



Health Services
LOS ANGELES COUNTY

Los Angeles County Hospitals and Health Care Delivery Commission

ANNUAL REPORT *June 2023–May 2024*



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.
Re-Appointed by Supervisor Holly Mitchell, District 2	William "Guy" McCloud, FACHE Vice-Chair
Supervisor Holly Mitchell, District 2	Tia Delaney-Stewart, MSN-ED, RN, PHN, CCM
Supervisor Lindsey Horvath, District 3	Laura LaCorte, J.D.
Former Supervisor Sheila Kuehl, District 3	David Marshall, D.N.P., R.N. Chair
Supervisor Lindsey Horvath, District 3	Vacant
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

In accordance with the Commission’s charter, its responsibilities are as follows:

Consult with and advise the Board of Supervisors (BOS), 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 BOS, DHS, and/or other officers of LA County.

Act as a liaison between the Director of Health Services, the BOS, 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 BOS.

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

STRATEGIC PRIORITIES

The Commission annually reviews its priorities with members of the BOS, health deputies, and the DHS Director. The annual meeting with the Director occurred on February 1, 2023. The Commission’s strategic priorities for 2023-24 included: CalAIM, Quality of Care, and DHS Workforce. During the year, the Commission also added a Standing Committee on CalAIM. The accomplishments identified below track these strategic priorities.

ACTIVITIES AND ACCOMPLISHMENTS DURING ANNUAL REPORTING PERIOD

Standing Committee on CalAIM

From June 2023 – May 2024, Commissioners continued to review and monitor the implementation of CalAIM by meeting with administrators and clinicians to analyze monthly reporting and other reports on the implementation.

Overview

[CalAIM](#) is a comprehensive, multi-year initiative launched by the California Department of Health Care Services (DHCS). Its goal is to enhance the quality of life and health outcomes for Medi-Cal members through extensive reforms in delivery systems, programs, and payment structures within the Medi-Cal program. The program was created through a Medicaid waiver that was approved by the Centers for Medicare & Medicaid Services (CMS) in 2020 and implemented beginning in 2022. CalAIM is a new benefit for people enrolled in Medi-Cal. It is a complex set of programs and initiatives that build on previous State waiver programs including Health Homes and Whole Person Care. The goal of CalAIM is to transform Medi-Cal to be a “more coordinated, person-centered, and equitable health system that works for all Californians.” CalAIM has several initiatives and target populations. Two of the prominent and early implemented initiatives are: Enhanced Case Management (ECM) and Community Supports (CS). ECM is designed to assist people who have complex and special needs to get additional services in support of resolving or better managing their health problems. Individuals are to be enrolled in ECM if they meet eligibility criteria and providers are paid an additional amount to their capitation. CS are a set of 14 community services (mostly housing related) in which local communities can use existing funds to pay for community benefits in lieu of medical or other traditional Medicaid services (ILOS). These include housing, food support transportation and more.

Population groups targeted for enrollment in CalAIM include:

- **People experiencing chronic homelessness (or at risk)**
- **Justice involved individuals who are transitioning from incarceration to the community and have complex health-related needs**
- **High utilizers (e.g five or more emergency department (ED) visits a year)**
- **Individuals at risk for institutionalization**
- **Children and youth with complex health and behavioral health problems**
- **Nursing facility residents who want to transition into the community**

More importantly, CalAIM incorporates other initiatives including [Behavioral Health Continuum Infrastructure Program](#) to improve access to community-based behavioral health treatment, and offering Medi-Cal covered [Doula services](#), and [Community Health Workers](#).

Governance and Administration

CalAIM is administered by DHCS, but each Medi-Cal managed care health plan is responsible for implementing the program in their respective counties. In Los Angeles County, CalAIM is administered by the two Medi-Cal managed care entities: [LA Care Health Plan](#) and [Health Net](#).

