FINAL REPORT

2024-2025
Los Angeles County
Civil Grand Jury

County of Los Angeles
CIVIL GRAND JURY

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June 30, 2025

The Honorable Sergio C. Tapia II
Presiding Judge
Superior Court of California, County of Los Angeles
111 North Hill St.
Los Angeles, CA 90012

Dear Judge Tapia II,

Shared Trauma

The lore keeper, with her shattered past
Struggles to hold back the stinging tears
But her shining red eyes
Decry the terror of her dissolving history
Her community reduces in a mere diaspora
Kindness unexpectedly emerges
Yet, the yearning explodes
Tearing apart the healing break

Poem – Azucena Yoshikawa

As the 2024-2025 Los Angeles County Civil Grand Jury was diligently conducting its work, the County of Los Angeles was struck by fires with meteoric-like damaging results. Some of our work was affected by these fires, but we, like many Angelenos, prevailed and kept to the task.

It is true that the accumulation of those affected by the Palisades, Eaton (Altadena), and Malibu fires, that are known by this jury, encompasses many friends and relatives. One of our fellow jurors, Mrs. Margaret Hatfield, lost her home and everything that she owns in the Palisades fire but continued to report to work every day.

This, your honor, is indicative of the dedication that has been demonstrated by all of the members of the 2024-2025 Los Angeles County Civil Grand Jury. To have served with these very diligent, hardworking and thoughtful individuals has given me great pride and satisfaction.

As a tribute to Margaret, one of our jurors, Mrs. Azucena Yoshikawa used some of Margaret's own words to create the above poem.

Some of our county clients and our efforts were affected by the fires, but we recovered and stayed the course in the completion of our reports. Along the way we encountered many hardworking and dedicated individuals who are employed by the County and oddly enough the tragic incidents made us all want to talk.

The function of the 2024-2025 Los Angeles County Civil Grand Jury is to make recommendations to the County's government, and suggest improved processes and procedures that would enhance the lives of our fellow citizens. It is a daunting task because there are many dedicated and talented heads of departments who work diligently to create positive offerings, with limited staffs and budgets; with the country experiencing increasing operating costs.

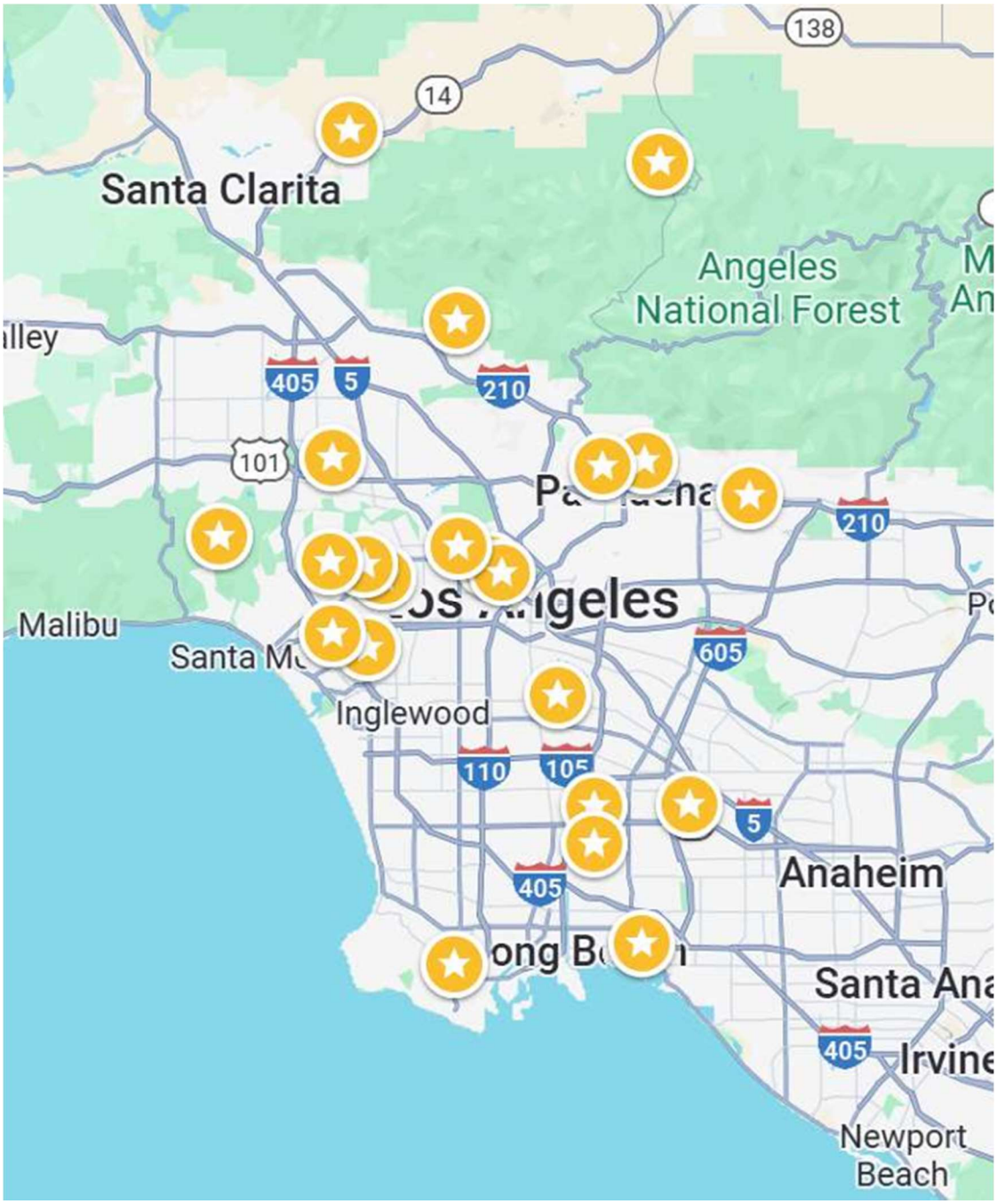
From this Foreperson's perspective it has been the best "Civics Education" ever. It was very "interactive" with humans replacing computer generated Avatars. Where else are you granted the opportunity to talk to those in government who directly influence and affect our daily lives?

The Members of the 2024-2025 Los Angeles County Civil Grand Jury did their jobs during these very tragic times and I would like to thank them all for their efforts.

Honorable Judge Tapia, along with the Honorable Judge Yvette Verastegui, Chair of Grand Jurors Committee, and The Honorable Judge Olivia Rosales, Assistant Supervising Judge of Criminal and Vice-Chair of Grand Jurors Committee, it has been a pleasure to serve you and the Civil Grand Jury Administrators who supported us every day during our term.

Respectfully,

Victor H. Lesley, Foreperson
2024-2025 Los Angeles County Civil Grand Jury



Home Cities of the 2024-2025 Los Angeles County Civil Grand Jurors

- Los Angeles
- Pasadena
- Canyon Country
- South Gate
- Sherman Oaks
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- Mar Vista
- Pacific Palisades
- Arcadia
- Cerritos
- Long Beach
- Beverly Hills
- Tujunga
- San Pedro

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2024-2025

Los Angeles County

Civil Grand Jury

Investigative Reports

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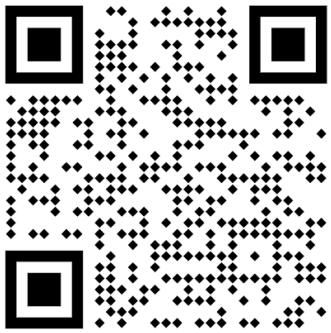

CRISIS IN THE ANIMAL SHELTER

2024-2025
Los Angeles County
Civil Grand Jury

CRISIS IN THE ANIMAL SHELTER

“NOTHING CHANGES IF NOTHING CHANGES”

If a man aspires to a righteous life, his first act of abstinence is from injury to animals- Albert Einstein

PLEASE ADOPT ME[1]

SUMMARY

Across the United States, animal shelters are being pushed to the brink. According to the most current animal facts and statistics,[2] around ten (10) million animals die from abuse, neglect, and cruelty each year in the United States. Five states, which includes California, are responsible for 44% of animal shelter

[1] All photos included in this Report were taken by the 2024-2025 Los Angeles Civil Grand Jury with prior permission from City of Los Angeles Department of Animal Services, Los Angeles County-Animal Care & Control, and Pasadena Humane

[2] https://www.usatoday.com/money/blueprint/pet-insurance/animal-abuse-statistics/ USA Today, Animal abuse facts and statistics 2025,Sept. 25, 2024; accessed May 6, 2025

euthanasia annually.[3] It follows that the animal shelters in Los Angeles County, being the most heavily populated, would be a major contributor to those numbers.

The final report 2017-2018 Los Angeles County Civil Grand Jury (CGJ) contained a thorough investigative report on the animal euthanasia rates in the Los Angeles City and County animal shelters. Their reports were extremely thorough and well worth revisiting. Upon further review, the CGJ found two additional investigatory reports on the animal shelters within the 1998-1999, and 2000-2001 Los Angeles County Civil Grand Jury's Final Report.

Subsequent to the release of the final 2017-2018 report COVID-19 pandemic hit. Starting in 2019-2020, closures were mandated which severely restricted access of the public to the shelters. According to interviews with shelter employees we were informed that many people who were forced to stay home during the shutdown found comfort in acquiring a new pet.

The 2024-2025 CGJ found it appropriate to explore the impact of the post-pandemic environment of people returning to work, and how, or if, the change in status presented challenges to the shelters. On June 1, 2024, just one month prior to the commencement of the current CGJ term, a senior employee at a local Los Angeles Shelter was severely mauled while attempting to retrieve a dog to show to a rescue group. Due to staffing shortages, she was alone in the kennel area and was unable to obtain emergency assistance. The incident was widely publicized in the Los Angeles Times Newspaper (6/01/2024), the Long Beach Press Telegram (6/12/2024), and network television, NBC Los Angeles (6/05/2024, and 6/12/2024).

As a result of this incident, coverage, and in view of the three previous reports, the CGJ determined that it needed to expand the investigation beyond euthanasia in the City and County shelters.

The 2017-2018 CGJ's final report has been posted online at: http://grandjury.co.la.ca.us/cgjreports.html.

[3] Ibid

BACKGROUND

The Role of Animal Shelters

An animal shelter is a facility which houses and cares for abandoned, lost, surrendered, or mistreated animals. They provide essential services not only to the animals in their care, but also provide an invaluable service to the community.[4] The shelters provide adoptive services, reunification of lost pets with their families, affordable medical care, and community food banks when possible, education in responsible pet ownership, by providing spay/neuter programs they help contain pet populations, and provide humane euthanasia services when required.

The establishment of the City of Los Angeles animal services reaches back to the Civil War era when in 1863 the Mayor appointed a Pound Keeper and established a public pound to restrict errant livestock from the Los Angeles

[4]https://www.aspca.org/adopt-pet/adoptable-dogs-your-local-shelter accessed May 6, 2025

River.[5] From that humble beginning, the animal care services have grown and evolved into the programs we know today throughout Los Angeles County.

The goals statements for the Los Angeles County (County) and the City of Los Angeles (City) are as stated as follows:

County: The goals of the Los Angeles County Animal Shelter are to provide high-quality, effective, and caring service to animal and residents. They achieve this through effective enforcement, education, intervention, and by addressing community needs. Their vision is to have people and animals thrive, interact safely, and have every animal find a safe and loving home.[6]

City: The goals of the Los Angeles City animal shelters include the protection of people and animals through compassionate care, effective enforcement, education, and intervention. Their aim is to build a stronger, more compassionate animal care system that is humane, safe, effective, and sustainable. Community participation is crucial in achieving these goals.[7]

While both the City and County goals are similar, lofty, and highly commendable how close are they being met? Given the chronic lack of staffing and funding, one wonders.

Low-Kill vs. No-Kill, Socially Conscious Animal Sheltering

The term No-Kill animal shelter has often been used to describe a shelter in which euthanasia of animals is not performed in most cases. In reality, Low-Kill is the more appropriate description, since animals are still humanely put to sleep. With a Low-Kill shelter the length of time in the shelter is no longer the deciding factor for euthanasia of an animal as it had been in former times.[8]

In order to overcome complex and often controversial and unrealistic expectations that are associated with No-Kill or Low-Kill descriptions, Los Angeles County has adopted a model of “Socially Conscious Animal Sheltering” (SCAS).[9] The SCAS model “strives to create the best outcome for all animals by treating them respectfully and alleviating their suffering. The mission is to maximize live actions, while also balancing animal comfort and public safety”.[10]

During our onsite visits, it was pointed out that the Shelters provided an important role in disaster response and support for the communities they serve. Although this information was noted at the time, this support became clearly evident when,

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[5] https://lacity.gov/highlights/department-animal-services-153-years-animal-care Department of Animal Services: 153 Years of Animal Care Posted 6/29/2016; accessed May 7, 2025
[6] https://animalcare.lacounty.gov, accessed May 6, 2025
[7] https://www.laanimalservices.com/read-our-story Mission, Vision and Values accessed 5/7/25
[8] https://animalcare.lacounty.gov
Los Angeles County Department of Animal Care and Control Overview 2024
[9] https://scsheltering.org/ accessed May 7, 2025
[10] Ibid

in early January, 2025, rapidly spreading wildfires in Los Angeles County displaced thousands of people as well as pets and wildlife. The CGJ would like to commend the Los Angeles County Department of Animal Services, City of Los Angeles Animal Services, and Pasadena Humane, as well as, the many other animal rescue organizations which went above and beyond to provide care in an unprecedented situation.

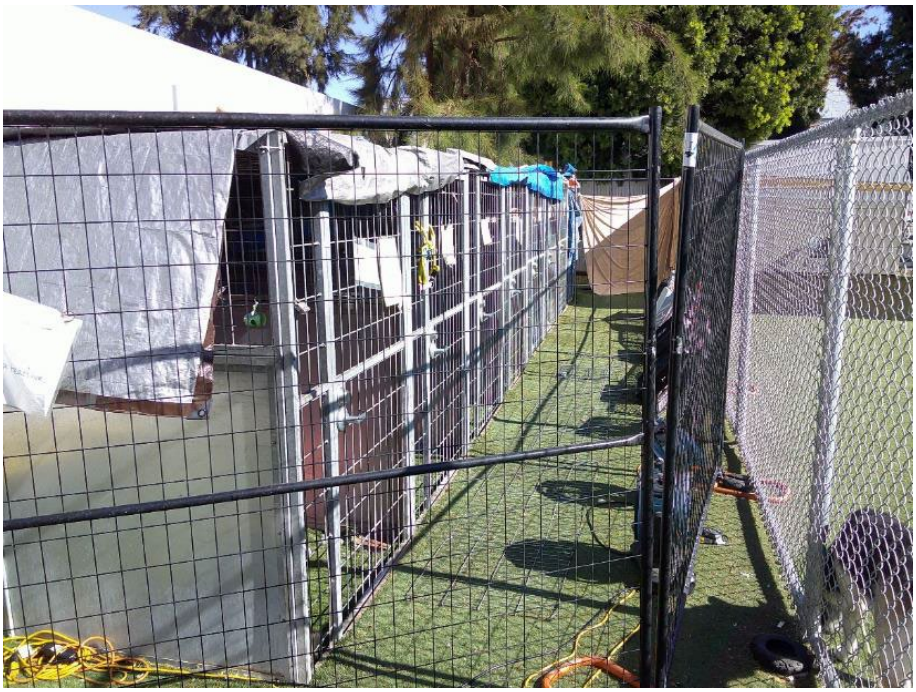
Services

Typical services provided by the shelters include but are not limited to the following:[11]

Animal care
Spay neuter
Micro-chipping
Vaccination and medications
Arranging pet adoptions
Community pet food banks
Rescue group liaison
Emergency response
Education
Euthanasia
Community cats

Overcrowding

[11] https://controller.lacity.gov/laas_transparency_report.pdf ; https://pasadenahumane.org/wp-content/uploads/2022/04/22_03_2021_Annual_Report_Final_Web.pdf



ANIMALS HOUSED IN EXERCISE YARD WAITING AREA COVERED WITH TARPS TO PROTECT ANIMALS FROM HEAT FROM DIRECT SUNLIGHT
PHOTO TAKEN AT THE WEST LOS ANGELES ANIMAL SHELTER

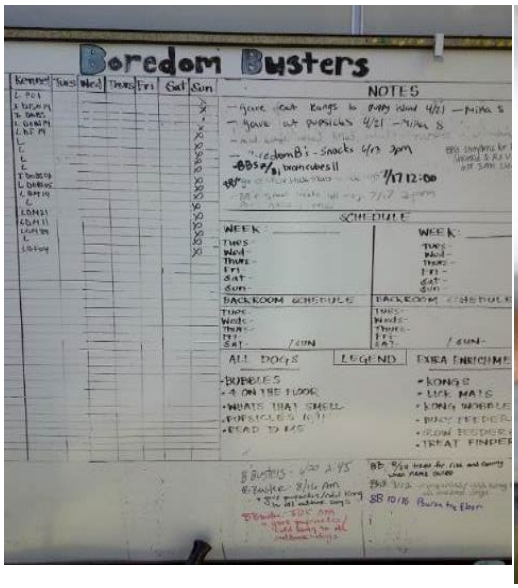
Overcrowding in the shelters is attributable to such factors as outlined below:[12]:

The rise of No Kill Shelters
Strays
Owner surrender
Lost pets
Confiscation due to abuse/hoarding
Economic hardship

Staffing

Volunteering at the Shelters

[12]https://www.nbclosangeles.com/news/local/yet-another-overcrowding-crisis-looming-over-la-animal-shelters/3691485/ accessed 5/6/25



Two recurring themes starting from the 1998/1999 CGJ final report to the present are chronic underfunding and understaffing of animal shelters in both the City and County facilities.[13]

Every animal shelter should strive to provide optimal care for its animals. In order to do so, it is the responsibility of the facility to maintain an adequate and engaged workforce at an appropriate level to ensure that the high level of care is provided consistently on a daily basis

In a March 22, 2023 Los Angeles City Transparency Report[14] according to the City and County Animal Services, there were only 300 staff members in their six shelters and more than 2,000 volunteers augmenting the workforce. During the site inspections by the CGJ of both the City and County animal shelters and interviews with shelter management, the problems of inadequate staffing and overcrowding were still a chronic problem. Based on our interviews and observations, the entire body of workers, both regular and volunteer, appeared empathetic towards the animals in their care.

