, these Bylaws, and its Ordinance.
- (d) For issues related to business processes, contact Commission Staff.
- (e) Decide all points of order.
- (f) Appoint the chairperson and membership of all standing and ad hoc committees.
- (g) Be an ex-officio member of all committees.
- (h) Represent the Commission at public functions or appoint a Member to do so in her stead.
- (i) Prepare, or designate a committee or Member to prepare, an Annual Report summarizing the major achievements of the Commission and policy recommendations for action. If possible, the Annual Report will be presented at a Board Meeting and a copy shall be provided to the Director of the Department of Health Services.

The duties of the Vice-Chairperson are set forth in Section III of the Los Angeles County Commission Manual (July 2017). In accordance with those duties, and in addition to them, the Vice-Chairperson shall:

- (a) Assume the role of the Chairperson in the absence of the Chairperson.
- (b) Work in collaboration with the Chairperson.
- (c) Perform any duties that may be assigned by the Chairperson or the Commission.

The Secretary shall:

- (a) Assume the role of the Chairperson and Vice-Chairperson in their absence.
- (b) After approval by the Commission, ensure that records of meetings, reports, and recommendations are transmitted to the Board and the

Department of Health Services.

## **ARTICLE VII – COMMUNICATING WITH THE BOARD OF SUPERVISORS**

Members are encouraged to communicate with their appointing Supervisors as appropriate.

As set forth in Section V of the Los Angeles County Commission Manual (July 2017), and additionally:

(a) Recommendations to the Board of Supervisors

Recommendations approved by the Commission can be submitted to the Board via memos or other written correspondence for consideration. The Commission will consult with Commission Staff regarding correspondence guidelines and protocols for submitting memos or other written correspondence on behalf of the Commission.

(b) Consulting and Engaging with Board Offices

Members may communicate with their District's assigned Board offices. However, protocol suggests that Members work within the framework of the Commission and the Chairperson when information needs to be conveyed to or obtained from the Board as a whole or to an individual Supervisor.

(c) Commission Annual Reports

The Commission should provide an update to the Board about its activities through an Annual Report. The Annual Report is to be completed by the Commission and approved at a regular Commission meeting. Commission Staff will transmit the Annual Reports to the Board. The Annual Report will be prepared in accordance with the Annual Report Template and Instructions set forth in the Los Angeles County Commission Manual (July 2017).

It is the Commission's responsibility to write its Annual Report. Once the Commission approves the Annual Report, Commission Staff can prepare the final documents and forward them to the Board.

(d) Sunset Review Evaluation

Every four years, the Board conducts a Sunset Review on the Commission. The Sunset Review provides an opportunity for the Commission and its stakeholders to evaluate its work and accomplishments, as well as allows the Commission to periodically review its Ordinance and scope of work. The Sunset Review analysis is forwarded to the Audit Committee for assessment and recommendations to the Board for extension to the sunset review date and changes to the Ordinance. The Sunset Review Evaluation Questionnaire and Instructions are set forth in the Los Angeles County Commission Manual (July 2017).

**ARTICLE VIII – MEETINGS**

As set forth in Section VII and IX of the Los Angeles County Commission Manual (July 2017), and additionally:

(a) Regular Meetings

- (1) The Commission holds regular meetings to conduct business, such as receiving and filing reports, discussing and taking action on recommendations, and voting to forward recommendations to the Board or other entities as deemed appropriate.
- (2) The agenda for regular meetings must be posted 72 hours in advance of the meeting in accordance with the Brown Act.
- (3) Regular meetings are scheduled on the first Thursday of the month starting at 10:30 a.m., or at such other date and time as the Commission may determine. The Commission is on recess for the month of August each year unless otherwise designated.
- (4) Regular meetings shall be held at the Department of Health Services Administration Building, located at 313 North Figueroa Street, Room 706, Los Angeles, California 90012, or at such other place as may be determined.
- (5) Regular meetings may be held with a teleconference option in accordance with the provisions of Government Code section 54953 and the Brown Act, including:
  - (i) At least a quorum of Members must participate in the regular meeting from locations within Los Angeles County.
  - (ii) The agenda must be posted in the teleconferencing Members' location at least 72 hours before each meeting.

- (iii) The teleconference location must be fully accessible to the public.
- (iv) The teleconference location must be ADA-compliant.
- (v) The public's right to testify at the teleconference location must be ensured.
- (vi) All votes must be by rollcall.