Standing Committee of the Hospital and Health Care Delivery Commission on CalAIM

The County of Los Angeles is implementing several components of CalAIM through DHS and the Department of Mental Health (DMH). The CalAIM Standing Committee is actively monitoring this implementation and has engaged with key leaders to assess early progress. These leaders include Dr. Clemens Hong from DHS, La Tina Jackson from DMH, and Dr. Heidi Behforouz from the DHS Housing for Health program. In February, the committee also met with Charles Robinson from LA Care, who provided a presentation on CalAIM. Additionally, in May, the committee received a presentation from Transform Health's Path Coordinator for LA Projects.

Issues and Recommendations for Ongoing Monitoring

Low participation and utilization. Participation and utilization of CalAIM have been lower than anticipated, particularly for the ECM program's target populations. This trend is evident both statewide and in Los Angeles County. To help improve CalAIM participation, DHS recently launched an internal ECM case management platform (ELM) in its EMR (ORCHID) to keep track of target populations. For the ECM Homeless Populations of Focus (PoF), DHS leveraged the homelessness flag within the registration module for identifying homeless patients to help boost enrollments. Thus, it is essential to regularly monitor enrollment among specific target populations to ensure CalAIM is successful.

Committee Recommendation: To improve the identification of individuals eligible for CalAIM, the Committee recommends exploring additional methods, such as focusing on unhoused individuals being discharged from the four county hospitals and those meeting other criteria for CS and ECM currently using DHS facilities and programs. Enhancing staff training by providing DHS staff with the necessary tools to identify eligible individuals is also crucial. Additionally, the committee suggests leveraging technology partners like LANES to streamline data exchange processes, which can help reduce duplication in enrollment and identify those eligible but not yet enrolled in Medi-Cal or ECM.

Data Reporting and Dashboards: In Los Angeles County, there is no systematic method to monitor and report on the implementation and outcomes of various CalAIM programs and activities. While data requests have been made to LA Care for the Standing Committee's work, this information should be routinely provided to the community, the BOS, as well as DHS and DMH. Without comprehensive program data on participation and outcomes – categorized by program, target population, and provider – it will be impossible to effectively monitor participation and evaluate the program's effectiveness.

Outcomes: There is a lack of data reporting on outcomes, including process measures that define intermediate outcomes. Since CalAIM aims to advance population health management, measuring outcomes is crucial for assessing the program's potential success. Without this data, it is difficult to evaluate the effectiveness of CalAIM initiatives and determine their success.

Recommendations

The Standing Committee on CalAIM of the Hospitals and Health Care Delivery Commission recommends regular CalAIM updates and the development of a data dashboard from both LA Care and Health Net managed care plans. This dashboard should be broken down by target population, program, and provider, including DHS. Additionally, LA Care and Health Net should collaborate with local foundations and the State of California to launch a formal and independent evaluation of the CalAIM initiatives.

Currently, providers across LA County, including the County and community-based providers, manage significant administrative burden and reporting requirements when participating in ECM, and CS programs. The lack of standardization across Health Plans in reporting requirements and, authorization processes and data sharing, necessitates compliance with multiple data systems and approaches. This has created significant administrative burden and added costs, leading some providers to question the feasibility and cost-effectiveness of

participating in CalAIM ECM and CS programs. Recent regulatory changes and proposed legislation aim to align these data systems, effective January 1, 2024. The BOS and DHS should continue to monitor these data reporting requirements and provide input and suggestions for any proposed regulatory or legislative changes.

Furthermore, DHS has reported that many CS service referrals were initially denied. Although this issue has reportedly improved, particularly for recuperative care, this situation should be closely monitored going forward. It is recommended that LA Care and Health Net regularly report on referrals and the services that are being approved and denied ensuring ongoing oversight and improvement.

Future Work of the Standing Committee

To integrate the work of the Committee on Correctional Health into the CalAIM Standing Committee, the Committee will focus on two areas of CalAIM as it affects 1) People experiencing homelessness and housing related services, and 2) justice involved (incarcerated being transitioned to the community).