The staffing shortages are exacerbated by unfilled positions, employees on leave, and shortages of qualified personnel as in the case of veterinarians. In the

[13] https://abc7.com/los-angeles-animal-shelters-councilmember-paul-koretz-la-animals/12304748/ accessed May 6, 2025

[14] https://controller.lacity.gov/laas_transparency_report.pdf L.A. Animal Services. March 22.2023 accessed 5/6/25

case of veterinarians there is a nationwide shortage.[15] Due to this shortage the salaries the veterinarians can make outside of the County and City shelters exceeds the existing pay structures and creates a further problem in hiring.

It's All About the Money

DONOR RECOGNITION WALL AT PASADENA HUMANE

Of the $45.628 billion 2024-25 recommended budget for the Los Angeles County annual budget $399 million (8.75%) was allocated for Animal Care & Control operations.[16] The Los Angeles City's proposed $13.1 billion budget for the 2024-25 period allocated $30,307,409 (0.23%) with 92% of the budgeted funds allocated to salaries.[17]

Alternative methods of funding are available to augment the budgets which include: Corporate sponsors, Private donors, Nonprofit 501(C) 3 organizations, and Grants.[18]

The lack of money has created a situation in which improvements and repairs to Shelters have to wait. For example, the Committee observed the exercise yard at the City shelter at Chesterfield Square and found that it has no ground covering and was muddy. We were told that a request had been made a number of years ago but they are still on the waiting list. We also observed that the air conditioning systems in some areas at the Harbor, Chesterfield Square, and Lacey Street shelters were not working properly. The staff at the shelters had brought in portable air conditioning units when available or provided ice in the water bowls.

[15] https://www.usatoday.com/story/news/nation/2024/04/29/pet-care-animal-hospitals-veterinary-crisis/73096878007/ accessed May 6, 2025
[16] County of Los Angeles 2024-2025 Final Recommended Budget Charts;
[17] City of Los Angeles 2024-2025 Budget Summary; LA Animal Services Department to be under audit by City Controller's office, published December 4, 2024
[18] https://lacountyanimals.org/ accessed May 6, 2025

The Los Angeles County has as affiliated nonprofit 501(C) 3 charitable organization, the Los Angeles County Animal Care Foundation[19], which allows contributions by corporate sponsors and the public. This allows repairs and additions to be made such has, hiring a grooming service, providing a get acquainted area for cats, replacing a fence and gate. The two additional Shelters we visited, SEACCA (South East Animal Control and Adoption Center) and Pasadena Humane are both able to accept charitable contributions. In fact, Pasadena Humane is a 501(C) 3, and as such is able to provide outstanding care for the animals and service to the community.[20]

The City Shelters, encourage donations, but do not have a formal tie in to a specific nonprofit charitable organization.

The City of Los Angeles is currently facing a nearly one billion dollar deficit in its 2025-2026 budget. Drastic measures must be taken to balance the budget Unfortunately, Los Angeles animal services is one of the Departments to be most negatively impacted by austerity measures.[21] The budget cuts to an operation already operating on a financial shoestring will be cut even further. It is anticipated that 3 of the 6 City Shelters may be forced to close.[22] The result will dramatically increase overcrowding in the remaining shelters, skyrocketing euthanasia rates, and a marked decrease in access and service to the public.

METHODOLOGY

A committee of CGJ members chose to visit each of the Los Angeles County for shelters comprised of

[19] https://lacountyanimals.org/ Los Angeles County Animal Foundation accessed May 6, 2025
[20] https://pasadenahumane.org/about/ accessed May 6, 2025
[21] https://www.foxla.com/news/los-angeles-animal-shelters-closing-overcrowding-karen-bass-budget-cuts, April 24, 2025;
[22] https://www.msn.com/en-us/news/politics/la-residents-protest-budget-cuts-that-could-shut-down-half-of-city-s-animal-shelters/ar-AA1DIKY7 accessed May 6, 2025

Agoura
Baldwin Park
Castaic
Carson/Gardena
Downey
Lancaster
Palmdale

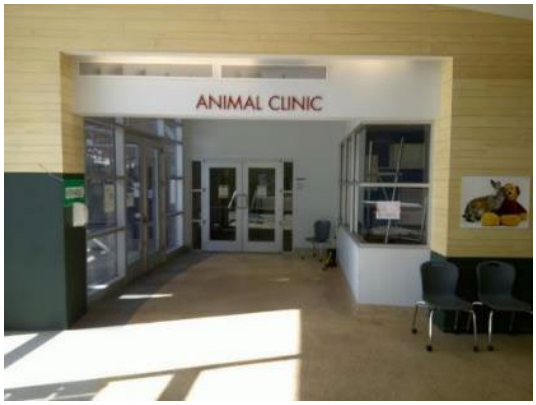
The Committee also visited each of the Los Angeles City Shelters comprised of:
South Los Angeles/Chesterfield Square
East Valley
Harbor
North Central/Lacey Street
West Los Angeles
West Valley

Two additional shelters, Pasadena Humane and SEAACA, were also visited.

During each visit the Committee interviewed key staff members, which included the director, veterinarian, animal care technicians, and volunteers. The Committee also inspected the physical plant, number of animals in the shelter vis-à-vis the capacity and inquired about adoption success, staffing levels, number of volunteers, inquired after the treatment of the animals, medical support, rescue organizations, community outreach and involvement, promotions, and euthanasia. At each of the shelters the shelter management was given the opportunity to provide the Committee with additional information if they wished.

DISCUSSION

THE DOCTOR IS OUT



When we toured all 7 County shelters as well as the 5 Los Angeles City Shelters, we made a disappointing discovery: Veterinarians were scarce!

The problem, we were told, was the national scarcity of Veterinarians (Vets) and the pitiful opportunities afforded to Vets in County and City shelters. There was no possible way the shelters could offer to pay a Vet what they could realistically earn in private practice.

We were introduced to one or two veterinarians who were on duty at the shelters, but both confirmed that they could only devote time sporadically - one day here, and one day there – and sometimes, not at all. Certainly when able to visit a shelter, they could not spend enough time with each of the animals in all shelters. We were fortunate, however, to meet with one veterinarian who took the time to talk about her practice and the animals in her care. Her love and dedication was apparent.

Pet Adoptions: Don't listen to that man behind the curtain!

Various media would have us believe that homebound people were adopting pets left and right during the Covid lockdown, but returned their furry friends once they went back to work, overloading shelters. That would explain a lot of things, but is it true? Our research tells another story.

According to an American Veterinary Medical Association (AVMA) report published on August 25, 2021 and retrieved on the internet, "The number of pets adopted from shelters in 2020 was the lowest in five years, based on data from over 4,000 shelters across the[23] country." In fact, AVMA says, according to Best

[23] https://avmajournals.avma.org/ accessed May 6, 2025 Are we in a veterinary workforce crisis? American Veterinary Medical Association retrieved 2/10/2025

Friends Animal Society, 2020's estimated 2.3 million adoptions (46% dogs and 54% cats). "When we look at animal shelters," AVMA says, "pandemic pet adoptions may not have been as dramatic as the media portrayed."[24]

The reason for the decrease, AVMA states, was a smaller pool of animals available; there were fewer dog and cat intakes into shelters, and fewer people were relinquishing their pets. In addition, AVMA says, animal control was less active in picking up strays. Most importantly, the pet population had been kept down due to an effective spay/neuter program.

The information gathered proved there was a dichotomy in the numbers. Although the adoption rate had risen from previous years, the number of pets adopted was "substantially" down. So the question is: Why are the shelters overflowing with animals?

After speaking with shelter personnel, we believe one of the biggest concerns was the cost of keeping a pet. Veterinary costs, as well as general day-to-day care, were and are becoming prohibitive for many in the population. As a result, owners had to give up their beloved pets.

But shelters have tried to find ways to prevent pets from being relinquished. Some that we visited set up pet supply and food banks, with goods donated by pet food companies and charities, while a few scheduled "spay/neuter" days to help the public with the cost of these procedures. The shelters have assured us that they do everything possible to help a pet owner keep their pets in the home and not relinquish them to the shelter.

Preparing Pets for an Emergency

"What are the chances? It happens to other people. It will never happen to us!"

With massive destruction suffered in the January 2025 Southern California fires…YES, it can happen to us. And it can affect not just us but animals, too. What happens to them in an emergency?

In the CGJ's investigation of the County shelters located in fire-prone areas, we were relieved to discover that the rural shelters have escape plans for their

[24] https://humanepro.org/magazine/articles/fact-check-were-pets-adopted-during-pandemic-returned-large-numbers accessed May 7, 2025
https://pasadenahumane.org/about/who-we-are/more-than-a-shelter/

animals. Large vans are parked and at the ready to move the animals to other locations. Such as, the American Red Cross Sheltering Site at El Camino High School and the Los Angeles Equestrian Center and Industry Hills Equestrian Center, and out of state locations.[25]

As the *Beverly Hills Courier* reported, "When fires broke out across Los Angeles on Jan 7, many residents rushed to evacuate in time, leaving behind their homes, possessions and, in some cases, pets."[26] One resident whose cat needed rescue reportedly enlisted the help of a friend who knew a back route into the fire area. That one cat rescue led to another, and before long, the Beverly Hills Police Department (BHPD) got involved, and in the end, the Beverly Hills Courier reported, the good Samaritan and the BHPD rescued or fed cats, chickens, a gecko, fish and frogs and numerous birds, both domestic and exotic.[27]

The BHPD didn't stop there. They began an email campaign for residents entitled "BHPDalert[28]," sending a message to the community when they found a lost pet. Each message would include pictures of the animal and encourage residents to assist in the reunification with its owner. In most cases, an "OWNER FOUND!" email was sent within 24 hours, though the emails did admonish owners to "make sure your pets are `microchipped and wearing proper ID at all times. A simple tag with up-to-date contact information can make all the difference in quickly reuniting you with your furry friend."

An Official U.S government webpage entitled "Prepare Your Pets for Disasters"[29] also exists. It recommends:

1. **Make a plan:** Prepare a safe space to evacuate your pets. Implement a buddy system with neighbors, friends or relatives.
2 **Build an emergency kit:** An emergency kit for a pet is just as important as one for the family. Basic survival necessities should include:
    a. **Food and Water**
    b. **Medicine**
    c. **First-aid kit with instructions from the pet's veterinarian**
    d. **Collar with ID tag, as well as a harness or leash**
    e. **Copies of pet's registration information and other relevant documents**

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[25] https://lacounty.gov/2025/01/08/emergency-animal-sheltering-sites-for-los-angeles-county-wildfires/ Emergency Animal Sheltering Sites for Los Angeles County Wildfires Jan 8, 2025 accessed May 7, 2025
[26] https://beverlyhillscourier.com/ , Jan. 24, 2025, pg. 1
[27] https://beverlyhillscourier.com/, Jan 24, 2025, pg. 13
[28] https://www.beverlyhills.gov/ accessed May 6, 2025 Weekly local newspaper serving Beverly Hills and surrounding communities
[29] https://www.ready.gov/pets access May 6, 2025

f. **Travel bag, crate or carrier**
g. **Grooming items**
h. **Sanitation needs**
i. **A picture of you and your pet together**
j. **Items familiar to the pet to reduce stress, such as toys and/or treats**

A MEMBER OF THE FAMILY, OR A DISPOSABLE DISTRACTION

It's Christmas morning, and excitement fills the house of Family #1. A child eagerly opens an oversized box to find that Santa has brought an adorable puppy or kitten down the chimney and placed it under the tree. Tears of joy follow. Just what they always wanted---or what their parents really wanted! Who could resist such an adorable bundle of joy?

The pet industry is a $99B market, especially in the first year of a dog or cat's life.[30] Little Fido or Tinker Bell must have all the accoutrements befitting their station in life and in the household. There's food and water, place mats and bowls, collars and ID tags. Then, there's the dog's bed and blankets, medicines and toys, and, of course, in some cases, clothes for the new puppy. And what about the family car? What about those animal carriers so little Fido can look out of the window and watch the world pass by his little wet nose? We can't forget about the dreaded visit to the vet. Spaying or neutering costs money, not to

[30] https://www.forbes.com/sites/richardkestenbaum/2024/04/10/the-pet-industry-is-doing-great-and-getting-worse/, Accessed February 19, 2025.

mention the cost of the appointment. Then there's the "cone of shame" (as referred to in the animated movie *Up*) and the follow-up visits.

But then something happens! Little Fido or Tinkerbell is no longer a puppy or kitten. That tiny, adorable little fur ball is growing up and becoming a dog or cat. Interest may begin to wane. Family situations change, and in some cases, the family can no longer afford a four-legged member. With no other options, the pet ends up at an animal shelter.

Shelters are filling up, but Family #2 doesn't want to consider a grown dog or cat---and definitely not a senior. Instead, they search the internet for the perfect addition to their family. A reputable breeder displays just the right match, and the same cycle begins again. Family #2 arranges to pick up their new addition at a specified "place on the map," or they meet their new pet at the freight area of LAX.

Later, the same thing happens with Family #2 as with Family #1: the once-expensive, internet-found animal is either A) becoming more expensive; B) turning into a nuisance; or C) growing too big.

Change scenes:

The grown-up, too expensive, or too big Fido has been relegated to a too-small enclosure or, perhaps he is sharing his cramped home with two or three other similar-sized pups. Grown-up Tinkerbell has found herself in a cage. Fido is scared, huddled in the corner, hugging the wall of his cage. Tinkerbell is confused, curled up in the back of her little confined space. Although frightened, both animals now find themselves in a shelter. Fortunately, it is post September 22, 1998, when the "Hayden Act" was passed as Senate Bill 1785. The Hayden Act amended California Law, extending the minimum impound time from 72 hours to 4 or 6 business days and requiring the animal to be released to nonprofit animal rescue or adoption organization.[31] Even with the Hayden Act, these animals linger, neither adopted nor fostered, pacing their too small spaces. Weeks pass, and they become nervous and anxious. Humans walk past their cages and nothing changes. Eventually, something does happen, however…

Someone takes them out of their confinement.

Someone takes them into a small room and pricks them with a needle.

They go to sleep.

[31] http://www.leginfo.ca.gov/;pub/97-98/bill/sen/sb_1751-1800/sb_1785_bill19980923_chaptered.html

Forever.

A Rescued Dog

They always seem to pass me by.
I never knew the reason why.
All my friends had found a home,
And only I remained alone.
But finally somebody came,
And spoke to me with gentle tone.
I hardly dared believe it true.
Into my human's arms I flew.
Our first embrace – my heart beat fast,
A family of my own at last!
And when tonight I rest my head,
In my new and warm cozy bed
A prayer I'll send high up above,
May all the shelter pups find love.

By Anastasia Ormeron
Facebook posting 6/17/21

FINDINGS

1) The site visits by the CGJ Committee confirmed the multiple previous reports[32] that decades' long understaffing and chronic lack of funding continues unabated at the animal shelters.
2) Shelter operations and animal care are a 24 hour per day/7 day a week responsibility.
3) Most of the shelters are subject to overcrowding.
4) Both City and County animal shelters rely heavily on community involvement and volunteers to augment their work force.
5) Enrichment for the animals takes a back seat to basic care and usually is offered by volunteers.
6) The majority of the facilities are in need of maintenance, repair or upgrades. Downey, Baldwin Park, Chesterfield Square, and Lacey Street need the most immediate attention.
7) The Los Angeles Animal Services Department administration has been in a state of flux for the past few years. Upper level management has changed and an acting manager has been in place for about a year.[33] During this period of instability the euthanasia numbers have doubled over the prior year.[34]
8) The North Central Shelter, aka Lacey Street, was closed during the Covid pandemic and underwent a major renovation during the closure. While the resulting changes appear to be well done, sleek, modern, and efficient. A closer look tells a different story. The overall renovation leads a lot to be desired.
    a. The CGJ members found on their visit that the new aggregate floors throughout the interior of the facility had, with the exception of one section, not been sealed. The porous flooring was very hard to clean and presented a health hazard to the shelter since they could not be sanitized.
    b. In some rooms the drains in the floors were higher than the floor and could not be hosed down without flooding the rooms.
    c. In the lobby there was a floor to ceiling exercise area for cats. It was covered by glass on both sides to be an attractive addition to the facility intended to attract the public to adopt one of the cats. The fly in the ointment, however, was there was limited access to the inside of the cat run and the glass could not be cleaned on the inside thus making the display ineffective for its purpose.

