

Los Angeles County Hospitals and Health Care Delivery Commission

ANNUAL REPORT *June 2022–May 2023*



Department of Health Services
Health Services Administration

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Los Angeles, CA 90012**

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COMMISSIONERS

APPOINTED BY

COMMISSIONER

Supervisor Hilda Solis, District 1

Rosemary C. Veniegas, Ph.D.

Supervisor Hilda Solis, District 1

Barbara Siegel, J.D., M.PH.
Secretary

Supervisor Hilda Solis, District 1

Patrick Ogawa, M.S.

Supervisor Holly Mitchell, District 2

Michael Cousineau, Dr.PH.

Former Supervisor Mark Ridley-Thomas,
District 2

William "Guy" McCloud, FACHE
Vice-Chair

Supervisor Holly Mitchell, District 2

Monica Soni, M.D.

Former Supervisor Sheila Kuehl, District 3

Laura LaCorte, J.D.

Former Supervisor Sheila Kuehl, District 3

David Marshall, D.N.P., R.N.
Chair

Former Supervisor Sheila Kuehl, District 3

Corinne Sánchez, J.D.

Supervisor Janice Hahn, District 4

Elisa Nicholas, M.D., MSPH

Supervisor Janice Hahn, District 4

Margaret Farwell Smith

Supervisor Janice Hahn, District 4

Christopher Bui, M.D., M.B.A

Supervisor Kathryn Barger, District 5

Genevieve M. Clavreul, R.N., Ph.D.

Supervisor Kathryn Barger, District 5

Phillip Kurzner, M.D.

Former Supervisor Michael D. Antonovich
District 5

Stanley Toy Jr., M.D.

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 workforce problems; and
- 4** The utilization of LA County hospital facilities;

Conduct studies and make recommendations concerning the health care policies and programs of the LA County Hospital system to the Board, the Department of Health Services, and/or other officers of LA County.

Act as a liaison between the Director of Health Services, the board, and the public in matters relating to LA County Hospitals and Health Care Delivery system.

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

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 2, 2023. The Commission's strategic priorities for 2022-23 included: COVID-19 response; Health equity; and Correctional Health Services. During the course of the year, the commission also added an ad hoc committee on homelessness. The accomplishments identified below track to these strategic priorities.

ACTIVITIES AND ACCOMPLISHMENTS DURING ANNUAL REPORTING PERIOD

COVID-19

Continuing in June 2022-May 2023, Commissioners continued to review and monitor DHS's COVID-19 response by meeting with administrators and clinicians and reviewing 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**
- **Emergency Medical Services Hospital Daily COVID Assessment Poll Report**
- **LA County Emergency Operations Center COVID-19 Update**

Site Survey

The Commission resumed its site surveys of DHS hospitals, ambulatory care facilities, community clinics and other health care providers that are operated or contracted with DHS to provide health care services. The site survey focuses on the strategic priorities of the Commission and requests documents and other information relating to patient experience, patient safety, quality measures and workforce staffing. The survey also requests information about the impact of COVID-19 on the provision of services. Commissioners streamlined the survey document to make it easier for the facilities to complete and to focus on the Commission's strategic priorities. See Appendix A. The Commission expects to meet with providers in each district and will summarize its observations and recommendations after completing its surveys for the year. Within this annual reporting period, the Commission has surveyed the following sites:

- **Correctional Health Services Forensic Inpatient Program at Men’s Central Jail**
- **Correctional Health Mental Health Services, including Inmate Reception Center, Alcohol Detox Unit, Medium and High Observation Housing and Forensic Inpatient Program Step Down Unit**
- **Olive View Medical Center**
- **ChapCare Lincoln (Pediatrics Clinic) in Pasadena**
- **Housing For Health**

Health Equity

Commissioners have met with DHS equity, diversity and inclusion leadership as well as with the leadership of the Chief Executive Offices’ Anti-Racism, Diversity, and Inclusion Initiative (ARDI) to focus our activities related to health equity.