(b) Special Meetings

- (1) The Chairperson or a majority of appointed Members may call a special meeting if necessary.
- (2) The agenda of the special meeting must be posted 24 hours in advance of the meeting in accordance with the Brown Act and distributed to interested parties that have requested notification.
- (3) The date, time, location, and method of the special meeting shall be determined by the Chairperson.

(c) Planning Meetings

- (1) The Commission may hold a planning meeting to develop annual goals, review the Bylaws, and focus on Commission issues.
- (2) These meetings are subject to the Brown Act and will be properly noticed, agendaized, open to the public, and require a quorum of Members in attendance to conduct business.

(d) Standing Committee Meetings

- (1) Standing committees have a continuing subject matter and have a meeting schedule fixed by formal action.
- (2) Standing committees may not include a quorum of the entire Commission membership. All standing committees are subject to the Brown Act and must be properly noticed, agendaized, and open to the public, and require a quorum of Standing Committee members in attendance to meet.



- (e) Ad-Hoc Committee Meetings
  - (1) Ad-hoc committees are established by the Commission for a limited purpose and time.
  - (2) An ad-hoc committee may not include a quorum of the entire Commission membership.
- (f) In compliance with the Brown Act and the Ordinance, A quorum is a majority of the positions on the Commission, whether Members have been appointed to the positions or not.
- (g) Unless otherwise prescribed by these Bylaws, all Commission meetings shall be governed by Robert's Rules of Order, Revised.

### **ARTICLE IX – SITE INSPECTIONS**

In accordance with Section 3.32.040(d), and in addition to it, the Commission shall:

- (a) Health and safety conditions permitting, at minimum, conduct site inspections on a quarterly basis each calendar year of County hospitals, comprehensive health centers, and/or other facilities at such date and times that may be determined.
- (b) Prepare the site inspection schedule and appoint the site Inspection Chairperson and committee members, who should constitute less than a quorum of the Commission.
- (c) Require the site inspection committee Chairperson or designee and Commission Staff to prepare the site inspection report.
- (d) Approve site inspection reports prior to distribution to the Board, Chief Administration Officer, Executive Officer of the Board, Director of Health Services, or any other department as the Commission deems necessary.

### **ARTICLE X – AMENDMENTS**

These Bylaws may be amended by a two-thirds (2/3) vote of the Members present at any regular meeting of the Commission if notice of intention to amend the Bylaws, setting forth amendments, has been sent to each member of the Commission not less than ten (10) days in advance of the date set for consideration of each amendment.

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Los Angeles County Hospitals and Health Care Delivery Commission Bylaws adopted December 14, 1979.

Bylaws amended July 10, 1981; December 11, 1981; December 1, 1983; December 6, 1984; May 5, 1994; February 23, 2010; February 1, 2018; and June 2, 2022.



**COMMISSIONERS**

January 21, 2022

Rosemary Veniegas, Ph.D.  
*Chair*

Supervisor Holly Mitchell, Chair  
Supervisor Hilda Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

**Members:**

Barbara Siegel, MPH, J.D.  
Genevieve M. Clavreul, RN, Ph.D.  
Phillip Kurzner, M.D.  
Laura LaCorte, J.D.  
David Marshall, D.N.P.  
William McCloud, M.H.A., F.A.C.H.E.  
Elisa Nicholas, M.D.  
Corinne Sánchez, J.D.  
Monica Soni, M.D.  
Margaret Farwell Smith  
Stanly Toy, M.D.  
Michael Cousineau, M.D.

**Former Chairperson\***

Stacy Rummel Bratcher, Esq.\*  
Charles Aronberg, M.D.\*

**HEALTH FACILITIES**

*Hospitals:*

Harbor-UCLA Medical Center  
LAC+USC Medical Center  
Olive View UCLA Medical Center  
Rancho Los Amigos National  
Rehabilitation Center

*Multi-Service -  
Ambulatory Care Network  
Health Center Groups:*

Coastal  
East Los Angeles  
High Desert Regional  
Martin Luther King, Jr. (MLK)  
Metro  
Outpatient Center  
San Fernando Valley  
San Gabriel Valley  
South Los Angeles

Dear Supervisors:

The Hospital & Health Care Delivery Commission reviewed Dr. Ghaly's June 22, 2021 Report, prepared in response to the October 2020 shooting of a psychiatric patient on a medical-surgical unit at Harbor-UCLA. The Commission also reviewed DHS Policy 451, Outside Law Enforcement Contact with Patients, Revised 5/21. In addition, Mark Anthony Clayton-Johnson, Executive Director of Dignity and Power Now and Frontline Wellness Network, attended at least two Commission meetings as a representative of the public to discuss the incident. He also shared with us the Frontline Wellness Report, "Reimagining Hospital Safety," which we are attaching to this correspondence. In December 2021, Elizabeth Jacobi met with the Commission to present the proposal for the new security contract at all County Medical Campuses.