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[32] https://controller.lacity.gov/laas_transparency_report.pdf Transparency Report Los Angeles Animal Services Shelter Operations & Animal Care, March 22, 2023 accessed May 7, 2025

[33] https://www.latimes.com/california/story/2024-08-16/l-a-animal-services-manager-on-leave Top leadership in flux at trouble L.A. Animal Shelter dated Aug. 16, 2024, accessed May 7, 2025

[34] https://www.westsidecurrent.com/news/audit-to-examine-los-angeles-animal-shelter-challenges-amid-overcrowding-and-euthanasia-concerns/article_a1b2f372-b5cb-11ef-9233-ab9a390899f5.html Dec. 9, 2024, accessed May 7, 2025

d. The room designed to house reptiles did not contain any electrical outlets. Since cold blooded reptiles need to be kept warm to survive extension cords had to be run into the room to provide the requisite heat.
e. The medical suite had its own special problems. These problems include an operating room with no working ceiling lights, room humidifiers that when used, melt the paint on the walls.
f. An observation hallway, which was designed with large windows to allow recovering animals to be monitored, causes the patients to be agitated every time any of the medical staff walked by. The observation windows are currently covered by newspapers to keep the animals calm.
g. The large dishwasher used to keep the feeding bowls clean was not working and had been out of order for a number of months.
h. The only suite where aggregate flooring had been sealed has been leased to an outside agency which provides low cost spay and neutering, and vaccination services. While the floors are clean and no longer run the risk of spreading disease, the metal holding cages have particle board backs which prevents them from being sanitized and cleaned properly.
i. The outside exercise yard abuts the freeway on one side and a park on another. There are homeless camps in both of these areas and the activities, noise, and distractions from the camps impede the behavioral assessment and/or socialization of the dogs under the shelter's care. [Note: All photos shown in the following pages were taken by the Jury with permission from the shelter.]








9) The community has an integral role in the success of the shelters. Examples include the extreme willingness to volunteer and tying in to school credits. Santa Monica High School gives credit for students who volunteer at the West Los Angeles Shelter, or Agoura High School running team who work with the Agoura Shelter to take dogs on runs, or the Home

owners associations which include photos and intakes of animals at the Harbor shelter on their websites, the many people who foster animals, and/or the many rescue organizations who help reduce overcrowding and save lives.

RECOMMENDATIONS

1.1 Both City and County animal shelters should hire more regular employees to offset reliance on volunteers to ensure regular, consistent care of the animals under their care.

1.2 There is an outsized reliance on volunteers to make up the regular workforce in the shelters. An Optimal number of regular employees to care for the animals should be developed while volunteers are always welcome and encouraged they should be considered to augment the shelter staff

1.3 The City should establish a 501(C) 3 program similar to the LA County to maximize donation participation.

1.4 The Lacey Street shelter facility should be re-visited and the problems identified in Finding #8 corrected.

1.5 The Chesterfield Square shelter should renovate the exercise yard.

1.6 The City should consider expanding legal dog ownership to mirror that of the County from the current maximum of 3 dogs per household to 4 dogs.

1.7 Both the City and County should consider expanding formal outreach programs to the local high schools and community organizations in such areas as volunteering, responsible animal care, and ownership.

1.8 Retired veterinarians should be considered as a resource for offsetting the shortage of trained professionals.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60) days after the CGJ publishes its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made no later than ninety (90) days after the CGJ publishes its report and files with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

All responses to the recommendations of the 2024-2025 County of Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 W Temple Street, Thirteenth Floor, Room 13-303
Los Angeles, CA 90012

Agencies	Recommendations
City of Los Angeles Department of Animal Services	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8
Los Angeles City Council	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8
Los Angeles County Board of Supervisors	1.1, 1.2, 1.7, 1.8
Los Angeles County-Animal Care & Control	1.1, 1.2, 1.7, 1.8
Mayor Karen Bass	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8

ACRONYMS

AVMA	American Veterinarian Medical Association
BHPD	Beverly Hills Police Department
CGJ	2024 -2025 Los Angeles County Civil Grand Jury
City	City of Los Angeles
Committee	Members of the 2024 -2025 Los Angeles County Civil Grand Jury
County	County of Los Angeles
Shelters	All City and County Animal Shelters
Vets	Veterinarians

COMMITTEE MEMBERS

M. Wayne Metcalf, Committee Chair
Lynn Gidlow, Committee Co-Chair
Maria T. Maynes, Committee Secretary
Jenalea Smith, Member

UP AGAINST THE WALL

2024-2025
Los Angeles County
Civil Grand Jury

UP AGAINST THE WALL

EMERGENCY ROOM CROWDING AND AMBULANCE OFFLOAD DELAYS

EXECUTIVE SUMMARY

Most of us living in Los Angeles are familiar with heavy traffic. When we see an ambulance weaving its way through traffic and intersections, we imagine a critically ill patient on the way to receive treatment. We think that a team of emergency professionals will soon be working furiously to provide the patient with lifesaving care; while the ambulance drives off to return to service and answer another call. Unfortunately, the hustle and bustle and rush often ends when the ambulance arrives at the hospital.

We expect a team of nurses and doctors waiting to tend to the patient, springing into action when the patient arrives.

Instead, we discover a crowded ER filled with other patients, some of whom have been waiting hours to be seen.

The patient within an ambulance cannot be offloaded to the hospital, so the ambulance crew will not return to service in the field. When this happens, the aforementioned crew is “on the wall” or “holding the wall.”

The causes for this are systemic, deep, and can appear intractable. It may seem, at times, that our healthcare system is broken, but the fact is that more patients than ever are being seen and treated. We will discuss the history and causes of emergency department waiting, and make reasonable recommendations for improvements to facilitate movement of patients through the emergency department. When an ER crowds, it is generally not only because there are too few doctors and nurses to “handle the rush.” It is often a matter of being able to view the problem holistically, and aligning normal practices and procedures of several departments and services, while maintaining good care of the patients throughout the hospital.

BACKGROUND

The 2024-2025 Los Angeles County Civil Grand Jury (CGJ or Jury) made tours of some of the medical centers and hospitals in the County of Los Angeles (County), and, as a result of these tours, grew interested in a number of the problems these facilities face. One of the most persistent and frustrating problems is the issue of crowded emergency rooms (ERs). This issue is globally pervasive[1] and has grown more critical over time.[2]

An obvious impact of ER crowding (sometimes referred to as ER overcrowding) is that patients in the ER spend long hours, often in discomfort and great pain, waiting to be seen.

This affects the Emergency Medical Transport (EMT) crews. These crews often spend long hours holding the wall and waiting for the patients in their care to be offloaded to the emergency room. The time that elapses between the arrival of the EMT at the emergency bay, and when the care of the patient is finally offloaded to the hospital, is called the Ambulance Patient Offload Time (APOT).

As APOT increases, the costs of time spent on the wall increase, and the crews become less responsive to 911 other emergency calls that may arise. If an EMT crew is on the wall when their normal shift ends, then any additional time is calculated as overtime.

California Assembly Bill 40[3] (AB 40) was passed, and signed into law by Governor Gavin Newsom, in October of 2023, as a step in addressing the problem of extended APOT. The bill itself only addresses the problem of reducing the time spent on the wall by EMT crews, and intentionally places the onus of reducing APOT on the receiving hospitals.

While AB 40 contains no punitive measures for hospitals that fail to meet the goals imposed by the bill, some hospital executives have voiced concern that punitive measures are forthcoming[4]. At the same time, many EMT companies

[1] https://www.mdpi.com/2227-9032/10/9/1625, Accessed December 12, 2024
[2] Los Angeles County EMS System Report, Issue 12
[3] https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB40, Accessed November 8, 2024
[4] In person interviews with Antelope Valley Medical Center and Olive View Medical Center administrative and executive staff, November 18, 2024. In person interviews with AMR and McCormick Ambulance Management on December 9, 2024.

feel that they are already being penalized indirectly by having to carry increased costs associated with extended APOT[5].

The Jury views AB 40 as a measure born of frustration – experienced by paramedics together with EMT operators and crews, hospital emergency departments (EDs), medical center executives, directors, doctors, nurses, and especially patients – with extended APOT, long wait times in the ER, a shortage of available inpatient beds, and complex release procedures.

Everyone involved in this morass of social and medical issues is serious about patient welfare, and all desire a lasting solution to the core problem, which is how to provide timely medical care to every patient who arrives at the hospital.

METHODOLOGY

In order to gain an understanding of the complexities around reducing APOT, the Jury analyzed medical journal articles going back to 2000. The articles amalgamate previous publications and use data mining techniques to identify successful practices for alleviating Emergency Room Crowding. The Civil Grand Jury's analysis of the medical journals provided:

- The terminology and practices of triage, particularly the Emergency Severity Index Algorithm (ESI),[6]
- Techniques used to reduce ER wait times in various hospitals throughout the world,
- How availability of both medical and non-medical personnel in various departments of the receiving hospital affect the availability of beds in emergency,
- Why boarding in the emergency department cannot be a fallback practice except in the most extreme circumstances, and
- How social responsibilities and medical ethics impact crowding
- Various aspects of patient welfare.

The Jury visited 911 receiving hospitals in the County to obtain feedback regarding their efforts to comply with AB 40, and how they are dealing with the problems associated with emergency room crowding. Specifically, the Jury visited:

[5] In person interviews with AMR and McCormick Ambulance senior management, December 9, 2024

[6] https://californiaena.org/wp-content/uploads/2023/05/ESI-Handbook-5th-Edition-3-2023.pdf, Accessed October 5, 2024

1. Los Angeles General Medical Center,
2. Harbor UCLA Medical Center,
3. Olive View Medical Center, and
4. Antelope Valley Medical Center.

Los Angeles General Medical Center (LA General) is a very large public hospital under the Los Angeles County Department of Health Services (DHS). It has over 600 inpatient beds, and is a Level One Trauma Center. LA General is also a premier training site for intern and resident physicians completing their medical education. It has a well-regarded training program for military combat surgeons; it is located in a densely populated region of Los Angeles County that accepts and treats traumatic injuries regularly. The Leapfrog Group[7], an organization promoting patient safety, medical transparency, affordability, and responsible medical education, has awarded the grade of 'A' to LA General for two years in a row[8].

Similarly, Los Angeles County UCLA-Harbor Medical Center (UCLA-Harbor) is a public hospital under DHS that serves the people of Southwestern Los Angeles County. UCLA-Harbor is similar to Los Angeles General Medical Center as it has 570 inpatient beds and is also a Level One Trauma Center. Like LA General, it is a recognized training site for physicians completing their graduate medical education, and serves a large and heavily populated region of the County.

The smallest of the County public hospitals under DHS that receives 911 responders is Olive View Medical Center, and is located in Sylmar, a city that is roughly situated in the geographic center of Los Angeles County. Unlike LA General and UCLA-Harbor Medical Centers, Olive View is not a Trauma Center. However, it still serves a sizeable population, and as one of the few medical centers serving the Foothills it gets a great deal of walk-in traffic through the emergency department.

In addition to the County Public Hospitals listed above, the Jury also visited the Antelope Valley Medical Center (AVMC) in Lancaster. AVMC falls into a special category of California hospitals known as district hospitals. A district hospital serves a health care district, which is governed by an elected board of directors. The California Special Districts are created at the will of local residents to fill particular needs that are not being met by government or private agencies. Thus, a district hospital is under the governance of local directors, and must meet the needs of the community as stipulated by its local elected board. As such, it is a public agency, but DHS has no authority over its hiring, purchasing, and most other expenditures and practices.

[7] https://www.leapfroggroup.org/ratings-reports, Accessed January 29, 2025.
[8] https://www.hospitalsafetygrade.org/, Accessed January 29, 2025.

The residents of the Antelope Valley have some needs that differ greatly from those residing in the more densely populated southern areas of Los Angeles County, but they also share some of the same problems. For example, when visiting Los Angeles County Sheriff's Department facilities in Lancaster and Palmdale, the Jury learned that there are several gangs that have expanded or migrated to the Antelope Valley from other parts of the County. Immigrants, largely undocumented, are targeted by drug cartels – working on both sides of the international border – and forced to labor in drug production and growing operations situated in remote areas.[9] So, though the Antelope Valley is vast and largely rural, the ER at AVMC frequently treats high speed freeway accidents, gunshot wounds, patients under the influence of methamphetamine, opioid overdoses, as well as unhoused and undocumented individuals.[10] Also, the Antelope Valley Medical Center has the second busiest ER in the state.[11]

For these reasons, AVMC serves the Antelope Valley as a Level Two Trauma Center, and has a large ER which is approved for pediatric care. Around Thanksgiving of 2024, AVMC added forty treatment bays and supporting areas to its pre-existing 110 emergency bays and nursing stations.[12] AVMC ER receives more than 8000 patients per month, and more than a quarter of them arrive via ambulance[13]. It is likely that some of the older emergency beds will be repurposed over time, since there are not enough staff in the Emergency Department (ED) to fully utilize the entire set of 150 emergency beds.

In speaking with the County public and district hospitals, the Jury found that there is no organized exchange of best practices among them. The County public hospitals stated that best practices were shared on an "as-needed" basis, but there was no consensus on how the need was determined.[14]

County Public Hospitals and AVMC provided a great deal of insight into the nature of ER crowding, but comprise one side of the narrative surrounding

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[9] In person conversations with LASD Deputies stationed in the Lancaster and Palmdale Sheriff's Stations, August 28, 2024

[10] Answers to direct questions concerning gunshot wounds, drug overdoses, and highway accidents made by the CGJ to AVMC emergency staff during a tour of the ED made on November 18, 2024.

[11] Interview with AVMC Executive Leadership, November 18, 2024

[12] ibid

[13] APOT reports by 911 receiving hospitals, supplied by Los Angeles County EMS Agency, December 5, 2024. Data source: ESO Suite (10/22/24). See also https://www.avmc.org/news/press-release/2024/one-of-the-busiest-emergency-departments-in-the-/ , Accessed March 26, 2025

[14] In person interviews with Antelope Valley Medical Center and Olive View Medical Center administrative and executive staff, November 18, 2024. In-person meeting with ED Medical, ED Nursing, and ED Public Health staff of LA General, November 13, 2024. In person interview with Harbor-UCLA ED Medical Chiefs and management, December 5, 2024.

APOT. In order to get a more complete understanding of the problem, the Jury met with the DHS Emergency Medical Services Agency.

In Los Angeles County, the Emergency Medical Services Agency (EMS) is a division of the DHS. EMS is responsible for development, implementation, monitoring, and evaluation of emergency services within the County, in addition to regional disaster preparedness. Implicit in this role is that EMS is responsible for training, testing, and certification of Emergency Medical Technicians and Paramedics within Los Angeles County. EMS also served as an important source of contact, statistics, and documentation regarding historical and present emergency healthcare in the County.

As a result of our interaction with EMS, the Jury interviewed two of the three main EMT providers in Los Angeles County, American Medical Response, Inc. (AMR), and McCormick Ambulance. AMR is a nationwide company, and in Los Angeles County serves the Antelope Valley. McCormick Ambulance, the first private company to have certified paramedics, was until 2017 a local company serving the City of Los Angeles, and cities and unincorporated areas of southern Los Angeles County. AMR purchased McCormick and Westmed Ambulance Inc., and merged them to form McCormick Ambulance Service.

DISCUSSION

Emergency Medical Technician and Paramedic Training

EMS Certified ambulance emergency medical technicians are trained in emergency first aid to evaluate, render basic life support, obtain diagnostic signs, perform cardiopulmonary resuscitation (CPR), administer oxygen, and provide various levels of emergency care, including the use of an automated external defibrillator (AED).[15]. These emergency medical technicians must undergo at least 125 hours of EMS approved training.

EMS certified paramedics will undergo at least 1150 hours of training, and work as a paramedic intern with a certified ambulance company or fire company.[16] Additionally, these qualifications are completed after emergency medical technician certification and recent in-field emergency medical technician work.[17]

[15] https://emsa.ca.gov/wp-content/uploads/sites/71/2018/10/EMSA_Chapter_2.0_Emergency-Medical-Technician.pdf, Accessed March 21, 2025
[16] Fire department paramedics will complete training and state certification as Firemen too
[17] https://file.lacounty.gov/SDSInter/dhs/206035_1006.pdf, Accessed March 24, 2025

Contracts for EMT Companies are awarded for ten year terms by Los Angeles County.[18] Post-pandemic inflation has increased the costs associated with running and maintaining their operations, and workers who are paid an hourly rate are at the same time requesting pay increases. For some organizations, the chance to renegotiate the terms of their County contracts are years away.

EMT medical techs are not part of the hospitals' staffs, and are precluded from working in the Emergency Rooms, except to transfer the patients. However, it was pointed out to the Jury that a hospital may hire its own EMS Certified technicians to work in the hospital, and take responsibility for patients that arrive by ambulance.[19] This seemed to the Jury to be a way for hospitals suffering from extended APOT, and the worry of incurring potential future APOT penalties, to quickly shrink their APOT in the short run.

911 Call and Response

When a 911 call is made, the call center determines the appropriate agency to respond to the caller. If it is a medical emergency, and the caller is within an area served by the LA County or the LA City Fire Department, then both fire department paramedics and an ambulance company will respond. Paramedics, because of their extended training and experience, make the determination as to whether or not the patient is sick enough to be taken to the hospital emergency room.

Generally, the ambulance is expected to arrive at the emergency site within 15 minutes of the arrival of the paramedics.[20] If the ambulance is substantially delayed, or the patient is so critically sick that survival is in doubt, the patient may be transported to the closest 911 receiving hospital via a fire department paramedic ambulance.