The Correctional Health Services (CHS) Standing Committee addressed issues of equity as seen in barriers to health services among those in the jails. Across LA County, black and Latinx residents are disproportionately incarcerated and experience higher rates of mental health and substance-use related health conditions. Commissioners met with the justice and health deputies for members of the Board to advise on motions related to better health services access for people in the jails.

In October 2022, Commissioners recommended changes to the reporting of the Sexual Orientation and Gender Identity (SOGI) data in the DHS dashboards. Prior to October 2022 transgender was included as a category under sexual orientation. Federal standards for reporting transgender people are to include transgender as a category of gender identity. DHS dashboards reflected the corrected SOGI data beginning in October 2022.

On January 5, 2023, the Commissioners met with the Director of the Division of Human Immunodeficiency Virus (HIV) and Sexually Transmitted Disease (STD) Programs. Data presented by the subject matter expert indicated that Black and Latinx residents were most likely to benefit from greater availability of effective HIV prevention, i.e., pre-exposure prophylaxis. Commissioners reviewed strategies proposed to address racial inequities in access to STD treatment and care, geographic disparities, and underfunding of programs.

On February 2, 2023, the Commission met with Dr. Christina Ghaly, Director of DHS, to hear about the plans for continuous coverage under Medi-Cal as the public health emergency orders expires. Many of those served by Medi-Cal are people of color or are immigrants. We learned that My Health LA contracts would be ending as LA County anticipated that the vast majority of people served by the program would transition to Medi-Cal with the January 2024 expansion.

Correctional Health Services Standing Committee

Standing Correctional Health Committee Report

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

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

The Committee met with the following Subject Matter Experts:

NAME	ORGANIZATION/TITLE	TOPIC
Dr. Tim Belavich	Director, LA County Department of Correctional Health Services	Setting Priorities, updates on COVID, MAT, Misdemeanor Incompetent to Stand Trial (MIST), Felony incompetent to stand trial (FIST)
Sean Henderson, M.D.	Medical Director, LA County Department of Correctional Health Services	Setting Priorities, updates on COVID, MAT, MIST, FIST
Brian Hurley, M.D.	Medical Director, Substance Abuse Prevention, LA County Department of Public Health	Overview of substance abuse prevention programs in LA County
Brian Hansen	California Department of Health Care Services	Cal AIM proposal, Justice Involved Populations
Donna Kalauokalani, M.D.	California Correctional Health Services	MAT for Substance Abuse in State Prisons
Brenda Doyle, R.N.	Clinical Nursing Director, LA County Correctional Health Services	CHS Inmate Grievance Procedures
Donna Patterson, R.N.	LA County Correctional Health, Inmate Reception Center	Inmate Reception Center, Men’s Central Jail
Cathleen Beltz	Office of Inspector General (OIG), LA County	OIG Report on healthcare in LA County Jails
Brian Williams	Executive Director, Civilian Oversight Commission	OIG Report on healthcare in LA County Jails
Matthew Sexter, M.D.	Clinical Director, Addiction Medicine, LA County Correctional Health Services	MAT Program, LA County Jails

COVID-19

While the need for COVID isolation beds continued through most of this year, the urgency has slowly waned. CHS continues to test all inmates upon jail arrival. Dr. Henderson reported that newly incarcerated individuals continue to be the number one source of COVID infections in the jail. For example, while there might be 100 positive tests daily, 90 of those would be from the outside and not related to inmate contacts once incarcerated. The current COVID infection rate is 1.5% (7 day average), mostly in newly incarcerated individuals who present as positive.

Based upon feedback from Dr. Henderson, the Committee will no longer include COVID-19 as a priority issue in the future.