The Commission recognizes and appreciates DHS' goal of establishing a security program that creates a comfortable, safe and welcoming environment for patients, visitors and staff at all DHS facilities. We applaud the mandatory training of de-escalation techniques included in the proposed security contracts. However, and as expressed to Ms. Jacobi at our December meeting, the Commission continues to be concerned about DHS's handling of security issues for individuals with mental illness, particularly individuals under a Welfare & Institutions Code Section 5150 hold.

According to Harbor-UCLA Policy 451, Outside Law Enforcement Agency Contact with Patients, as revised in May 2021, individuals on 5150 holds are "in custody." Moreover, the Policy defines "in custody" as being "under arrest." Further, the Policy advises under Procedure I.A.1 that if hospital admission is required for an "in custody" patient who is stable for transport, the individual be transported to the Jail Ward at LAC+USC. While the Welfare & Institutions Code uses the term "in custody," it also specifically provides that the individual being held on a 5150 is not under criminal arrest. See Section 5150(g)(1). Since there is no criminal arrest for an individual being held on a 5150, Policy 451, as revised in May 2021, appears inconsistent with the Welfare & Institutions Code and the

County's de-escalation policy. While the Commission has not identified a particular case in which an individual detained at Harbor on a 5150 was transferred to the jail ward at LAC+USC, we are concerned that this policy has the potential to exacerbate a patient's already compromised mental health.

The Commission is very interested in hearing about the implementation and evaluation of Recommendation 5 from Dr. Ghaly's June 22, 2021 Report regarding a pilot training curriculum at Harbor-UCLA to de-escalate mental health incidents using Psychiatric Mobile Response Team Programs. We support and continue to believe that DHS' emphasis on policy changes and de-escalation training and policies for all staff and specialized training of dedicated PMRT staff are essential to creating a safe, welcoming and comfortable health care delivery environment. We therefore request confirmation that there will be an adequate number of appropriately trained people on the PMRT to respond to Code Golds. We are also interested in tracking the number of Code Golds and the response times at each DHS facility and request that this information be available on a quarterly basis to our Commission.

Dr. Ghaly's Report included Recommendation 6 regarding weapon screening for visitors and patients at DHS facilities. While we are unaware of any reports of DHS staff members having weapons on DHS campuses, there have been reported incidences of staff members entering local hospitals with weapons, resulting in the death of fellow employees. The Commission would like clarification of the County's intent to screen staff for weapons, either randomly or routinely.

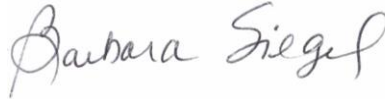
Finally, the survey described in Dr. Ghaly's letter was admittedly limited, with only 70 responses. Dr. Ghaly highlighted the need for ongoing stakeholder engagement to modify, update and improve patient safety. As part of the ongoing engagement, and as suggested by Dr. Ghaly in Recommendation 8, the Commission strongly recommends including patient and community representatives. Ms. Jacobi also recognized the need for a more extensive survey. Our recommendation is that the survey be inclusive and broad based, as well as identifying respondents by job and professional titles rather than by a simple total number of respondents. Additionally, we suggest adding representatives from multiple county commissions in addition to the Hospital & Health Care Delivery, such as the Mental Health and Public Health Commissions.

We sincerely thank you for your attention to this matter and look forward to engaging in further dialogue as we work on our shared commitment to the safety and security of patients, staff and visitors at all LA County Hospitals and Clinics.

Respectfully,



Rosemary C. Veniegas, Ph.D.  
Chairperson



Barbara Siegel, MPH, J.D.  
Commissioner



Elisa Nicholas, M.D.  
Commissioner

Hospital & Health Care Delivery Commission

Cc: Christina Ghaly, M.D.  
All Health Deputies  
All Mental Health Deputies



**COMMISSIONERS**

February 28, 2022

Rosemary Veniegas, Ph.D.  
*Chair*

Supervisor Holly Mitchell, Chair  
Supervisor Hilda Solis  
Supervisor Sheila Kuehl  
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Michael Cousineau, M.D.