When an ambulance arrives, the patient may request a specific hospital, and if that hospital is served by the ambulance company transporting the patient, and can be reached quickly enough, they will be taken there. Otherwise, the patient will generally be taken to the 911 receiving hospital that can be reached most quickly.

Once the EMT arrives on the hospital grounds, the hospital becomes responsible for the care of the patient. If there is a delay, typically due to ER crowding, the patient will most likely not be immediately offloaded to the care of the hospital.[21]

[18] Interview with AMR Management, December 9, 2024
[19] Interview with EMS Agency executive staff, November 20, 2024
[20] ibid
[21] ibid

Note that, even if the patient has not been offloaded to the care of the hospital, the hospital is responsible and liable for the patient once the ambulance arrives.[22]

In many cases the ambulance crew may legally return to service in the field, rather than waiting for triage or for a medical screening exam.[23] However, in addition to being an extremely bad business practice, it is medically unethical for the crew to leave a patient until there is reasonable certainty that the patient will be appropriately tended to. So, the crew stays and holds the wall.

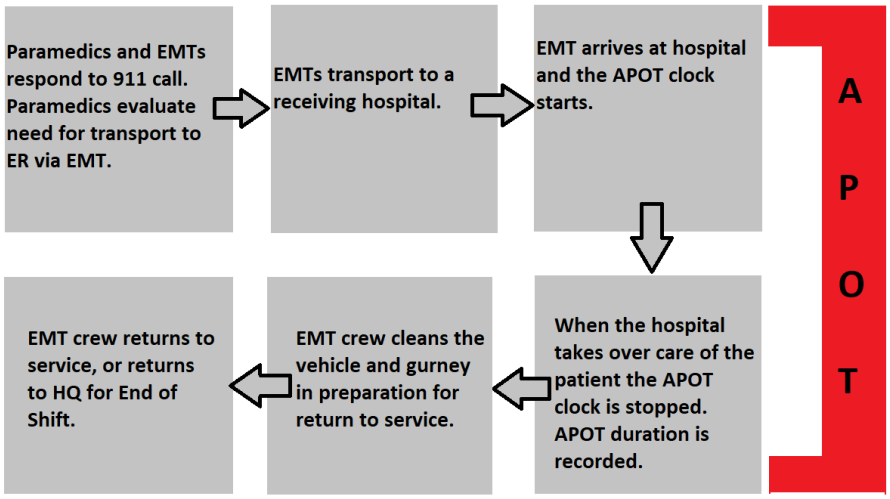

FIGURE 1: THE STAGES OF PATIENT DELIVERY TO A 911 RECEIVING HOSPITAL. THE TIME THE AMBULANCE CREW SPENDS HOLDING THE WALL CORRESPONDS TO APOT.

Emergency Room Crowding

Why does ER crowding happen, and why is it becoming worse?

[22] https://codes.findlaw.com/ca/health-and-safety-code/hsc-sect-1317/, Accessed March 21, 2025, see also https://oig.hhs.gov/reports/featured/emtala/,Accessed March 21, 2025
[23] https://ambulance.org/2022/01/28/wall-times-toolkit/, Accessed December 18, 2024. See also https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/Toolkit-Reduce-Amb-Patient.pdf, Accessed March 24, 2025

The journal *Healthcare* lists several reasons that ER crowding happens[24]. We can summarize their lists as follows:

- The ED has become a primary point of entry into the hospital;
- In order to get new patients into the ER, it is necessary to get treated patients out, generally by one of two means:
    - Place the patient into an inpatient bed;
    - Discharge the patient.[25]

In Los Angeles County, there are other contributing factors that we will also discuss:

- Several hospitals and emergency rooms have closed since the 1980s;[26]
- Some areas of Los Angeles County have grown significantly since the 1980s.

When we observe that the ER is crowded, it is because we see many people waiting there. The ER appears to be a bottleneck because it is where an increasing number of patients are arriving at the hospital, whether they walk in or by ambulance, and where they wait to be diagnosed and treated.

The number of patients arriving to the emergency room by ambulance has increased, but it has not increased by as much as walk-in arrivals,[27] so that ambulance patients are a slightly decreasing percentage of all patients seeking entrance to the hospital by way of the ER.

There is a mistaken belief that patients arriving by ambulance get treated sooner that walk-in patients. All patients arriving at the hospital are triaged to determine the severity of their illness or injury. In the USA, this is generally accomplished by nurses using the Emergency Severity Index (ESI) triage algorithm, which assigns a number from 1 to 5 (some papers refer to an ESI of 6, but this is not the standard covered in the most recent 5th Edition of the *ESI Handbook*[28]), to each triaged patient. Patients assigned an ESI of 1 are considered the most critical, while patients triaged with an ESI of 5 are the least in need of care. An ESI of 1 or 2 necessitates immediate diagnosis and stabilization, and an ESI of 3 indicates a patient whose injuries or illness is serious, but not immediately life-

[24] https://www.mdpi.com/2227-9032/10/9/1625. Accessed November 8, 2024s
[25] Ibid.
[26] County EMS Agency made a historical query of 911 receiving Hospital History from 1988 in response to a telephonic request by the CGJ made on December 11, 2024.
[27] Los Angeles County EMS System Report, Issue 12
[28] https://californiaena.org/wp-content/uploads/2023/05/ESI-Handbook-5th-Edition-3-2023.pdf, Accessed October 5, 2024

threatening.[29] All of the hospitals visited by the CGJ perform triage use the ESI algorithm, and prioritize the treatments of all patients according to the severity index, regardless of how they may have arrived at the hospital.[30] The ESI algorithm is used by 94 percent of hospitals in the US, and is gaining adoption worldwide.[31] The previous version of ESI (version 4) was shown by a Kaiser Study[32] to overestimate severity of patients about 25% of the time. Version 5 was designed to enhance accuracy and reliability, improve resource allocation, and enhance patient safety.[33]

A History of the Growth of Los Angeles County

The population of Los Angeles County in 1970 was 7.1 million people. It grew to its peak of just under 10.1 million in 2016. Between 2016 and 2022 the County population dropped to 9.7 million. This represents a growth of 37.8 percent between 1970 and 2022[34].

The total population of the US grew 63.4 percent, 203,392,031 to 333,287,557, and the population of California doubled, growing 94.7 percent, 19,953,134 to 39,142,414, during the same period[35].

Compared to the population of the state and the nation, one might surmise that the population growth of Los Angeles County has been moderate, but we must look deeper.

The northern parts of the County, particularly the Antelope Valley, experienced an extreme transition from a sparsely populated rural desert community into a rapidly growing suburb of the City of Los Angeles (City).

[29] ibid
[30] In person interviews with LA General ED management, November 13, 2024; Interview with UCLA-Harbor ED Clinical Nursing Director, December 5, 2024; Interview with Olive View ED Management and Olive View Executive Officers, November 18, 2024; Interview with AVMC executive and ED staff, November 18, 2024.
[31] Advanced Emergency Nursing Journal Vol. 44, No. 1, pp. 46–53. Published by Wolters Kluwer Health, Inc.
[32] https://divisionofresearch.kaiserpermanente.org/triage-method-overestimates-severity/ Accessed April 4, 2025
[33] https://www.ena.org/news-publications/newsroom/ena-updates-emergency-severity-index-resources-improve-patient-triage Accessed April 4, 2025
[34] https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/california/county/los-angeles-county/?endDate=2022-01-01&startDate=1970-01-01, Accessed December 2, 2024.
[35] ibid

From 1970 until the present, the population of the Antelope Valley grew from about 71,000 to more than 434, 997[36] people, which is a growth of over 600 percent[37]. Though it represents less than 5% of the total population of Los Angeles County, the Antelope Valley covers an area of 1,895.3 square miles[38], almost half of the total area of Los Angeles County (4,058.7 square miles[39]).

Several residential developments were created to provide housing for a bedroom community of commuters, and for those working in the aerospace and engineering development industries. In addition to housing, developers were required to provide infrastructure for services such as water, power and sewage. Streets and roadways were built to access planned services, shopping, and schools.

By contrast, there was no plan to provide medical services for the emerging community.[40]

At the current time there are three hospitals providing emergency services to the Antelope Valley residents. They are the Antelope Valley Medical Center, the Palmdale Regional Medical Center, and, for registered military veterans, the Antelope Valley VA Clinic. These three hospitals serve an extended community of more than 542,000 people[41] spread out over 2200 square miles, with a combined total of roughly 180 emergency bays, and about 600 acute care beds.[42]

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[36] https://data.census.gov/profile/South_Antelope_Valley_CCD,_Los_Angeles_County,_California?g=060XX00US0603793090 Accessed March 26, 2025, together with https://data.census.gov/profile/North_Antelope_Valley_CCD,_Los_Angeles_County,_California?g=060XX00US0603792140 Accessed March 26, 2025

[37] The Antelope Valley is undercounted in the 2020 Census by as much as 100,000, so these figures are low, see, for example, https://lacounty.gov/wp-content/uploads/2022/03/AV-Census-Profile8-15-18.pdf

[38] Census Data for Antelope Valley, see above

[39] https://data.census.gov/profile/Los_Angeles_County,_California?g=050XX00US06037 Accessed March 26, 2025

[40] Meetings with Antelope Valley Medical Center executives on November 18, 2024 and Interview with EMS Agency executive staff, November 20, 2024

[41] https://data.census.gov/profile/Los_Angeles_County,_California?g=050XX00US06037 Accessed March 26, 2025

[42] https://file.lacounty.gov/SDSInter/dhs/1070690_HospitalLicensedBeds03-25-20.pdf, Accessed March 24, 2025

These hospitals are well ranked by the Leapfrog Group[43] – a patient wellness and safety advocacy organization – but still suffer from extended APOT and ER crowding.

If we disregard the Antelope Valley, the other areas of Los Angeles County increased their population by about 28%, which is seen by doing simple mathematics without regard for areas that were given up to, or claimed from, surrounding counties.

A History of ER Closures in Los Angeles County

Several hospitals and emergency rooms closed between 1988 and 2020. Information provided to the Jury from the EMS Agency for the County indicates a closure of twenty-nine emergency rooms from a total of ninety-eight receiving hospitals.[44]

In addition, ambulance company directors and executives revealed in face to face meetings that several hospitals with receiving capability were closed prior to 1988, but the exact number is not readily available.[45]

In the County, there are sixty-nine hospitals that can receive EMTs, according to 911 receiving hospital information obtained from EMS, and sixty-eight such hospitals according to The LA Almanac.[46] The Jury has not investigated the discrepancy between the sources, but we regard the County EMS Agency's information as being the most current and accurate. Thus, since 1988 roughly 30% of Los Angeles County's ERs have closed, while the population has increased by more than 35%, and by significantly more in some areas.[47]

More recently, several hospitals nationwide have been closing their maternity wards and natal intensive care units (NICUs).[48] The number closed in Los

[43] https://www.leapfroggroup.org/ratings-reports, Accessed December 3, 2024
[44] County EMS Agency made a historical query of 911 receiving Hospital History from 1988 in response to a telephonic request by the CGJ made on December 11, 2024.
[45] Interview with AMR and McCormick Management and Directors, December 9, 2024
[46] https://www.laalmanac.com/health/he799.php, Accessed November 26, 2024
[47] County EMS Agency made a historical query of 911 receiving Hospital History from 1988 in response to a telephonic request by the CGJ made on December 11, 2024.
[48] https://pmc.ncbi.nlm.nih.gov/articles/PMC10197033/, Accessed March 20, 2025. See also https://abcnews.go.com/Health/hospitals-us-closing-maternity-wards/story?id=104603350, Accessed March 24, 2025.

Angeles County over the past decade is seventeen[49]. For some expectant mothers, there may be little choice but to visit an ER for delivery.

The ER Has Become the Primary Point of Admission

In the past, it was very common for people to visit a primary physician, or a pediatrician for their children, as a first step in obtaining medical attention. It was the exception, rather than the norm, that one might spend several hours in a doctor's waiting room before being seen. Currently, it is not uncommon to wait several weeks for a medical appointment.

Similarly, any individual lacking medical insurance is unlikely to have a primary care physician, and will probably seek care in the ER. The usual advice to patients is, "if this is an actual emergency, please go to the nearest emergency room or dial 911." So, even though the emergency rooms are known to be crowded, patients are still directed to them.

The Jury is not suggesting that the patients in the ER are there for frivolous reasons. In the words of one ED director, "most patients who are in the ER need to be there."[50] Based on other interviews conducted with doctors and nurses, we would clarify this statement a bit by noting that many of the patients entering the ER are not well enough for immediate discharge, but are not so sick as to require inpatient care. Without access to some form of insurance, or to a community clinic, the ER remains the only place to get treatment.

Ambulance companies noted that on weekdays, increased APOT generally begins in the early afternoon, and continues to increase until later in the evening after 8:00 pm. This is an indication that people are entering the ER after work to seek medical care.[51]

Delays in Discharging Patients Hinders ER Throughput[52]

Once patients are in the care of the ED, there can be several delays. While ED staff, as well as ambulance crews, may work round the clock, the same cannot be said for other staff.

UCLA-Harbor Medical Center uses an approach to assisting ER patients that has created some efficiencies. Typically there are several things that are required to

[49] https://laist.com/news/health/17-la-hospitals-closed-their-labor-wards-inside-the-fight-to-keep-one-open, Accessed December 16, 2024
[50] In person interview with Harbor-UCLA ED Medical Chiefs and management, December 5, 2024
[51] Interview with AMR and McCormick Director and Chiefs, December 9, 2024
[52] Noun, the amount of material, items, or people passing through a system or process.

fully assess the health of a triaged patient, including labs and radiology. A nurse is assigned to accompany the patient to the various stations, which helps to expediently collect the desired information. This process keeps the patient occupied for a while with necessary tasks, and creates useful information for the physician who eventually sees the patient. This improves the quality of treatment. Also, this approach tends to reduce length of stay in the hospital, and lessens the number of patients who leave without being seen by a physician. Length of stay, and leaving without being seen, have been shown to directly impact the health of patients, and increase the chances that patients will return to the ED, either on foot or by ambulance, in a worse state.[53]

In a similar vein, labs and other services such as radiology are generally not fully staffed during off hours. At such times, departments like billing and social work, which are crucial to placing and releasing patients, may be lightly staffed, if they are staffed at all.

If space permits, a hospital may create a discharge lounge where patients wait for their discharge to be finalized. As we stated in the previous paragraph there are several departments that may be involved in getting patients returned to their homes. If there is someone to accelerate and assist a patient through the steps of discharge, it is far more likely that patients will not just leave without receiving, and having been instructed in the use of, prescribed medications, scheduling follow-up appointments, being given appropriate clothing and food, and ensuring that supporting family and friends have received explanations for care of the discharged patient[54]. This helps to clear out the discharge lounge, reduces return visits to the ER, and is better for the longer term health of the patient.

Another way to make room in the ER is move patients into an inpatient bed. This requires an available bed that has the necessary staffing to monitor the patient in the bed. If patients occupying inpatient beds are not being discharged, then their beds will not become available

A patient awaiting a primary care physician for discharge may be waiting a long time. Many doctors with hospitalized patients have a private practice, and won't be available to discharge their patients until later in the day. For similar reasons, many doctors in private practice prefer to admit their patients earlier in the week, rather than spreading out admissions throughout the week.

[53] https://www.clearstep.health/blog/patients-leaving-er-without-being-seen, Accessed February 4, 2025.

[54]https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/edenvironmentalscan/edenvironmentalscan.pdf Accessed January 21, 2025

One emergency doctor confided to the Jury that, “on the weekends, the ER will be as busy as usual, but the rest of the medical center is a ghost town.”[55]

Indeed, there was universal agreement among ED staff, EMT crews, and support staff that Mondays are the busiest and most crowded days in the ER, mostly due to the difficulty of releasing or relocating patients who arrive during the weekend, and because elective surgeries tend to be scheduled earlier in the week.

The point is that if the supporting personnel are unavailable, then moving or discharging a patient from the ER are actions that will be delayed[56]. This keeps patients in the ER, and slows the intake of new patients.