Behavioral Health:

After meeting with representatives from OIG and the Civilian Oversight Commission, CHS Committee members elected to do a site visit at Men's Central Jail, with particular emphasis on Behavioral Health and the Forensic In-Patient Unit (FIP) Step Down Unit. The visits were on August 11, 2022 and December 12, 2022. Some highlights from these visits:

- **Initial inmate assessments are performed by nurses. For individuals with mental health issues, there is a Mental Health clinician on site.**
- **Arriving inmates with alcohol intoxication are initially housed in the detox unit, which is constantly full. All alcohol detoxification is performed by CHS medical staff. Mental Health assessments are completed after detoxification, and if positive the inmate is assigned to a Moderate or High Observation Housing units.**
- **A full mental health assessment is done within 24 hours of the housing placement. This is the gateway to psychiatric treatment in the jail. CHS accommodates severely mentally ill inmates by flexing High Observation cells based on patient needs; however, the facility faces challenges in promptly housing new individuals upon intake due to the high number of inmates entering.**
- **The FIP Step Down Unit is 92 beds, organized into 6 pods, but since some inmates can share cells, the Unit can house a maximum of 130-140 men. The Unit is unique because in addition to a psychiatrist and social worker, there are Mental Health Assistants who are trained peer inmates who work directly with the inmates, often using incentives to teach basic hygiene, life or job-related skills and provide medication reminders. Moreover, inmates are not confined to their cells and are free to mingle within the pods.**

- **Issues we highlighted:**
 - **Insufficient beds and space, especially for High Observation Housing and to duplicate and enlarge the FIP Step Down Unit.**
 - **Human Resource issues related to the length of time it takes to on-board, often resulting in the loss of doctors, nurses, social workers and mental health technicians.**
 - **CHS faces ongoing administrative challenges with Medi-Cal activation upon release, particularly for inmates requiring intercounty transfer of their case files, due to staff shortage.**
 - **Administrative challenges with CHS release planners assisting inmates with their continuity of medical and mental health care upon release from jail.**

Correctional Health Services Treatment of Substance Abuse, Including Withdrawal

The Committee focused significant energy on improving access to MAT for Opioid and Substance Abuse. In the recent past, DHS limited MAT for Opioid Use Disorder (OUD) to 180 individuals on Buprenorphine (BUP) and approximately 10 - 20 Methadone patients a month . This was in spite of a DHS-CHS estimate that up to 1,500 inmates per day in LA County jails may need and want OUD treatment. Moreover, nationwide, 77% of inmates with an OUD who are not provided MAT relapse to opioid use within 3 months of release and post-release opioid-related mortality is the leading cause of death among individuals released from jails or prisons.

Having met with multiple subject matter experts as indicated above, the Committee developed talking points on the importance of improving access to MAT in LA County Jails. See Appendix B. Moreover, on behalf of the entire Commission, the Committee drafted a letter to the Board of Supervisors, see Appendix C, recommending the following:

- **Screen all inmates for Opioid Use Disorder (OUD), both at the Inmate Reception Center and as medically indicated or requested during incarceration**
- **Provide MAT as requested by inmates and medically appropriate**
 - **Buprenorphine, both sublingual and via injection**
 - **Methadone**
 - **Naltrexone**
- **Create and implement a data infrastructure to track MAT treatment and outcomes**
- **Ensure seamless connections to community-based OUD treatment and other services**
- **Prioritize reducing CHS and Sheriff Department barriers to MAT for OUD.**

In addition, Commission members met individually or via zoom with health and/or justice deputies for each LA County Supervisor to reinforce the importance of expanded MAT in LA County jails. Subsequently, LA County allocated significant funds for staff and MAT medications.

At the April 2023 Committee Meeting, Drs. Belavich and Henderson indicated that CHS has now administered 750 Sublocade injections and is maintaining another 225 individuals on the oral Suboxone. At least 600 inmates have received at least one dose of Suboxone. As a result, they recommended that the Committee no longer needs to keep MAT as a priority for the upcoming year.

Correctional Health Services Transition to Ad Hoc Meeting Status

At the March 2023 CHS Committee meeting with Drs. Belavich and Henderson, a decision was made and a motion submitted to the Hospital & Health Care Delivery Commission to dissolve the Standing CHS Committee in favor of an Ad Hoc Committee to address a specific CHS issue. While Committee members were interested in a focus on mental health, Dr. Belavich opined that there is considerable legal focus on mental health access in the jails, possibly preventing him from providing the Commission with the information necessary to address the issue.