Quality of Care

The Commission is reviewing several areas relating to quality of care, including (1) DHS quality metrics and processes to identify, manage and address DHS reportable events; and (2) patient experience relating to access to specialty care. The Commission requested presentations from subject matter experts to assist in further evaluating these areas, including Dr. Paul Giboney, DHS Associate Chief Medical Officer and Dr. Evan Raff, Director of Specialty Care. Drs. Giboney and Raff explained DHS's continued efforts to facilitate patient-centered access to specialty care from various access points, such as through enhanced hospital and emergency room discharges follow up care, which has helped DHS achieve all-time best performance in timely specialty care access. They highlighted efforts to improve specialty care coordination and patient experience, such as through programs like the DHS Cancer Navigation program, which received a 2023 Top Ten Award from the LA County Quality and Productivity Commission. In addition, they described how DHS continuously reviews and improves ambulatory operations which has successfully added more specialists in areas that their data identified as most in need, such as in podiatry. The Commission supports DHS's continued efforts to integrate data and coordinate resources throughout the health system to ensure that DHS patients receive timely and appropriate care.

In addition, following articles in the Los Angeles Times regarding patient restraint and seclusion practices at Augustus Hawkins Mental Health Center ("Augustus"), the Commission conducted

a site visit at Augustus and invited a presentation from Augustus representatives to respond to the articles. The Commission is monitoring certain changes that are being implemented to help address some of the challenges that Augustus has experienced. The Commission also sent an acknowledgement letter to the Augustus clinical and administrative staff (see Appendix).

Workforce

DHS recognizes that addressing workforce challenges is a strategic priority for 2024. During recent Hospitals and Healthcare Delivery Commission meetings, workforce issues – particularly in training, recruitment, and retention – were highlighted as critical areas requiring focused attention. Dr. Christina Ghaly, DHS Director, emphasized the significance of enhancing recruitment processes through planned Civil Service Reforms. These reforms aim to streamline hiring practices and adapt to the evolving needs of the workforce, ensuring that DHS continues to attract and retain top healthcare talent.

Moreover, DHS is dedicated to increasing capacity not only in primary care but also in high-need specialties such as podiatry, pain management and expanding geriatric care services. Prioritizing candidates with relevant expertise in these areas will help DHS meet the growing healthcare demands of Los Angeles County's diverse population. Concentrating on workforce challenges is essential for service delivery and ensures the provision of high-quality healthcare across the county.

The Hospital Commission strongly supports these initiatives and recommends continued focus on critical workforce issues. The Commission encourages DHS to sustain its efforts in reforming hiring practices and expanding capacity in key specialties, as these actions will significantly contribute to the overall health and well-being of the County's population. By addressing workforce challenges head-on, DHS can best achieve its mission of providing comprehensive, high-quality healthcare to every county resident.

Correctional Health Services Ad Hoc Committee

As indicated in last year's report, the CHS Ad Hoc Committee determined that its emphasis on Medically Assisted Treatment for Opioid Use Disorder was no longer required. As of May 2024, Dr. Henderson reported that CHS continues to offer inmates Medically Assisted Treatment (MAT) for Opioid Use Disorder. CHS offers Sublocade (buprenorphine), Brixadi (extended-release injectable buprenorphine) and Suboxone (combined buprenorphine and naloxone) when appropriate. Methadone patients have coverage on arrival and CHS can move patients to alternate MAT when appropriate.

In June 2023, the Committee met with Rhonda Bean, COO of CHS to ask her about interdepartmental issues and her priorities for the Commission's CHS Committee. Ms. Bean informed us that COVID issues were largely resolved, with all staff now immunized. In addition, Ms. Bean noted a need for an on-site CHS Urgent Care, a mobile CT and a lab at the Pitchess Detention Center. She informed us that while the MAT Program was well underway, the Department needed additional infrastructure to expand the program.

Based upon the Committees discussion with Ms. Bean, the Committee elected to focus on coordination between various county departments to create meaningful health transitions for individuals entering, staying, and leaving LA County Jails. The Committee anticipated it would involve multiple county departments, including DHS, CHS, (CHS), Los Angeles Sheriff's Department (LASD), DMH, Public Social Services (DPSS), Department of Education (DOE), Children and Family Services (DCFS) and Housing. We set a secondary priority to work on access to and continuity of medications upon entry, during incarceration, and upon discharge from LA County Jail.