[55] Interview with the Chief and senior staff of Olive View Emergency Department, November 18, 2024

[56] In person interviews with ED staff, and https://www.mdpi.com/2227-9032/10/9/1625. Accessed November 8, 2024

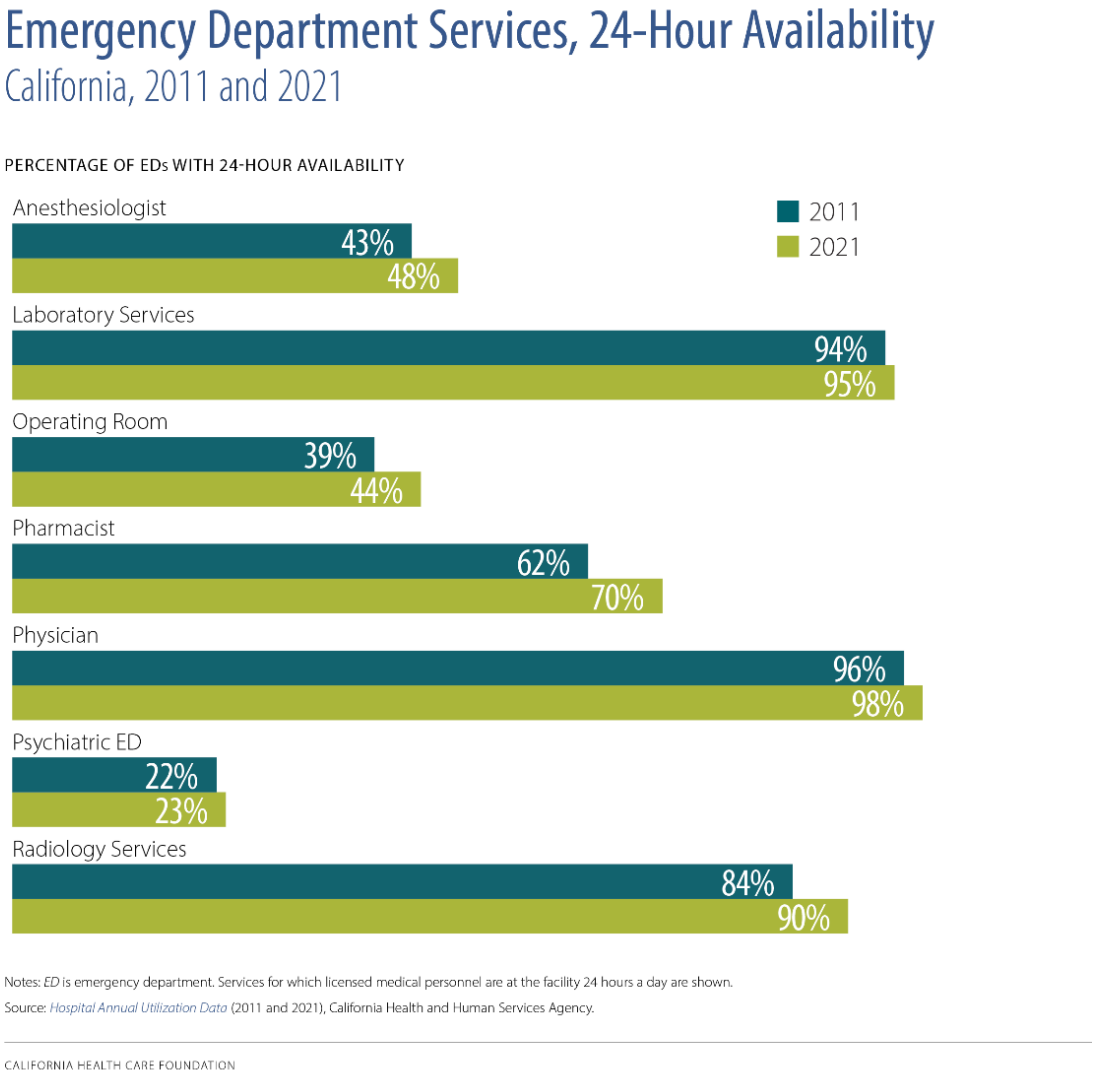

CHART 1 –STATEWIDE PERCENTAGES OF HOSPITALS THAT HAVE TRAINED PERSONNEL AVAILABLE TO THE ED 24 HOURS A DAY

Statistics provided by EMS indicate that the majority of patients entering the ER are discharged from the ED and from 24 hour observation[57]. The number fluctuates around 80% for recent years.[58] Conversely, the number of patients

[57] Los Angeles County EMS System Report, Issue 12
[58] ibid

admitted to intensive care hovers around 2%, and the number admitted to non-intensive care beds is generally below 20%.[59]

Obviously, the statistics indicate that better throughput in discharging patients may deliver the greatest improvement in waiting times and extended APOT.

Inpatient Bed Availability Affects ER Throughput

Hospital closures over the years, in addition to taking away emergency beds, have also decreased the number of available inpatient acute beds across the entire County.[60] Many emergency patients cannot be discharged after treatment in the ER, and must be moved to an acute bed.

Data available from Los Angeles County EMS indicates that there were 21,929 total general acute hospital beds in LA County in 2020[61]. Naïve calculations for a County population of 9.7 million show that there is roughly 1 bed per 442 County residents, or about 2.3 beds per 1000 people. In fact, if we remove intensive care, NICU, perinatal, and pediatric beds, and discount people under ten years of age then the general number of acute bed for adults drops to 15,257, which is roughly 1.8 beds per 1000 residents.

As we noted above, about 18% of patients in the ER will be admitted to the hospital for a non-intensive care bed, and with 1.8 beds per 1000 residents, it is not hard to see how the supply of inpatient beds in a 911 receiving hospital may be insufficient for a given day. Los Angeles County is not exceptional in this respect, and a review of other populous counties in California shows that several have similar statistics. Statewide about 14% of ER patients are admitted for non-intensive care. Los Angeles and Orange Counties stand out a bit, with admittance numbers of 18% and 20% respectively.[62]

Until an inpatient bed becomes available, an ER patient may be placed in a hallway or another area, and will generally be monitored by ED personnel. This is called “emergency department boarding”[63].

ED boarding is an indicator of overwhelmed resources. It became more common during the COVID-19 pandemic, and is associated with increased medical errors

[59] ibid
[60] County EMS Agency made a historical query of 911 receiving Hospital History from 1988 in response to a telephonic request by the CGJ made on December 11, 2024.
[61] https://file.lacounty.gov/SDSInter/dhs/1070690_HospitalLicensedBeds03-25-20.pdf, Accessed January 23, 2025.
[62] https://hcai.ca.gov/visualizations/patient-characteristics-by-county-and-facility/, Accessed May 7, 2025
[63] https://pmc.ncbi.nlm.nih.gov/articles/PMC9526134/ Accessed December 20, 2024

and increased mortality.[64] Patients who have been boarded are not generally being monitored as closely as required, and may be in significant discomfort. Such patients may need to be fed, or to be taken to restroom facilities, or be given required medication.

Psychiatric patients in the ED may also require an acute bed after treatment, even if the problems that brought them to the ER have been resolved. Simply said, many of them are too mentally ill to be left on their own. The length of stay in an inpatient bed for such a patient can be difficult to predict.

A psychiatric patient may occupy an acute bed for days or weeks before there is an opportunity for a transfer to an appropriate facility. The most extreme case that was disclosed to the Jury was of a psychiatric patient who occupied an inpatient bed for nearly a year before being transferred.[65]

Even non-psychiatric patients that take prescriptions may need to be monitored for a few days to make sure that ED-prescribed medications do not have negative interactions with other medicines the patient may be using. Elderly patients, in particular, may require oversight for several days. Generally, such patients are transferred to a facility that specializes in senior care; but until such a facility can be located and transport arranged, an inpatient bed will be used, and the patient will be treated as any other patient, subject to rounds, medication schedules, and check-ups, and requiring the oversight of a nurse.

Practices to Alleviate ER Crowding

The problem of ER Crowding is a morass of medical, social, ethical, and business issues which affect everyone involved in the healthcare industry, most especially patients.

One way that ER Crowding can be lessened is to deploy experienced medical professionals in the field to handle cases that do not require an emergency surgeon or hospitalization, and to encourage more voluntary interaction between the general public and their primary care physicians. In short, decrease the number of people who enter the ER.

We noted that people tend to avoid calling their primary care physicians because appointments oftentimes cannot be scheduled less than several weeks in the future, and because roughly 15% of Californians do not have a primary care

[64] https://www.healthaffairs.org/content/forefront/despite-cms-reporting-policies-emergency-department-boarding-still-big-problem-right, Accessed December 20, 2024
[65] ED administrative staff of Harbor-UCLA, December 5, 2024. Similar incidents were provided by the ED administrative staff at LA General. November 13, 2024.

physician.[66] Even those that do may feel that the relationship to their physician is largely impersonal, and may avoid seeing a doctor until their medical condition becomes painful or acute. Advances in virtual meetings has made it easier to get medical advice, but it is not as thorough as a visit to the office. Physicians and insurers have – for years – been urging their patients to have regular medical examinations.

No matter how healthy our medical community and insurers manage to keep us, emergency treatment will still be needed. The hospitals visited by the Jury in Los Angeles County, as well as many hospitals and medical centers that were not, have some form of urgent care for the treatment of patients who need medical attention, but are not so sick that they require hospitalization. At the current time, private urgent care centers are generally unavailable to the uninsured, and are often restricted to servicing patients who are members of the HMO or insurers that may own the hospital. Patients who present first at the ER must be given a thorough medical screening and be sufficiently stabilized before transfer to an urgent care center can be considered.

The Federal Emergency Medical Treatment and Labor Act (EMTALA)[67] requires hospitals to provide emergency medical care to anyone who requests it, regardless of their ability to pay. An uninsured patient requesting care must be given a medical screening examination and, if needed, stabilizing treatment for emergency medical conditions. A patient may be asked if they wish to use urgent care, but cannot be forced to use it.

In the US, it is common that emergency medical technicians and paramedics are those responsible for making the initial diagnoses and performing emergency first aid in response to a 911 call. An approach that is becoming more popular, particularly in the US, UK, and Europe are ambulance crews that have a nurse practitioner (NP), who is a registered nurse with advanced training in patient care.[68] A NP can perform the following jobs:

- Assess patient needs
- Order and interpret diagnostic tests
- Diagnose and treat illnesses
- Prescribe medications
- Create treatment plans
- Provide health teaching and counseling

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[66] https://www.chcf.org/wp-content/uploads/2022/04/PollShowsBenefitsHavingPrimaryCareProvider.pdf Accessed April 2, 2025.

[67] https://www.cms.gov/medicare/regulations-guidance/legislation/emergency-medical-treatment-labor-act, Accessed January 27, 2025. See also https://www.cms.gov/files/document/emtala-poster-non-medicaid-participating-english.pdf

[68] https://bmjopen.bmj.com/content/bmjopen/5/6/e007167.full.pdf, Accessed April 3, 2025.

- Perform physical examinations
- Perform primary care procedures
- Refer patients to specialists when needed[69]

Los Angeles County and Los Angeles City Fire Departments have created Advanced Responder Units, which are Paramedic ambulances with NPs assisting at the 911 call site, transporting patients to the hospital when necessary.[70] The Advanced Responder programs are both created on a trial basis and have not been permanently funded. The Jury was addressed by the LA County Fire Department Chief, Anthony Marrone, on November 5, 2024, who reported that the Advanced Responder program had been very successful at treating and saving patients. The program was limited, and the hospitals could not draw any conclusions as to the effectiveness of the Advanced Responder program with respect to reducing ER crowding, nor was there a way of identifying the patients in the ER who had been diagnosed or treated by an Advanced Responder Unit prior to admission to the ED.

A Physician Assistant, or Physician Associate, (PA) is a medical professional with an education and skill set that has some overlap with those of a NP, but who primarily works with a physician to provide the medical care required by a patient[71]. So, in addition to considering Advanced Responder Units with NPs, one might consider an Advanced Responder Units employing a PA with a specialization in emergency medicine.[72]

Once patients arrive at the ER, they must be triaged to determine the severity of their illness and injury. M.C. Van der Linden, et al. found that adding a single additional triage station during peak times contributed to shortening of triage times for patients whose triage times fell between 15 and 30 minutes (20 minutes on average for patients in the intervention group, and 26 minutes on average for patients in the control group).[73] Patients whose expected triage time was less than 10 minutes exhibited the same times in the control and intervention groups.

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[69] https://www.aanp.org/about/all-about-nps/whats-a-nurse-practitioner. Accessed April 3, 2025.
[70] County Fire Chief Anthony Marrone, in a live presentation to the CGJ on November 5, 2024
[71] https://www.dca.ca.gov/publications/pac_brochure.shtml#:~:text=A%20physician%20assistant%2C%20or%20PA,guidance%20needed%20by%20a%20patient. Accessed January 25, 2025.
[72] Cooper RA. New directions for nurse practitioners and physician assistants in the era of physician shortages. Acad Med. 2007 Sep;82(9):827-8. doi: 10.1097/ACM.0b013e31812f7939. PMID: 17726384. Available online at https://journals.lww.com/academicmedicine/fulltext/2007/09000/new_directions_for_nurse_practitioners_and.2.aspx, Accessed April 4, 2025
[73] https://www.sciencedirect.com/science/article/pii/S1755599X24000946, Accessed January 2, 2025

E. Elder et al. found that referring non-critical patients to a dedicated Medical Assessment Unit (MAU) also decreased emergency department congestion.[74] The job of a MAU is akin to that of an urgent care center, but generally includes more extensive testing, such as electrocardiograms and X-rays, to determine if hospitalization is required.

According to Sartini, et al., the majority of ED incomings was due to self-referrals.[75] For such patients, M.C. Van der Linden, et al. notes that involving an ED physician in triage can result in patients being referred to outpatient clinics or urgent care, and does reduce the number of patients in the ED, especially when practiced at peak hours.[76]

Van der Linden also found that a surgeon assessing trauma patients at triage optimizes patient flow through the ED.[77] Each ED would need to make its own implementation of this method based on its surgical staffing and need.

Olive View Medical Center has implemented another practice to augment triage. Patients triaged with an ESI of 3 or greater are revisited by an ER surgeon for reevaluation every 30 to 40 minutes.[78] Long waits may result in a change in ESI. Patients must be checked by a doctor, perhaps several times, to ensure their condition is not deteriorating. This helps to keep the doctor aware of the general condition of the ER, and helps to ensure that patients are receiving needed and appropriate treatment. It lessens the number of patients who leave the ER without being seen, which helps because it lessens the number of patients who will return to the ER in possibly a worse state later.

Moving ER Patients to Inpatient Beds

Once a patient has been admitted to the ER and properly treated and stabilized, the patient may require further treatment, and be admitted to an inpatient bed, provided one is available. When inpatient beds are unavailable, we noted that

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[74] https://onlinelibrary.wiley.com/doi/10.1111/1742-6723.12446, Accessed January 29, 2025; Moloney ED, Bennett K, O'Riordan D, Silke B. Emergency department census of patients awaiting admission following reorganization of an admissions process. *Emerg. Med. J.* 2006; **23**: 363–367; Scott I, Vaughan L, Bell D. Effectiveness of acute medical units in hospitals: a systematic review. *Int. J. Qual. Health Care* 2009; **21**: 397–407; McNeill GB, Brand C, Clark K *et al*. Optimizing care for acute medical patients: the Australasian Medical Assessment Unit Survey. *Intern. Med. J.* 2011; **41**: 19–26.

[75] https://pmc.ncbi.nlm.nih.gov/articles/PMC9498666/ Accessed January 27, 2025

[76] https://www.sciencedirect.com/science/article/pii/S1755599X24000946, Accessed January 2, 2025

[77] ibid

[78] In person meeting with Olive View Emergency Department staff and administration. This particular topic was introduced by the Chief Medical Doctor of the Emergency Department, November 18, 2024

the patient may be boarded in the ED, which is an undesirable outcome, and has negative ramifications for patient comfort and health.[79]

According to Boyle, J., et al, though uncontrolled, the number of ED admissions to inpatient beds is fairly predictable, based on seasonal and epidemiological factors.[80] The remaining hospital admissions are elective surgical admissions. Typically, surgeons prefer to schedule all elective surgeries early in the morning, which fills up acute beds in preparation for surgery, and for the post-surgery recovery period, and may utilize a number of in-patient rooms until evening. It has been found that introducing variability in the scheduling of elective surgeries is an effective way of decreasing the probability of ED boarding.[81] This administrative technique is known as Elective Admission Smoothing.

Combined with Elective Admission Smoothing, it is important to have discharge staffing available on weekends and throughout the entire day, including the late evening and early morning. Though having persistent discharge staffing will undoubtedly be helpful in getting all patients out of the hospital in a timely manner, it is especially helpful to patients admitted for elective procedures. In particular, early discharge planning, that is to say planning for discharges early in the day, helps to alleviate crowding in the ER and discharge lounge that tends to occur later in the day, as well as freeing inpatient bed space at the same time.

Moving Discharged Patients Out of the Hospital

Once an ER physician has approved a patient for discharge, there are still many things that have to be done. California has a Hospital Discharge Law[82] that covers the responsibilities of hospitals with respect to discharging patients. Each hospital must have a written discharge planning policy, and many of these are available online.

[79] https://www.jointcommission.org/resources/news-and-multimedia/news/2023/11/ed-boarding-impact-on-patient-care-and-clinician-well-being, Accessed March 24, 2025
[80] Boyle, J.; Jessup, M.; Crilly, J.; Green, D.; Lind, J.; Wallis, M.; Miller, P.; Fitzgerald, G. Predicting Emergency Department Admissions. Emerg. Med. J. 2012, 29, 358–365; McManus, M.L.; Long, M.C.; Cooper, A.; Mandell, J.; Berwick, D.M.; Pagano, M.; Litvak, E. Variability in Surgical Caseload and Access to Intensive Care Services. Anesthesiology 2003, 98, 1491–1496; Litvak, E.; Fineberg, H.V. Smoothing the Way to High Quality, Safety, and Economy. N. Engl. J. Med. 2013, 369, 1581–1583.
[81] ibid.
[82] https://calhospital.org/wp-content/uploads/2018/03/dp_appendix_a.pdf, Accessed January 29, 2025

As an example of the kinds of actions that are taken, we offer this excerpt from the LA General Discharge Planning Document[83]:

"LA General Medical Center will ensure compliance with the DHS Care Coordination/Discharge Planning for the Homeless Policy (No.205.031), which ensures all DHS Medical Centers meet the requirements of CA State Bill 1152. Compliance includes that patient identified as homeless at any point in the admission and hospitalization must be offered the following:

- A medical screening examination and evaluation
- Referral or follow-up care
- Infectious Disease screening
- Appropriate and indicated vaccinations
- Meal
- Clothing that is weather-appropriate
- Discharge Medications, if applicable
- Transportation to their chosen discharge destination
- Assist patient in enrolling in an affordable health coverage
- Housing and shelter resources
- Post-discharge information and instructions

If the patient declines any of the above offered, staff will document in the electronic health record."