The Ad Hoc Committee is still in formation, but based upon guidance from Drs. Belavich and Henderson, the topics to be considered may include:

- **Cal AIM implementation for Justice Involved Population in LA County, including coordination of multiple LA County Departments**
- **Community mental health beds and services as part of LA County's Care First, Jails Last initiative**
- **Data from CHS to be included in the DHS monthly dashboard**
- **Women's health services in LA County jail**

Ad Hoc Committee on Housing and Homelessness

The Ad hoc committee on homelessness and housing was convened to better understand and improve health related services for people experiencing homelessness in LA County. The committee met with the senior staff of Housing for Health (HfH), the LA County DHS health program located in the central Los Angeles (Skid Row) area but serving people in many parts of LA County.

- **The staff, including program directors and clinicians, described the challenges of providing health related services to the unhoused.**
- **HfH oversees 70 outreach teams that operate 7 days a week, with teams comprised of outreach workers, case managers, nurses, and specialists in substance abuse treatment and mental health throughout LA County.**
- **Many teams are nonprofit organizations operating under an LA County contract.**

- **HfH works with other street-based outreach programs including the Department of Mental Health (DMH) Home program, LAHSA, and street medicine programs from the public and the private sectors.**
- **HfH works with high acuity patients among People Experiencing Homelessness, basically the individuals who have the highest needs and are the costliest to serve.**

The Committee also learned about the unique challenges in implementing the new Medi-Cal reform program, CalAIM.

- **Because there are multiple health plans in LA County, HfH and other providers need to establish separate relationships with each for data and reporting requirements, reimbursements including rates and billing systems, quality metrics and enrollment criteria. This has contributed to the overall confusion about CalAIM, significant administrative burdens, and great effort to prevent fragmentation in implementing the program.**
- **There are ongoing problems of denials of care for those needing recuperation care services under CalAIM.**

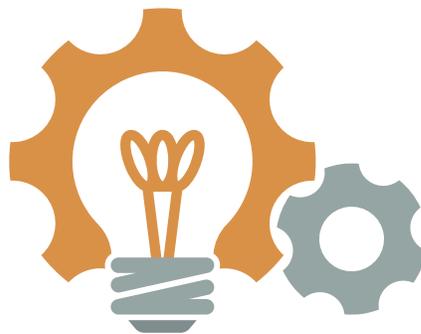
Summary: The ad hoc committee appreciated the valiant effort of HfH teams to provide medical care but also housing, mental health and addiction treatment. The ad hoc committee also discussed overlapping issues from other Commission focus areas, including MAT in the jails, mental health expansion in Skid Row, and Mayor Bass' efforts to house many encampment dwellers through the City's Safer at Home initiative. With respect to the latter, HfH and DMH continue to struggle to find resources to augment the mayor's Initiative by providing health related care to those who have been placed in temporary or permanent housing.

The Committee is also monitoring the DHS running of the downtown David Murphy Sobering Center. Discussions with the leadership helped to understand the underutilization of the Sobering Center and the effort to expand and modify the operations of the Center to make it a stronger resource for LA County and one that is more centered in harm reduction practices. The Committee will continue to focus on this effort and the problems and opportunities in housing severely ill people, the problems in implementing Cal AIM, and overall funding support for the unmet health related needs of People Experiencing Homelessness in LA County.

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:

- **Benefits Assistance for Immigrants and Essential Workers in LA (aka BAILA)**
- **CaliforniaHealth+ Advocates**
- **California Primary Care Association**
- **Community Clinic Association of LA County**
- **Immigrant Health Access Task Force**
- **LA County Community Prevention and Population Health Task Force**
- **LA County Office of Women's Health (OWH) Advisory Council**
- **National Association of Health Community Health Center (NACHC)**
- **Collaborative and Committees Health Resources and Services Administration (HRSA) Trainings and Collaboratives**



June 2022–May 2023 Meeting Schedule

Frequency:

First Thursday of each month

Meeting Time:

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

Fourth Supervisorial District Field Office
1401 East Willow Street
Signal Hill, CA 90755