Because the Justice Involved Population is a special focus for the CalAIM waiver, the Committee wanted to understand how Medi-Cal would be suspended, evaluated, re-instated and operational upon release from LA County jails. Based upon this, the Committee met with several subject matter experts (see chart below) and developed a tentative flow chart for inmate Medi-Cal determinations. The flow chart is included as Inmate Reception Center Flow Chart in the Appendix. As noted on the flow chart, the Committee found what appeared to be gaps in the flow of processing and the exchange of information between LASD, DPSS, CHS and the Medi-Cal Managed Care Plans.

In September 2023, the Commission dissolved the CHS Ad Hoc Committee in favor of a broader look at CalAIM issues. Since CalAIM has a particular focus on the Justice Involved Population, it made sense to continue the CHS work under the Commission's newly established CalAIM Standing Committee.

The Committee met with the following Subject Matter Experts and Community Members:

NAME	ORGANIZATION/TITLE	TOPIC
Rhonda Bean	COO, LA County Department of Correctional Health Services	Operational Priorities for CHS Interdepartmental Opportunities to Improve Care Coordination for Inmates
Commander Macias	Los Angeles Sheriff’s Department	CalAIM implementation for Medi-Cal enrollment for LA County Jail inmates
Mr. Martinez	LA County Department of Public Social Services	CalAIM implementation for Justice Involved Population in LA County
Dr. Lori Roscoe, R.N.	Correctional Health Care Consultants	Jail Grievance Procedures Nationally
Alex Sherman, Esq.	Member Sybil Brand Commission	Common Issues that might cross over between Sybil Brand Commission and Hospital & Health Care Commission

Quality of Care

Commissioners are active with various committees, task forces and collaboratives, which address topics relevant to the Hospital’s 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
- California Department of Health Care Services Behavioral Health Stakeholder Advisory Committee
- Immigrant Health Access Task Force
- LA County Community Prevention and Population Health Task Force
- LA County Department of Public Health Office of Violence Prevention
- LA County Department of Public Health Center for Health Equity
- 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
- Patient-Centered Outcomes Research Institute
- Youth Services Policy Group

June 2023–May 2024 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 North Figueroa Street
Los Angeles, CA 90012

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



Meetings from June 1, 2023 through May 2, 2024

June 1, 2023

July 6, 2023 (No Meeting Commission Recess)

August 3, 2023

September 7, 2023

October 5, 2023

November 2, 2023

January 4, 2024

February 1, 2024

March 7, 2024

April 4, 2024

May 2, 2024

2023–24 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
June 1, 2023	Megan McClaire, Chief Deputy Director of the Los Angeles County Department of Public Health
August 3, 2023	Dr. Clemens Hong, Director Community Programs
September 7, 2023	Lisa Wong, Psy.D., is the Director of the Los Angeles County Department of Mental Health
October 5, 2023	Dr. Nina Park (designees) - Preventative Care
November 2, 2023	Dr. Barbara Ferrer, Director of the Los Angeles County Department of Public Health
January 4, 2024	Cheri Todoroff Executive Director Los Angeles County Homeless Initiative
February 1, 2024	Christina R. Ghaly, M.D., Director of the Los Angeles County Department of Health Services
March 7, 2024	Los Angeles County Board of Supervisors Health Deputies (District 1,2,3,4,5)
March 7, 2024	Discussion on Los Angeles General Medical Center: Use of Restraints and Seclusion: Dr. Brad Spellberg, Chief Medical Officer, Los Angeles General Medical Center; Talene Keshishian, Chief of Psychiatry, Los Angeles General Medical Center; Kelly Garcia, Psychiatry Social Worker Supervisor, Los Angeles General Medical Center; and Lashonna Lunday Jackson, Nurse Manager, Augusta F. Hawkins Mental Health Center.
April 4, 2024	Jackie Contreras, Director of the Los Angeles County Department of Public Social Services
May 2, 2024	Allan Wecker, Chief of Finance, Los Angeles County Department of Health Services

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). 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:

- **Century Villages of Cabrillo**
- **Emergency Medical Services Agency Headquarters**
- **Martin Luther King Jr. Community Hospital**
- **Augustus Hawkins Mental Health Center**
- **El Monte Comprehensive Health Center**

APPENDICES

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