Similarly, patients who are being discharged (transferred) to a post-acute setting other than home require – at the time of transfer – significant amounts of information detailing the patient's diagnosis (or diagnoses), hospital course, allergies, medications, and treatment plans. In addition, there may be information on pain treatment and management, dietary requirements, rehabilitation potential, list of scheduled appointments and treatments.

As is evident, the discharge process is multi-faceted, and may involve several organizations including the medical team, social services, transportation, and community services.

In order to expedite the discharge of such patients, it is desirable that hospitals co-locate social and community services with a discharge lounge, and that

83 https://secure4.compliancebridge.com/lacdhs/DHSpublic/index.php?fuseaction=header.download&policyID=17955&descriptor=header1&doc=MC720_Patient_Discharge.pdf Accessed January 21, 2025

personnel providing such services be made available whenever patients are being discharged.

Because unhoused patients being discharged, and patients being transferred may be waiting for transportation and other services, a hospital could consider fast-tracking some of those patients who are being discharged to home in the interest of decongesting the discharge areas.

CONCLUSIONS

In conclusion, the committee is of the opinion that people involved in the medical profession, and those who are first-responders, are generally altruistic, in the sense that welfare of the patient must come first. That being said, those responsible for the financial survival of the various institutions are faced with keeping and maintaining sources of revenue, and reducing operational costs. These dual aims are frequently in conflict.

Therefore the committee attempted to make recommendations to the findings that are not fiscally impossible, but which appear promising, though they may require some time and effort to implement successfully.

FINDINGS

FINDING #1

When developing new communities and housing projects, little consideration is paid to the healthcare needs of the increasing local population. Water, sewer, roads, electrical, and other utilities are mandated to be part of the development plan that is submitted to the city and/or County.

FINDING #2

There is no organized exchange of best practices among the major medical centers, even though they all face similar problems with crowding and APOT.[84]

[84] In-person meeting with ED Medical, ED Nursing, and ED Public Health staff of LA General, November 13, 2024.

FINDING #3

The length of the contract made between the County and EMT Companies is negotiated for a period of ten years. It is difficult to project increased costs for such a long period of time.

FINDING #4

The City and County have Advanced Responder Transports, which include a Nurse Practitioner in the Paramedic Ambulances. The County and City Fire Departments initiated these programs on a trial basis, and reported that they were effective and life-saving. Unfortunately no statistics were available to determine the true efficacy of these programs.

FINDING #5

The discharge process is lengthy and complicated, particularly for individuals with special needs. The ED operates on a 24/7 basis, but many other departments and supporting services do not. The discharge process includes assisting individuals with special needs, e.g. elderly patients, mental illness, and those who are unhoused.

FINDING #6

A discharge lounge for patients without special needs helps to accelerate the discharge process for such patients. Such patients can be fast-tracked for a more speedy discharge.

FINDING #7

Harbor-UCLA Medical Center ED has adopted the practice of having a nurse accompany an ER patient through a course of diagnostic procedures to expedite the collection of patient data for the eventual attending physician. This keeps the patient engaged in their own well-being and lessens the number of patients who leave without being seen. Studies have shown that patients who leave without being seen by a physician contribute to ER Crowding, and thus to extended APOT.

FINDING #8

Ambulance emergency medical technicians are precluded from working within a hospital. However, County EMS indicated that Emergency Medical Technicians can be hired to work in the ER.

FINDING #9

When an ED adds an additional triage station during peak hours, it helps to alleviate ER crowding later in the day and evening.[85]

FINDING #10

Physician or Surgeon assisted triage helps to optimize walk-in and trauma patients' visits to the ER. Low severity walk-in patients can often be referred to an urgent care center after appropriate stabilization, and Physician assisted triage helps to optimize patient throughput.

[85] https://www.sciencedirect.com/science/article/pii/S1755599X24000946, Accessed January 2, 2025

RECOMMENDATIONS

Recommendations of this section and Findings of the previous section are numbered so that the number of a recommendation corresponds to the finding with the same number.

RECOMMENDATION #2.1

The City and/or County should require, and plan for, healthcare facilities as necessary to any development proposals for new communities and housing developments, in order to provide for the projected increase in population and medical needs.

RECOMMENDATION #2.2

Designate the Department of Health Services as the agency to develop and initiate a quarterly exchange of best practices among 911 receiving hospitals within the County. The County public hospitals do this on an “as-needed” basis, but not regularly. Encourage other public medical centers, such as Martin Luther King Jr. Community Hospital and Antelope Valley Medical Center, to send representatives, even though they are not under the jurisdiction of DHS.

RECOMMENDATION #2.3

EMT contractors providing Ambulance services for the County should be allowed shorter contract periods, say around three years, or the contracts should contain clauses so that those bound by longer contract periods can be allowed renegotiation of terms and cost.

RECOMMENDATION #2.4

The City and the County should continue the Advanced Responder Transport programs, and look into expanding them to a wider fleet. Patients admitted to 911 receiving hospitals who are first seen by one of the Advanced Responder Transport personnel should be tracked to gather more information and statistics regarding patient well-being. More information is needed to determine if there is a correlation between Advanced Response and reduced APOT.

RECOMMENDATION #2.5

Create a discharge lounge for patients awaiting outside social and community services. The patient is moved to an area outside of the ED and monitored by appropriate staff, all of whom will collaborate to provide necessary services, clothing, prescriptions, and transportation that are required by the discharge planner.

RECOMMENDATION #2.6

Create a discharge lounge, monitored by appropriate staff, for patients who are accompanied by family and being released to home care. Such patients will not require transportation, and their discharge plan can be communicated to family and/or friends who will oversee their care at home.

RECOMMENDATION #2.7

Hospitals should study the process that Harbor-UCLA implemented to accompany individual patients to a continuous and comprehensive set of labs and procedures to lessen the probability that a patient will leave the ER without being seen by a physician, and to improve the information provided to attending physicians.

RECOMMENDATION #2.8

Hospitals may hire Emergency Medical Technicians to work in the ER. Such technicians can directly offload the patient from an ambulance gurney onto a hospital owned gurney, and provide the same oversight as an ambulance technician, as part of the medical staff. This frees the EMT staff to return to service.

RECOMMENDATION #2.9

Hospitals should add additional triage stations in the period from noon until later afternoon to see if it consistently alleviates crowding later in the day.

RECOMMENDATION #2.10

A hospital ED should have physicians and surgeons assist with triage of low-severity and trauma patients, particularly when there is an expectation of an

increased intake of patients, and determine if this practice optimizes the patients' time in the ER.

COMMENDATIONS

On behalf of the Committee we extend special appreciation to the following: Los Angeles County Emergency Medical Services Agency, Los Angeles General Medical Center, UCLA-Harbor Medical Center, and Olive-View Medical Center for their information, cooperation, and responsiveness. The committee would also like to thank McCormick Ambulance and American Medical Response for their valuable contributions as well. Antelope Valley Medical Center was very forthcoming with information, and, together with American Medical Response, helped the Committee to understand the medical requirements and challenges to medical care in the Antelope Valley.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60) days after the CGJ publishes its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made no later than ninety (90) days after the CGJ publishes its report and files with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

All responses to the recommendations of the 2024-2025 County of Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 W Temple Street, Thirteenth Floor, Room 13-303
Los Angeles, CA 90012

Responses to the recommendations of this report are requested from the following:

REQUIRED AGENCIES	RECOMMENDATIONS
County of Los Angeles Board of Supervisors	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10
County of Los Angeles CEO	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10
County of Los Angeles Department of Health Services	2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10
County of Los Angeles Emergency Medical Services Agency	2.3, 2.4, 2.8
County of Los Angeles Fire Chief	2.4
Los Angeles City Controller's Office	2.1, 2.3, 2.4, 2.8
Los Angeles City Council	2.1, 2.3, 2.4, 2.8
Los Angeles City Fire Chief	2.4
Los Angeles General Medical Center	2.2, 2.5, 2.6, 2.7, 2.9, 2.10
Office of the Mayor of Los Angeles	2.1, 2.3, 2.4, 2.8
Olive View Medical Center	2.2, 2.5, 2.6, 2.7, 2.9, 2.10
UCLA-Harbor Medical Center	2.2, 2.5, 2.6, 2.7, 2.9, 2.10

ACRONYMS

AB 40	California Assembly Bill 40
APOT	Ambulance Patient Offload Time
AVMC	Antelope Valley Medical Center
City	City of Los Angeles
County	County of Los Angeles
DHS	Los Angeles County Department of Health Services
ED	Emergency Department
EMS	Los Angeles County Emergency Medical Services Agency
EMT	Emergency Medical Transport Or Emergency Medical Technician
EMTALA	Federal Emergency Medical Treatment and Labor Act
ER	Emergency Room
ESI	Emergency Severity Index triage algorithm
Jury or CGJ	2024 -2025 Los Angeles County Civil Grand Jury
Juror	2024-2025 Los Angeles County Civil Grand Juror
NICU	Natal Intensive Care Unit

COMMITTEE MEMBERS

William Allen, Committee Chair
Carolyn Cobb
Linda Esparza

TREES IN LOS ANGELES

2024-2025
Los Angeles County
Civil Grand Jury

TREES IN LOS ANGELES

I think that I shall never see, a poem lovely as a tree…

-Joyce Kilmer

EXECUTIVE SUMMARY

A nation that destroy its soil, destroys itself. Forests are the lungs of the land, purifying the air and giving fresh strength to our people.

Franklin Delano Roosevelt

In today's Los Angeles City and County, the tree canopy covers, shades, and nourishes a miniscule portion of the population.

Before the destructive fires in January 2025 a weekend visit to Pacific Palisades entailed a scenic drive along Sunset Boulevard through Beverly Hills, past the secluded mansions of Bel Air. The expansive ranch-style houses and family homes of Brentwood lay hidden from view behind the suburban roadside arboretum, and one drove into the shady and pleasant Palisades, to emerge onto the Pacific Coast Highway and the azure expanse of the ocean.

Few of us had the good fortune to call these scenic byways and neighborhoods home, and since the fires of January, that number has become even smaller. Without trees, the quality of life declines.

BACKGROUND

We can learn a lot from trees. They're always grounded but never stop reaching heavenward. Hallmark Greeting Cards

Note to reader: unless otherwise indicated, the footnote at the end of each paragraph is the citation and reference for the facts and sentences included in each corresponding paragraph.

There are a myriad of benefits of a robust tree canopy. Most obviously, they provide shade which cools the ground beneath and provides some refuge from city heat. Imagine you are sitting in the cool shade, you will hear birds above you, and maybe a squirrel or two will scamper by. Butterflies and moths live in trees, as do caterpillars and insects that lay their eggs in the leaves. In some areas, bears climb trees to snack on fruit and insects and while fish don't climb trees they need the shade provided by the canopy. The tree roots prevent erosion and fallen branches provide hiding places for aquatic life.[1]

In addition to shade, trees clean the air by storing the carbon in their structure and releasing pure oxygen into the atmosphere. Without the oxygen released by trees and other plants, there would be no life as we know it on this planet.

Trees are attractive. This is a benefit to any community in which they are planted. They have been shown to increase property value and increase retail sales by providing a more pleasant place for foot traffic to shop.

In areas with a robust canopy, people stay outdoors longer and engage in more physical activities. There is evidence that trees improve mental health by reducing stress and anxiety and provide respite from the city noise and bustle.[2]

Trees capture rainfall, keeping themselves watered and healthy. They prevent the water from vanishing down the drainage system and help to prevent floods.[3]

All these benefits improve the quality of life in urban areas. Without trees, cities would be sadder and uglier places. It is imperative that we not only take care of the canopies we have in Los Angeles County but add to it by planting more trees so that our children and grandchildren can sit underneath a tree and watch the world go round.

<u>Photosynthesis</u>

Trees exhale for us so that we can inhale them to stay alive. Let us love trees with every breath we take until we perish. Munia Khan

Photosynthesis" means "putting together with light" and describes the process by which trees convert sunlight's radiant energy, along with water and carbon

[1] https://www.healthday.com/health-news/environmental-health/most-of-the-worlds-cities-lack-enough-trees-to-cool-calm-residents, Accessed November 19, 2024.
[2] https://www.psychiatry.org/news-room/apa-blogs/evidence-of-the-benefits-of-trees-in-urban-areas, accessed March 19, 2025
[3] https://www.health.harvard.edu/blog/how-do-trees-and-green-spaces-enhance-our-health-202404193034, accessed February 19, 2025

dioxide (CO2), into glucose, water and oxygen. Glucose is nourishment for the tree itself, providing energy for growth and fruit production. Oxygen, the byproduct of photosynthesis, is vital for all life on Earth. Equally important, trees take in carbon dioxide from the air and water and with energy from sunlight, make glucose. To sum up, photosynthesis, carbon dioxide, water and sunlight go in. Glucose, water and oxygen come out.[4]

Although about 70% of the Earth's oxygen comes from plants living in the oceans, the balance comes from terrestrial trees and plants. Nobody knows why or how, but scientists think that oxygen first appeared about 2.7 billion years ago. The first organism to photosynthesize was algae, a single cell organism and it took another billion years (more or less) to accumulate enough oxygen in the atmosphere to support terrestrial life. [5]

Before the industrial revolution, algae and other plants kept the CO2 levels fairly safe and stable. It is a critical feature of photosynthesis that carbon (C) is decoupled from Oxygen (O) and takes part in the biochemistry of living cells. When people started to burn coal and oil to fuel their factories, the carbon trapped in organic compounds billions of years ago was released and recombined with the oxygen in the atmosphere, recreating CO2. The balance of our world is disrupted, because the atmosphere is returning to its primordial pre-life state. Burning fossil fuels is the biggest cause contributing to climate change. Trees store carbon by freeing oxygen, which humans and animals can breathe. In colder climates, carbon is stored in fallen leaves and humus, a mixture of leaves and other organic materials that cover the forest floor. In warmer climates, humus is diluted by frequent rainfall and high temperatures. Grasslands, or prairies, store carbon in their matted root systems. CO2 is produced during fires when the carbon burns, in rotting dead plants and in industrial use. Plants that live in water also photosynthesize and they store carbon in their foliage Carbon is also captured in rocks and other organic materials such as oil, coal and natural gas and is released by volcanoes, hot springs and geysers and human extraction.[6]

Photosynthesis is the only known naturally occurring process by which carbon dioxide is decomposed into carbon and oxygen The carbon is used to create organic compounds such as glucose and amino acids, which are used to store energy and build cell structures, and oxygen is released into the atmosphere.[7]

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[4] https://www.treehugger.com/trees-and-the-process-of-photosynthesis-1342630, accessed February 19, 2025

[5] https://biologywise.com/photosynthesis-in-aquatic-plants, accessed March 6, 2025

[6] https://www.epa.gov/ghgemissions/sources-greenhouse-gas-emissions, accessed February 19, 2025

[7] https://www.thoughtco.com/photosynthesis-facts-4169940, accessed February 19, 2025.

Redlining

Any fool can destroy trees. They cannot run away. John Muir

During the 1920's and 30's, the County of Los Angeles (County) experienced a population boom that continued through the post war years and indeed, continues today. Los Angeles was about 50% farmland at the time, on which the suburbs we have today were built. As many people were buying homes, insurance companies graded each district according to a color coded map denoting the areas with the best schools, the prettiest parks, and the safest neighborhoods. The most favorable places to purchase a home were denoted in Green. The second and third levels were marked in Blue and Yellow. The least favored areas were marked in Red. In addition, there were covenants that prohibited certain ethnic groups from purchasing in any other than the Red districts. Jews, Hispanics, Blacks, Asians and others were only allowed to buy homes in Red areas, effectively creating ghettos and causing segregation throughout the county. In 1948, the Supreme Court ruled the covenants to be unconstitutional, violating the 14th amendment which gave full rights of citizenship to all citizens, an amendment that was originally designed to assist in integrating newly freed slaves into established society. After unsuccessfully trying to enact a constitutional amendment to overturn the 14th amendment, developers and realtors switched to more subtle means of discrimination. They would tell prospective minority home buyers that the home they wanted had been sold, or would ostracize any realtor who sold to a member of the group in question, taking away his/her livelihood. It was not until 1963 when the Rumford Fair Housing Act was passed and forbade covenants on any group. Californians voted on a California constitutional amendment that was designed to permanently allow discrimination in the real estate markets and was soundly defeated by voters. Not even the staunchest conservatives such as Ronald Reagan and Barry Goldwater could defend the amendment but by this time, communities of color were firmly established in the formerly Red areas. People who lived in the redlined areas were usually at the lower end of the economic scale. Landlords, mostly white, were able to charge above market rents since their tenants lacked the ability to price shop. Because they were a captive audience, with limited choices, they were trapped in a cycle of poverty, forced to take low paying jobs and had to pay higher rents. They were denied a chance to accumulate enough wealth to escape. Even accomplished and wealthier members of minority groups, such as Eddie "Rochester" Anderson and Paul Revere Williams, the black architect who designed many homes in Green areas, had to reside in the redlined areas even though they could well afford to live in Beverly Hills or any other location in the County. [8]

[8] https://clkrep.lacity.org/onlinedocs/2019/19-0600_misc_5-6-19.pdf, accessed March 25, 2025

Residents in redlined areas had limited political and economic power, so they were easy targets for city planners and developers making ‘city improvements’. In Los Angeles, major highways and freeways cut through communities of color, dividing and diluting vibrant communities. The minority areas had fewer city parks, underfunded and overcrowded schools, fewer city services, and fewer retail establishments, resulting from a shortage of financial investments in the communities.[9] [10]

When a street is widened, many mature trees may be uprooted and the space available for new trees is greatly reduced. Additionally, when a street is widened, there are often cut outs or spaces where the pavement has been removed to allow for trees, that have lain fallow and are now receptables for trash and rubble.