Meeting location for meetings from June 2, 2022 through February 2, 2023 via Microsoft Teams and in-person from March 2, 2023 through May 4, 2023

June 2, 2022

July 7, 2022 No meeting (Recess)

August 4, 2022

September 1, 2022

October 6, 2022

November 3, 2022

December 1, 2022

January 5, 2023

February 2, 2023

March 2, 2023

April 6, 2023

May 4, 2023

2022–23 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

Fourth Supervisorial District Field Office
1401 East Willow Street
Signal Hill, CA 90755

DATE	GUEST SPEAKER
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June 2, 2022	Dr. Clemens Hong, Director Community Programs – LA County Department of Health Services
August 4, 2022	Gerson Soto, Neighborhood Legal Services of LA County
September 1, 2022	No speaker
October 6, 2022	No speaker
November 3, 2022	Dr. Nava Yeganeh, Senior Physician – LA County Department of Public Health
December 1, 2022	No speaker
January 5, 2023	Mario Perez, Health Program Manager – LA County Department of Public Health
February 2, 2023	Christina R. Ghaly, M.D., DHS Director
March 2, 2023	Marilyn Hawkins, Director of Human Resources Operations – LA County Department of Health Services
April 6, 2023	Richard Tadeo, Director of Emergency Medical Services – LA County Department of Health Services
May 4, 2023	No Speaker

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 their service in October 2021. The position remained unfilled pending necessary amendments to the bylaws.

At the November 3, 2022 Commission Meeting, the Nominating Committee presented a slate of officers for the January 2023–December 2024 term. Having performed a roll call vote, the following individuals were elected:

Chairperson:	David Marshall, D.N.P., R.N.
Vice-Chair:	William (Guy) McCloud, FACHE
Secretary:	Barbara Siegel, M.P.H., J.D.

Bylaws Amendments

In June 2022, the Commission amended the Bylaws as follows:

Article IV, Section (f) now limits Commission officers to serving no more than two consecutive two year terms in the same officer position.

Article V now provides for a procedure to elect a successor officer in the event a Commission officer dies, resigns, is removed, disqualified or otherwise unable to complete their term of office.

Article IX now provides that, conditions permitting, the Commission will conduct, at minimum, site inspections on a quarterly basis each calendar year of LA County hospitals, comprehensive health centers, and/or other facilities at such date and times that may be determined.

APPENDICES

- A. Site-Visit Form June 2022
- B. MAT Talking Points
- C. Board Memo dated January 10, 2023
- D. By Laws



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. If you have any questions, please contact us at 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*)

STRENGTHS	OPPORTUNITIES
WEAKNESSES	THREATS

- 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

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

Discussion Guide for Meeting with Board Offices on Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) in LA County Jails

OUD in Jails:

- DHS-CHS estimates that up to 1,500 individuals per day in L.A. County jails may need and want OUD treatment.¹ Currently, CHS's capacity to provide MAT for OUD is limited to 180 individuals on Buprenorphine (BUP) and approximately 50 individuals at a time on Methadone.²

Withdrawal and post release opioid-related overdose mortality

- 77% of inmates with an OUD who are not provided MAT relapse to opioid use within 3 months of release
- Upon release, an inmate who has gone through withdrawal is at great risk of overdose and death from opioid use because withdrawal induces a reduced tolerance to opioids
- Post-release opioid-related mortality is the leading cause of death among individuals released from jails or prisons. Overdose risk post jail release is more than 100 times greater than in the general population.³
- After Rhode Island broadly implemented the use of MAT in jails and prison, the post-release overdose death rate dropped by 61%.⁴

What Can Be Done?

- The most effective therapy for people with OUD involves the use of FDA-approved medications—methadone, buprenorphine (BUP), and naltrexone.
- Medication Assisted Treatment (MAT) can treat opiate withdrawal, improve survival, decrease illicit opiate use and increase the ability to fully participate in therapy and counseling elements of treatment
- MAT lowers emergency department and hospitalization costs, lowers hepatitis C and HIV rates and decreases overdose deaths.
- Inmates receiving MAT have lower health care costs when compared to inmates without MAT
- Medication First Model: Inmates with OUD are identified at Inmate Reception Center and offered a full range of treatment options as quickly as possible; maintenance MAT is delivered without arbitrary tapering or time limits; psychosocial services offered, but not required as a condition for MAT: upon release there is a smooth transition to a community provider able to continue MAT and psychosocial services if needed.