RE: Support for Community Restoration for MIST Population

*Former Chairperson\**

Stacy Rummel Bratcher, Esq.\*  
Charles Aronberg, M.D.\*

Dear Supervisors:

**HEALTH FACILITIES**

The Correctional Health Services Committee of the Hospital & Healthcare Delivery Commission has three priorities for health services delivered to Los Angeles County (LA County) jail inmates:

*Hospitals:*

Harbor-UCLA Medical Center  
LAC+USC Medical Center  
Olive View UCLA Medical Center  
Rancho Los Amigos National  
Rehabilitation Center

- 1) COVID identification, isolation, quarantine and vaccination;
- 2) Medically Assisted Treatment for Substance Abuse; and

*Multi-Service -  
Ambulatory Care Network  
Health Center Groups:*

- 3) Behavioral Health, with particular attention to the Incompetent to Stand Trial population.

Coastal  
East Los Angeles  
High Desert Regional  
Martin Luther King, Jr. (MLK)  
Metro  
Outpatient Center  
San Fernando Valley  
San Gabriel Valley  
South Los Angeles

Last year LA County expanded the bed capacity of the Office of Diversion & Reentry's (ODR) Community Restoration Program for Felony Incompetent to Stand Trial (FIST). The ODR has a proven record in assisting vulnerable individuals who would otherwise experience deteriorating mental and physical health while incarcerated. We fully support and encourage further expansion of the Community Restoration Program for the FIST population!

[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

This year, we are aware that implementation of Senate Bill 317 means that individuals determined Misdemeanor Incompetent to Stand Trial (MIST) will no longer be detained in the LA County jails. Dr. Belavich informed us that Correctional Health Services worked collaboratively with the Public Guardian, ODR and the Department of Mental Health to release the MIST population from the LA County Jails. He represented that the

approximately 130 MIST individuals incarcerated in December were either released or had release plans by early January.

The ODR of the Department of Health Services has done the majority of the work to find placements and care for the MIST population released from LA County Jails. It is our understanding that ODR used existing funding to open 90 beds for the newly released MIST population. However, ODR only has funding available for these beds until June 2022.

It is essential that the LA County continue to support and fund placements for the MIST population. These individuals have on-going health and mental health needs of varying acuity, with placements ranging from acute inpatient care to open residential settings. The goal is to move these individuals into the community to be treated, connected to housing, mental health and substance abuse treatment and not return to jail. ODR is uniquely positioned to accomplish this, but without additional funding it is unable to provide the services essential for community restoration of the MIST population.

Moreover, there is an alarming national increase in referrals for competency restoration for misdemeanor offenses, as reported by the California Incompetent to Stand Trial Solutions Workgroup in November 2021 (See: [https://www.chhs.ca.gov/wp-content/uploads/2021/12/IST\\_Solutions\\_Report\\_Final\\_v2.pdf](https://www.chhs.ca.gov/wp-content/uploads/2021/12/IST_Solutions_Report_Final_v2.pdf)). Los Angeles is no exception to this trend, and Dr. Belavich reports that the Los Angeles Public Defender may seek an increase in MIST hearings to take advantage of SB 317.

We know that the LA County has many competing interests and priorities. We also know that the criminal justice system is poorly equipped to provide restorative care for individuals found incompetent to stand trial. Furthermore, without access to mental health services, individuals found incompetent to stand trial may serve more time than similarly charged mentally competent individuals. And, unfortunately, they are often released to the streets and cycle back into jail because their mental illness was not treated. Placement of these individuals with ODR, where they can be housed, receive mental health services, and be restored to productive lives will ensure better outcomes for both the individuals and our community. It is a prime example of LA County's motto, "Care First, Jails Last."

Finally, to truly incorporate LA County's "Care First, Jails Last" motto, the Commission encourages expanding early interventions for mental illness and the many individual and environmental risk factors that put individuals with mental illness at risk for involvement with the justice system.

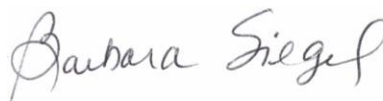
The Hospital & Healthcare Commission therefore respectfully recommends:

- LA County Leadership's active support and promotion of community placement and care of individuals found to be Misdemeanor Incompetent to Stand Trial under SB 317;
- LA County Leadership's active support of early intervention to reduce justice system involvement for individuals with mental illness; and
- Adequate funding to allow the ODR to continue to provide housing and necessary mental health and other services for individuals currently being served pursuant to SB 317. Sustainable funding to continue the important work of the ODR to ensure appropriate outcomes for the MIST population.

Respectfully,



Rosemary C. Veniegas, Ph.D.  
Chairperson



Barbara Siegel, MPH, J.D.  
Vice Chair

Hospital & Health Care Delivery Commission  
Correctional Health Services Standing Committee

c: All Board Health Deputies  
All Board Mental Health Deputies