Redlined areas had generally smaller property lots than Green areas. In addition, Green areas were inhabited by wealthier citizens, with disposable income sufficient for larger gardens and for decoration of their homes. The private gardens in Green areas boast varied landscapes and the temperate climate in Los Angeles allows them to plant and nurture hundreds of varieties of semi tropical plants and trees.[11]

Red areas were usually established in mixed use areas, meaning that residential neighborhoods were often side by side with manufacturing plants. In many cases, chemicals and metals used by such establishments leached into the soil, making it difficult to keep plants and trees healthy and growing.[12]

High crime areas very often overlap formerly redlined areas. Police erect cameras to surveille such crime prone locations. When trees interfere with camera sight lines, police request that the trees be removed. Trees that are tall enough to interfere with sight lines are usually mature, established trees and their removal is a great loss to the community when they are cut down. Police also dislike large trees because they say the helicopters cannot spot alleged criminals from the air.

To sum up, redlining helped to create segregated neighborhoods and left the legacy of a neglected and underserved population. Among a myriad of results,

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[9] https://www.kcrw.com/news/shows/greater-la/robert-fuller-freeways-urbanism-race/la-freeways, accessed March 6, 2025

[10] https://www.lapl.org/collections-resources/blogs/lapl/los-angeles-land-covenants-redlining-creation-and-effects, accessed March 25, 2025

[11] https://www.nature.com/articles/s42949-021-00022-0, accessed March 25, 2025

[12] https://planning.lacity.gov/odocument/3eaaa5ce-d96c-4325-a1b8-557218bbd0f5/Historic_Housing_and_Land_Use_Study.pdf, chapter 3, page 46, accessed March 6, 2025

the tree canopy is significantly smaller and thinner in formerly redlined areas compared to formerly Green areas. In today's Los Angeles County, the city's tree canopy covers, shades and nourishes a mere 2% of the population.[13]

This was true before the recent huge fires in Los Angeles County. Pacific Palisades was one of the more verdant areas of the County and innumerous trees and plants were destroyed by the flames. The Eaton Fire in Altadena and Pasadena also destroyed many established plantings of both trees and other plants. As communities recover and rebuild, we hope that at least the same number of trees will be replanted.

Native trees do much better in wildfires than non-native species. They have evolved to withstand the frequent fires that ravaged the area even before the current residents arrived. Look to the Banyan tree in Lahaina for confirmation. One year after their devastating fire, the 150 year old tree is flourishing once again, and hopefully will continue to thrive for another 150 years.[14],[15]

Replanting and Maintenance

He who plants trees knowing he will never sit in their shade has at least started to understand. Indian proverb

It seems a simple proposition to increase the tree canopy in underserved areas. But there are multiple obstacles. These include, but are not limited to larger homes on smaller lots, leaving no room for trees; not enough room in the verge, the strip of ground between the street and the sidewalk to plant trees; trees with roots that spread out sideways causing sidewalks to lift; extra care and watering is necessary during the first three years after a sapling is planted; the location of sewer and water pipes and conduits for underground utilities limit where trees can be planted; pollution from vehicles,[16] and other sources of vandalism.

Urban forest managers have to consider many factors before planting a new tree in the ground. The most important thing to consider is finding the right tree for the right place. While it seems obvious to plant native trees rather than plants imported from other climate zones, it's not that easy. Southern California does not have many native trees since most of the native ground cover consists of

[13] https://storymaps.arcgis.com/stories/05d32e3f908d463a83ef568bb6646b54, accessed February 19, 2025. Also https://lapl.org/collections-resources/blogs/lapl/los-angeles-land-covenants-redlining-creation-and-effects, accessed February 19, 2025.
[14] https://www.smithsonianmag.com/smart-news/one-year-after-a-devastating-fire-lahainas-151-year-old-banyan-tree-is-healing-180984874/ accessed March 6, 2025
[15] https://www.nytimes.com/card/2025/03/21/us/la-fires-trees, accessed March 25, 2025
[16] https://shunwaste.com/article/how-can-air-pollution-damage-crops-and-trees, accessed March 25, 2025

chaparral, a mixture of grasses and low growing shrubs rather than forests. The two major native trees are sycamores and live oaks. Sycamores do best when planted next to running water. However streams and rivers in Los Angeles County have been corralled into deep concrete ditches that prevent flooding every rainy season, making it a hostile environment for sycamore trees. Live oaks are beautiful and abundant in the wild. They provide a lot of shade, excellent habitats for animals, birds and insects and are very long lived but also very large, making them less attractive in an urban setting. If space allows, it is preferable to plant native trees.[17] [18] [19]

DISCUSSION

There is a serene and settled majesty to woodland scenery that enters into the soul, and delights and elevates it, fills it with noble inclinations. Washington Irving

Los Angeles is one of only five Mediterranean zones in the world: South Africa, countries around the Mediterranean Sea, Chile, the southwestern coast of Australia and Central and Southern California, extending into Northern Mexico. These zones are defined by having warm dry summers and wet, mild winters and are all about the same distance from the equator.[20] They are located all over the world, so plants and trees have evolved differently but can flourish in any of the Mediterranean zones. This gives Los Angeles an enormous selection of flora from which to choose and the perfect conditions in which to cultivate them.

The ideal city tree has a single trunk, is slow growing, requires little maintenance, and is long lived. It has roots that do not spread, is drought tolerant, and is attractive. Since trees have a long life, they also need to be able to thrive in warmer climates, up to 10 degrees hotter than today. Diversity is also an important consideration when choosing trees. Too many of the same variety can be a problem if a pathogen or insect attacks, killing off large tracts of a single cultivar.

Los Angeles County was a farming community until the middle of the 20th century. The Spanish were the first Westerners to explore the state. They noted the ideal conditions for farming: there was plenty of river water, the soil was rich and fertile and the weather perfect. The first settlers were Spanish Missionaries who established missions up and down the state. Each mission was about a

[17] https://cities4forests.com/wp-content/uploads/2020/06/C4F-Urban-Forests-for-Healthier-Cities.pdf, page 33, accessed March 6, 2025
[18] https://www.pbssocal.org/shows/lost-la/the-sycamores-of-southern-california-a-brief-history, accessed March 25, 2025
[19] https://lahumanesociety.org/, accessed March 25, 2025
[20] https://www.britannica.com/science/Mediterranean-climate, accessed March 6, 2025

day's travel from the next and was a self -sufficient farm, growing many crops brought by the priests from around the world. These included apples, barley, beans, corn, figs, grapes, olives, citrus fruits, peaches and wheat among other crops. After Mexico defeated Spain, the missions declined and Southern California was divided into huge ranchos, where vast herds of cattle roamed the grassy hills. Each rancho was a self- contained society. Fruits, grains and vegetables were cultivated and anything that couldn't be grown locally was purchased with money from selling or bartering cow hides. Mexico ceded a huge area that included California to the United States in 1849 and the Ranchos were sold or taken by the incoming Americans, displacing the Mexican population. Thanks to the almost perfect conditions for cultivating food crops Los Angeles County's primary industry was agriculture until the mid -20th. Century.[21]

Since our area is so fertile, fruit trees thrive and produce lots of food that could and should be used to feed the homeless or people who live in a 'food desert'. [22] Food deserts are mostly residential, usually in formerly redlined areas and are usually in the lower income neighborhoods where the larger supermarkets don't open markets. The only choices for shoppers in food deserts are convenience stores and small bodegas that carry limited selections. [23]

The problems are twofold: there is a crisis of homelessness in Los Angeles County with many hungry people and Los Angeles County needs a larger canopy, especially in the inner city. The obvious solution would be to plant fruit bearing street trees in areas that are accessible to the public, especially the homeless population. However, like most simplistic solutions, there are issues. Ripe fruits fall from the trees, making a slippery mess on the ground below, causing a hazard for pedestrians. Rodents will climb trees and eat a lot of the fruit. Trees planted near the street are exposed to pollution from autos, shortening their life span and spreading unhealthy emissions onto the fruit. Trees need a lot of sunlight to produce fruit. If they are located in the city, chances are high that the sun would be blocked by tall buildings for a large portion of the day. [24]

An answer would be to turn vacant lots into mini orchards. This has been implemented successfully in major cities such as Philadelphia and Detroit.[25] The orchards are open to all, but are protected from the problems associated with street trees by being set back from the street and having lots of unimpeded

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[21] https://www.history.com/topics/religion/california-missions, accessed March 6, 2025
[22] https://food-deserts.com/food-deserts-in-los-angeles/, accessed March 6, 2025
[23] http://food-deserts.com/food-deserts-in-los-angeles/, accessed March 25, 2025
[24] https://www.researchgate.net/publication/336653775_Impact_of_Auto_Exhaust_Pollution_on_Trees, accessed March 25, 2025
[25] https://cityparksalliance.org/resource/farm-city-detroit-community-garden-program/, March 6, 2025

sunlight and space to grow. Rodents can be prevented by several methods. They don't like aluminum foil or wind chimes. Mint or lavender planted around the base of the tree will deter them. Install tree guards which encase the trunks with metal cylinders. Low hanging branches should be trimmed. The soil can be amended easily, watering can be done as needed. More food will be available for the neighborhood and anything unused can be donated to food kitchens. The canopy is increased, bringing all the benefits of a healthy canopy to underserved neighborhoods.[26]

Icons

These palm trees like my old homeboys, hella shady. Chamillionaire, rapper

I remember when the palm trees were short and Tomorrowland was modern.

Taylor Negron

Just as we are excited to host the Olympics in 2028, Angelenos were thrilled to welcome the world to L.A. in 1932. To beautify the city, thousands of palm trees were planted along many streets across the city.[27] Still today they are featured in hundreds of movies, TV shows and commercials and instantly give a sense of place. A long street lined with a row of tall swaying palms means Los Angeles as much as Disneyland or the beach.

The huge number of palm trees planted in the early 20th Century are reaching the end of their natural lives. Some may live to be 150[28] but most will perish of old age during the next decade.[29] In addition to the ravages of old age, many are infected with fusarium, a fungus that enters the palm through the root system. The fungus clogs up the pathways of food and water, cutting off nutrition to the palm tree and eventually the crown dies, followed shortly by the trunk. [30][31]

[26] https://thegardenfixes.com/how-to-keep-rats-off-fruit-trees/, accessed March 25, 2025
[27] https://www.sfgate.com/la/article/los-angeles-palm-tree-problem-19998210.php accessed April 28, 2025
[28] ibid
[29] ibid
[30] https://nypost.com/2017/10/02/las-palm-trees-are-dying-and-they-wont-be-replaced/ accessed March 6, 2025
[31] https://www.gardeningknowhow.com/ornamental/trees/palms-trees/palm-tree-fusarium-wilt.htm Accessed March 20, 2025

As they die, palm trees are being replaced by native trees whenever possible. After all, palm trees provide about as much shade as a lamppost and don't add much to the canopy. Native trees are much more drought resistant and the replacement trees have a lower profile and much wider coverage resulting in increased shade and bringing all the other benefits of a robust canopy. Not all the replacements are natives, but all have the same characteristics in common; a single trunk, wide spreading canopy, are drought tolerant, and are long lived[32]

[32] https://livetoplant.com/transforming-urban-spaces-drought-tolerant-california-natives/ Accessed March 20, 2025

FINDINGS

FINDING #1

The tree canopy in Los Angeles County is unevenly distributed. There are far fewer trees in formerly redlined areas than in wealthier areas.

FINDING #2

The City and County need more trees.

RECOMMENDATIONS

RECOMMENDATION #3.1

The City and the County should plant more trees.

RECOMMENDATION #3.2

Recommend new construction regulations include requirements for more trees to be planted on the roofs of new buildings, providing adequate sunlight for healthy growth. Suggest roofs be reinforced for planters deep enough to support larger trees.

RECOMMENDATION #3.3

When repairing or enlarging roadways, the County and City should plant trees as the final step in the process after the construction and installation of conduits, sewers, electrical wires, etc.so the new trees won’t interfere with new construction.

RECOMMENDATION #3.4

The County and City should purchase empty lots in formerly redlined areas and establish orchards for community use.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60) days after the CGJ publishes its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made no later than ninety (90) days after the CGJ publishes its report and files with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

All responses to the recommendations of the 2024-2025 County of Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 W Temple Street, Thirteenth Floor, Room 13-303
Los Angeles, CA 90012

Responses to the recommendations of this report are requested from the following:

Required Agencies	Recommendations
Los Angeles County Board of Supervisors	3.1, 3.2, 3.3, 3.4
Los Angeles County CEO	3.1, 3.2, 3.3, 3.4
Los Angeles Mayor's Office	3.1, 3.2, 3.3, 3.4
Los Angeles City Controller	3.1, 3.2, 3.3, 3.4

ACRONYMS

City	City of Los Angeles
County	County of Los Angeles
CGJ, or Jury	2024 -2025 Los Angeles County Civil Grand Jury

COMMITTEE MEMBERS

Committee Chair Margaret Hatfield
Committee Co-chair William Allen
Committee Secretary Jenalea Smith

WATER QUALITY ISSUES IN LOS ANGELES COUNTY

2024-2025
Los Angeles County
Civil Grand Jury

WATER QUALITY ISSUES IN LOS ANGELES COUNTY

CONTAMINANTS AFFECTING DRINKING WATER

REPORT CONTENTS

EXECUTIVE SUMMARY

The 2024-2025 Los Angeles County Civil Grand Jury (CGJ or Jury) has conducted an in-depth inquiry into the programs and existing plans of relevant Los Angeles County (County) agencies focused on improving the quality of drinking water distributed throughout the County.

As part of this inquiry, the Jury seeks to determine the prevalence of contaminants that affects the quality of the drinking water supply. For this purpose, the Jury utilized publicly available water analyses data and conducted interviews with officers of concerned water districts. The Jury found that the following harmful chemicals, among others, are present in some of the water systems in Los Angeles County:

- Arsenic
- Bromodichloromethane
- Carbon tetrachloride
- Lead
- Manganese
- Nitrate
- Perchlorate
- Perfluorooctanoic acid (PFOA)
- Perfluorooctanesulfonic acid (PFOS)
- Tetrachloroethylene
- Trichloroethylene
- Other volatile organic compounds (VOCs)

All of these contaminants are detected at levels that are above the maximum contamination level set by the US Environmental Protection Agency (EPA). The levels of contamination are highlighted for each contaminant per concerned water district in the Findings Section of this report.

The negative health effects of these chemicals are well-known. Some of the negative health effects include potential carcinogenic effect, delay mental and physical development, and impact on the normal physiology of several organs (including liver, kidney, heart, and thyroid) and consequently affect the functioning of metabolic systems and lead to serious illness and/or death.

In some cases, some of the above chemicals are detected in water that is supposedly treated. However, because of insufficiency in treatment facility, the contaminated water is being distributed by some water districts and, therefore, in consumers' tap waters. In the case of lead, it is found only in tap waters of some households in Los Angeles County.

The source of the contamination depends on the locations of the water sources. For example:

- Most of the volatile organic compounds are likely due to the presence of highly polluted sites (so called superfund areas managed by the EPA).
- Nitrates are most likely attributed to agricultural wastes and sewage leaks.
- Arsenic is most likely inherently present in aquifers where the water wells are located.
- Lead is most likely present in the tap water of consumer homes/apartments due to sources localized within the residential plumbing system.

Most of the time, the remediation of a contamination problem -- either to eliminate the contaminating chemicals or to reduce them to acceptable levels (i.e., below the maximum contamination level) -- is being undertaken by the concerned water districts. In some cases, the problem is not being addressed. As is stated above, the contaminants remain in the water distributed to customers despite current treatment.

If executed effectively and with urgency, the existing plans and initiatives currently in place within two County agencies, Los Angeles County Chief Sustainability Office (CSO) and Los Angeles County Department of Public Works (DPW) have the potential to alleviate some of the issues outlined above.

BACKGROUND

Water is a precious resource that is essential to sustain life. The need for clean and drinkable water is a human rights issue. This right was acknowledged by the United Nations in 2010 when it adopted Resolution 69/292 recognizing

> "…*the human right to water and sanitation and that clean drinking water and sanitation are essential to the realization of all human rights*." [1]

This universal human right was formally recognized in California when then-Governor Edmund Brown Jr. signed Assembly Bill (AB) 685 into law in 2012 confirming California's unique commitment among U.S. states to ensuring a

[1] Resolution A/RES/64/292. United Nations General Assembly, July 2010. Source: https://digitallibrary.un.org/record/687002?v=pdf. Accessed: December 16, 2024

Human Right to Water (HR2W) for every individual in the state (State Water Policy 2012).[2] This law recognizes that

> "…*every human being has the right to safe, clean, affordable, and accessible water*."

In July 2019, the California Legislature adopted Senate Bill 200 (SB 200),[3] the Safe and Affordable Drinking Water Fund, to address the drinking water crisis affecting more than one million people in California communities. The fund provides $130 million per year until 2030 to enable the State Water Board to develop and implement sustainable solutions for small systems with drinking water standards violations. To address funding gaps and provide solutions to water systems, especially those serving disadvantaged communities, and to address both their short- and long-term drinking water needs, SB 200 requires the annual transfer of 5 percent of the Greenhouse Gas Reduction Fund (GGRF)[4] (up to $130 million) into the Safe and Affordable Drinking Water Fund until June 30, 2030.