¹ Panush and Strugar-Fritsch, "Expanding Access to Medications for Addiction Treatment for Treatment of Opioid Use Disorder in Los Angeles County's Criminal Justice System," April 30, 2022

<http://ccjcc.lacounty.gov/LinkClick.aspx?fileticket=jaKE4zJGi54%3d&portalid=11>

² Commission discussions with Dr. Sean Henderson and Dr. Tim Belavich

³ <https://www.vera.org/publications/overdose-deaths-and-jail-incarceration/national-trends-and-racial-disparities>

⁴ <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/02/26/this-state-has-figured-out-how-to-treat-drug-addicted-inmates#:~:text=Rhode%20Island's%20MAT%20program%20is,and%20get%20them%20into%20treatment.>

FDA-Approved Medications to Treat Opioid Use Disorder²⁶

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
Methadone	Full agonist	Tablet, liquid, wafer	Daily	Opioid treatment program
Buprenorphine	Partial agonist	Tablet or film placed inside cheek or under tongue.	Daily	Any clinician with a waiver and appropriate license or under an OTP dispensing authority
		Monotherapy: Subutex		
		Includes naloxone (Suboxone)		
		Extended release injectable formulation (Sublocade)	Monthly	
		Implant beneath the skin (Probuphine)	Every six months	
Naltrexone	Antagonist	Tablet	Daily	Any clinician with the authority to prescribe
		Extended release injectable formulation	Monthly	

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- Medications to treat opioid use disorder reduce cravings. Because of fentanyl contaminated drug supply, people may still overdose on methadone, even while lowering or stopping opioid use. Importantly, one dose of BUP protects from overdose death for up to 72 hours by preventing other opioids from being active in the body.
- Medications like Naloxone/Narcan reverse opioid overdoses. This keeps a person alive to treat withdrawal and craving long term with BUP or methadone.
- The formulation of BUP recommended by DHS is buprenorphine-naloxone. Here, naloxone is not activated unless the medication is tampered. This protects against misuse of the medication. Hundreds of DHS clinicians are wavered to provide BUP, and are in place to rapidly expand BUP access.

Despite evidence that MAT for opioid use disorder (MOUD), reduces relapse and saves lives, it is not available for all incarcerated individuals who are eligible.

Methadone

- CHS is funded to offer Methadone, but only to individuals who enter custody with an already existing and compliant Methadone regimen that can be confirmed by CHS. CHS subcontracts the Methadone program to a vendor, BAART.

Buprenorphine

- CHS routinely offers Buprenorphine to incarcerated pregnant women with OUD. Pursuant to a legal challenge, Buprenorphine is also provided to inmates transferred to LA County Jails from state prisons
- CHS currently limits access to Buprenorphine, stating it lacks funds. Many jails in other counties in California provide BUP as a normal part of medication treatment. There is no inherent extra cost to normalizing BUP access in this way. CHS restricts BUP to 180 individuals because CHS isolates BUP delivery. This means CHS uses overtime hours for a Registered Nurse to administer the medication. CHS states that funding to expand a specialized program is dependent upon receiving a yearly amount under AB 109.
- Dr. Belavich indicates that budgetary constraints prevents CHS from expanding Buprenorphine beyond the current 180 individuals. Other county medical centers have expanded access to BUP to thousands of patients without extra funding by normalizing delivery in usual care systems. *[We understand that the California Department of Corrections and Rehabilitation and at least three county correctional health programs use the normal pill line to dispense BUP to inmates: Hennepin County, Minnesota; Orange County, California; San Bernardino County, California.]*
- Dr. Belavich estimates that the need is far greater – up to 1,500 patients daily would benefit from an expanded Buprenorphine program.⁵ Of concern is that CHS’ practice of limiting Buprenorphine to 180 patients despite an admitted need that is substantially greater might be seen as a violation of the 8th Amendment and the Americans With Disabilities Act.⁶

TAKE HOME MESSAGES:

- **Given the high prevalence of OUD among people who are incarcerated, priority should be placed on making treatment available for individuals with OUD using methadone or buprenorphine—the medications supported by the most evidence—and then connecting individuals to maintenance care upon re-entry into the community.**
- **DHS-CHS can and should prioritize reducing cultural barriers to MAT for OUD.**
- **Funding should ensure that:**
 - **Jails are able to screen anyone incarcerated for OUD, and provide MAT and counseling as medically appropriate.**
 - **Jails have adequate data infrastructure and personnel to track MAT treatment outcomes.**
 - **There are seamless connections to community-based OUD treatment and other services.**

⁵ Commission discussion with Dr. Tim Belavich, 2022

⁶ The Supreme Court ruled that “deliberate indifference” to an inmate’s serious medical needs is a violation of the 8th Amendment. *Estelle v. Gamble* 429 US 97 (1976).

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

January 10, 2023



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TO: Supervisor Janice K. Hahn, Chair
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FROM: David Marshall, JD
Chairperson, Hospitals and Health Care Delivery
Barbara Siegel

**SUBJECT: MEDICALLY ASSISTED TREATMENT FOR OPIOID USE
DISORDER IN LOS ANGELES COUNTY JAILS**

The Hospitals & Healthcare Delivery Commission identified correctional health services as a priority this year, establishing the Correctional Health Services (CHS) Standing Committee. One of the issues the Standing Committee prioritized is Medically Assisted Treatment (MAT) for Opioid Use Disorder (OUD) for incarcerated individuals in L.A. County Jails.

Correctional Health Services Director, Dr. Tim Belavich, estimated that up to 1,500 individual inmates per day may need and want OUD treatment. Despite this, CHS's capacity to provide MAT has been limited to 50 individuals at a time on Methadone and 180 individuals receiving Buprenorphine (BUP). The Commission believes that L.A. County can increase access to this evidence-based and reimbursable health service, and we are encouraged by the County's recent budget investment in a jail MAT program. The County's decision to fund MAT is consistent with the recommendation of the National Commission on Correctional Health Care (NCCHC) that jails establish MAT programs that include universal OUD screening of people entering jails, offering MAT treatment during incarceration, and ensuring MAT treatment continuity upon jail discharge (<https://www.ncchc.org/opioid-use-disorder-treatment-in-correctional-settings-2021/>). Increasing access to MAT also addresses the County's Anti-Racism, Diversity & Inclusion initiative goals as Black and Latino residents experience greater difficulty accessing these medications, especially when incarcerated.

We understand that CHS is seeking a license to administer Methadone rather than use an outside contractor. We encourage the Department of Health Services to include more than CHS providers in the license application, enabling inmates being released on Methadone to receive follow-up treatment through the County.

As the County seeks to implement and expand a MAT program in the jails, we encourage CHS to:

- Screen all inmates for Opioid Use Disorder, both at the Inmate Reception Center and as medically indicated or requested during incarceration
- Provide MAT as requested by inmates and medically appropriate
 - Buprenorphine, both sublingual and via injection
 - Methadone
 - Naltrexone
- Create and implement a data infrastructure to track MAT treatment and outcomes
- Ensure seamless connections to community-based OUD treatment and other services
- Prioritize reducing CHS and Sheriff Department barriers to MAT for OUD

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 protecting the health of inmates in L.A. County Jails.

If you have any questions, please feel free to contact Commissioner Barbara Siegel at govtrelations@dhs.lacounty.gov or commission liaison, Estevan Padilla at epadilla2@dhs.lacounty.gov.

BS:ep

c: Health Deputies, Supervisorial Districts
Christina R. Ghaly, M.D., Director, Department of Health Services
Timothy Belavich, M.D., Correctional Health Services

**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 1st. 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.

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.