At the county-wide level, Los Angeles County (County) expressed its commitment to improving drinking water through its Sustainability Plan 2019, dubbed as *OurCountyLA*.[5] The first of the Plan's 12 goals involves the County ensuring access to safe, clean, and affordable water, which directly aligns with the HR2W framework. The targets within this strategy include reducing the number of public drinking water systems incurring, and customers experiencing maximum contaminant level (MCL) violations for pollutants regulated by the Safe Drinking Water Act (SDWA).[6] This involves:

- A target of fewer than five water systems in violation or out-of-compliance serving less than 2,000 customers by 2025,
- Fewer than two water systems in violation or out-of-compliance serving less than 500 customers by 2035, and
- No water systems in violation or out-of-compliance by 2045.

Cognizant of the above-mentioned state laws and the County-wide mandates, the Jury conducted an inquiry regarding the state of water quality in the County. The Jury's inquiry was prompted by recent news reports that undesirable chemical contaminants are detected in some water systems in Los Angeles

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[2] Source: https://www.waterboards.ca.gov/water_issues/programs/hr2w/. Accessed: December 16, 2024
[3] Source: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB200. Accessed: August 23, 2024
[4] Source: https://www.epa.gov/greenhouse-gas-reduction-fund. Accessed: August 23, 2024
[5] Source: https://ourcountyla.lacounty.gov/plan. Accessed: August 23, 2024
[6] Source: https://www.epa.gov/sdwa. Accessed: December 16, 2024

County. For example, The Guardian[7] and Los Angeles Times[8] reported in August 2024 that lead was detected in some housing units in the Watts neighborhood. Some were detected at or above the 15 ppb actionable level set by the EPA.[9] These news reports were based on a study conducted by the Better Watts Initiative,[10] a non-profit, community-based, human social services organization dedicated to improving the quality of life for South Central Los Angeles residents.

In addition, in 2018, the Los Angeles Times reported that 70-year-old pipes in the former Sativa Water District (Sativa) were responsible for depositing manganese in drinking water, making the output from the faucets run brown. As a result of this problem, Sativa was dissolved in 2018 and put on a temporary receivership by the Los Angeles County Board of Supervisors under Los Angeles Department of Public Works. In 2021, it was sold to Suburban Water Systems (Suburban) to rehabilitate Sativa.[11]

OBJECTIVES

Overall, the Jury's inquiry was conducted with the following objectives:

- To determine the extent of the contamination problem in drinking water being distributed to Los Angeles County customers, or, conversely, if ever there was contamination;
- To determine the progress that Suburban is making for the rehabilitation of Sativa;
- To understand some of the important lessons learned from the rehabilitation process of Sativa, which could be useful for exploring possible solutions to existing water-quality problems in Los Angeles County; and
- To evaluate whether County agencies have existing programs and plans aimed at addressing water quality issues.

[7] Source: https://www.theguardian.com/us-news/article/2024/aug/21/los-angeles-watts-tap-water-lead-contamination. Accessed: August 23, 2024
[8] Source: https://www.latimes.com/environment/story/2024-08-29/mayor-bass-calls-for-investigation-of-lead-in-watts-drinking-water. Accessed: August 29, 2024.
[9] Source: Hoague et al., 2024 (Unpublished). Dark Waters Project: The Assessment of the Presence of Heavy Metal Contaminants in the Tap Water of Watts Residences, and Public Perceptions of Water Infrastructure in Los Angeles.
[10] https://wlcac.org/community-service/better-watts-initiative-bwi/. Accessed: August 23, 2024
[11] Source: https://lacounty.gov/2023/01/19/la-county-transfers-management-of-sativa-water-district-to-new-owner/. Accessed: December 16, 2024.

METHODOLOGY

The Jury started by looking at the publicly available data regarding water quality in Los Angeles County. It obtained the risk assessments of water districts in Los Angeles County for 2024 that are available from the California State Water Resources Control Board website (downloaded August 26, 2024).[12] The list of all community water districts in Los Angeles County, with their corresponding risk assessment, is shown in Attachment Table 1.

A major component of the risk assessment is water quality. Water districts that are categorized as "High-Risk" in water quality criterion were included as part of this inquiry (see Tables 1, 2, and 3 in the Discussions section). Concerned officers or personnel of some of these water districts were interviewed either by phone and/or by face-to-face interview.

Suburban Water Systems – Sativa (Suburban; PWSID: CA1910147) and Los Angeles City Department of Water and Power (DWP; PWSID: CA1910067) were included as part of the inquiry (please see Discussion Section) and concerned personnel from these agencies were interviewed either by phone and/or by face-to-face meeting.

Concerned personnel from the following government agencies were also interviewed by phone or through face-to-face meeting:

- Los Angeles County Department of Public Works (DPW)[13]
- Los Angeles County Chief Sustainability Office (CSO)[14]
- San Gabriel Basin Water Quality Authority (WQA)[15]

Pertinent information was downloaded from the websites of the above agencies and studied by the Jury.

Interviews with the following non-government community organizations and research/higher education entities were done by phone or through face-to-face meeting. Relevant information and reports that are available in their websites were also downloaded and analyzed by the Jury.

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[12] Source: https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/saferdashboard.html. Accessed: August 26, 2024

[13] Source: https://pw.lacounty.gov/core-service-areas/water-resources/. Accessed: December 16, 2024

[14] https://cso.lacounty.gov/

[15] https://wqa.com/

- Better Watts Initiative[16]
- UCLA Luskin Center for Innovation[17]

The following reports authored by researchers from UCLA Luskin Center for Innovation were analyzed and used as references:

1. Glickfeld, M., Roquemore, P., Pierce, G., Reibel, M. 2021. The Human Right to Water in Poor Communities of Color – Full Report. Urban Disadvantaged Community Water Systems in Southern Los Angeles County.[18]
2. Pierce, G., Gonzalez, S., and Amstutz, E. 2020. Reducing Lead in Drinking Water in California's Childcare Facilities - Full Report. Implications for AB2370 Program Development from Los Angeles County.[19]
3. Pierce, G., Roquemore, P., and Trumbull, K. 2021. Los Angeles County Small Water System Risk Assessment - Report.[20]
4. Vasquez-Rodriguez, I. and Pierce, G. 2024. Tap Water Quality and Distrust in Los Angeles County: Strategies to Address Premise Plumbing - Report.[21]

Relevant news items from the New York Times,[22] Los Angeles Times,[23] The Guardian,[24] and CalMatters[25] were obtained through their websites.

Previously and currently adopted budgets of Los Angeles County were downloaded from the Budget Archives of the County.[26]

Publicly available records related to water quality laboratory analyses were downloaded on October 10, 2024 from California State Water Resources Control

[16] https://wlcac.org/community-service/better-watts-initiative-bwi/. Accessed: August 23, 2024
[17] https://innovation.luskin.ucla.edu/water/. Accessed: December 16, 2024
[18] Source: https://www.ioes.ucla.edu/project/the-human-right-to-water-in-poor-communities-of-color-southern-los-angeles-county/. Accessed: December 16, 2024.
[19] Source: https://innovation.luskin.ucla.edu/wp-content/uploads/2020/05/Reducing_Lead_in_Drinking_Water_in_Californias_Childcare_Facilities-Snapshot_Brief.pdf. Accessed: December 16, 2024
[20] Source: https://innovation.luskin.ucla.edu/wp-content/uploads/2021/07/LA-County-Small-Water-System-Risk-Assessment.pdf. Accessed: December 16, 2024
[21] Source: https://innovation.luskin.ucla.edu/wp-content/uploads/2024/01/tap-water-quality-distrust-and-premise-plumbing.pdf. Accessed: December 16, 2024
[22] https://www.nytimes.com
[23] https://latimes.com
[24] https://theguardian.com
[25] https://calmatters.org
[26] Source: https://ceo.lacounty.gov/budget/. Accessed: December 16, 2024

Board (CSWRCB) through its California Laboratory Intake Portal (CLIP).[27] These water analyses data are regularly reported to CSWRCB by water districts as mandated by the State Water Board. Analysis of downloaded data (in TAB format) was done by importing them first to Microsoft Access. Queries were done on the imported data on the basis of water district unique ID (PWSID), type of contaminants (analytes), sampling locations, and sampling dates. Results of queries were exported as Excel files. If necessary, appropriate graphs of the filtered information were generated using Microsoft Excel and used for illustration purposes in this report (see individual graphs in the Findings Section).

The National Primary Drinking Water Regulations[28] and Secondary Drinking Water Standards[29] set by the EPA were downloaded and used the allowable maximum contaminant level (MCL) for each contaminant in question as reference point.

Information about potential health effects of contaminants/chemicals were obtained from the website of the EPA and the Agency for Toxic Substances and Disease Registry.[30]

In some instances, software available at ArcGIS Online[31] was used to generate maps of risk assessment data downloaded from CSWRCB (see map images in the Discussion Section).

[27] Source: https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/EDTlibrary.html. Accessed: October 10, 2024
[28] Source: https://www.epa.gov/ground-water-and-drinking-water/national-primary-drinking-water-regulations. Accessed: December 16, 2024
[29] Source: https://www.epa.gov/sdwa/secondary-drinking-water-standards-guidance-nuisance-chemicals. Accessed: December 16, 2024.
[30] Source: https://www.atsdr.cdc.gov/. Accessed: December 16, 2024
[31] https://www.arcgis.com/index.html

DISCUSSION

Water Quality Risk Assessment in the County

To lay the groundwork for understanding the programs and plans County agencies have in place to address water quality issues, the Jury first examined publicly available data, which reveal the presence of contaminants in the drinking water distributed throughout the County. As mentioned in the Methodology section, the Jury utilized the water risk assessment and water analyses data available at CSWRCB.

There are about 208 water districts that serve the communities of Los Angeles County (see complete list in Attachment Table 1). In terms of water quality, about 14% (n = 29) of these water districts are categorized as “High-Risk”, 17% (n = 35) as “Medium-Risk”, and 15% (n = 31) as “Low-Risk”. The rest are categorized as either Not-At-Risk (41%) or Not-Assessed (13%). The indicators for water quality component in the CSWRCB 2024 Risk Assessment Report include “current water quality and trends to identify compliance with regulatory requirements, as well as frequency of exposure to drinking water contaminants.”[32]

In the risk assessment (downloaded by the Jury on August 28, 2024), CSWRCB also evaluate for overall SAFER (Safe and Affordable Funding for Equity and Resilience)[33] status. Aside from the water quality component, other factors were also included as part of the evaluation. For the purpose of the Jury’s inquiry, the primary consideration was on water quality. Hence, the Jury narrowed the focus to water districts that are in the High-Risk category. These water districts are listed in Table 1 (small-scale with service connections of less than 1,000 per district), Table 2 (medium-scale with service connections of less than 10,000 per district), and Table 3 (large-scale with service connections of more than 10,000 per district).

To answer the question as to why the water districts are considered “High-Risk”, the Jury utilized water analyses data downloaded on October 10, 2024 from CSWRCB.[34] In addition, data provided to the Jury by some water districts was used to determine what contaminants are present in any of the following points in the water distribution pipeline (see diagram in Figure 1):

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[32] Source: https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/documents/needs/2024/2024-needs-assessment.pdf. Accessed: December 16, 2024

[33] Source: https://www.waterboards.ca.gov/safer/. Accessed: December 16, 2024

[34] Source: https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/EDTlibrary.html. Accessed: October 10, 2024

1. Water source - either from surface water or deep well
2. Effluent - after water treatment (if water analysis data is available)
3. Distribution pipe network (if water analysis data is available)
4. Customer tap water line (if water analysis data is available)

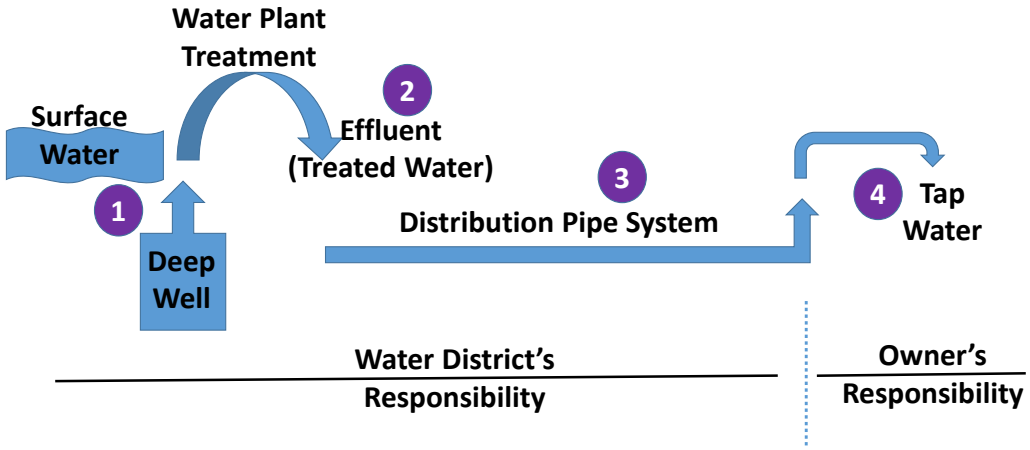

Figure 1: Diagrammatic representation of sampling points for water analysis along the water pipeline from the source to customer's tap.

Water Contaminants

Based on the results of water analysis done by each water district, there are a number of contaminants that were detected (see Findings section for specific water districts) in some of the water systems in Los Angeles County, especially at the source (indicated as point #1 in Figure 1). Most of these contaminants are chemicals by nature and are highlighted in Table 4. In most cases, these contaminants are exceeding the MCL threshold set by the EPA. The level and extent of the contamination in the water supply are specified in the Findings section for each affected water district. The potential health effects of these contaminants are also included in Table 4.

Table 1. Profile of small-scale water districts in Los Angeles County included as part of the inquiry by the Jury. DAC = Disadvantaged Community; SDAC = Severely Disadvantaged Community; Non-DAC = not considered economically disadvantaged.

PWSID	System Name	Service Location	Regulating Agency	Water Quality Risk Level	SAFER Status	Population	No. of Service Connections	District Economic Status[35]	Ownership
CA1900038	LANCASTER PARK MOBILE HOME PARK	Lancaster	DISTRICT 22 - ANGELES	High Risk	Failing	60	21	SDAC	Private
CA1900100	METTLER VALLEY MUTUAL	Lancaster	DISTRICT 15 - METROPOLITAN	High Risk	Failing	158	98	DAC	Private
CA1900520	THE VILLAGE MOBILE HOME PARK	Lancaster	DISTRICT 07 - HOLLYWOOD	High Risk	Failing	71	34	SDAC	Private
CA1900537	OAK GROVE MOBILE HOME PARK	Agua Dulce	DISTRICT 15 - METROPOLITAN	High Risk	Failing	109	31	Non-DAC	Private
CA1900785	MITCHELL'S AVENUE E MOBILE HOME PARK	Lancaster	DISTRICT 16 - CENTRAL	High Risk	Failing	24	24	SDAC	Private
CA1900903	SLEEPY VALLEY WATER COMPANY	Santa Clarita	DISTRICT 22 - ANGELES	High Risk	At-Risk	162	58	Non-DAC	Private
CA1900961	WINTERHAVEN MOBILE ESTATES	Lancaster	DISTRICT 15 - METROPOLITAN	High Risk	Failing	56	20	DAC	Private
CA1907014	NORTH TRAILS MUTUAL WATER COMPANY	Agua Dulce	DISTRICT 15 - METROPOLITAN	High Risk	Failing	100	49	Non-DAC	Private

[35] Source: https://lab.data.ca.gov/dataset/safer-failing-and-at-risk-drinking-water-systems. Accessed: August 26, 2024.

PWSID	System Name	Service Location	Regulating Agency	Water Quality Risk Level	SAFER Status	Population	No. of Service Connections	District Economic Status[35]	Ownership
CA1910002	AMARILLO MUTUAL WATER COMPANY	Rosemead	DISTRICT 07 - HOLLYWOOD	High Risk	At-Risk	3,134	625	DAC	Local government
CA1910022	CALIF STATE POLYTECHNICAL UNIV - POMONA	CSPU Pomona	DISTRICT 22 - ANGELES	High Risk	Potentially At-Risk	29,271	968	Non-DAC	State government
CA1910053	HEMLOCK MUTUAL WATER CO.	El Monte	DISTRICT 22 - ANGELES	High Risk	Potentially At-Risk	686	208	Non-DAC	Private
CA1910081	LYNWOOD PARK MUTUAL WATER CO.	Compton	DISTRICT 16 - CENTRAL	High Risk	At-Risk	2,300	470	SDAC	Local government
CA1910158	STERLING MUTUAL WATER COMPANY	El Monte	DISTRICT 22 - ANGELES	High Risk	Potentially At-Risk	548	201	SDAC	Private
CA1910160	TRACT 349 MUTUAL WATER CO.	Cudahy	DISTRICT 07 - HOLLYWOOD	High Risk	Failing	3,132	949	SDAC	Private
CA1910243	CALIFORNIA WATER SERVICE CO-LEONA VALLEY	Quartz Hill, Leona Valley	DISTRICT 22 - ANGELES	High Risk	At-Risk	908	434	Non-DAC	Private

Table 2. Profile of medium-scale water districts in Los Angeles County included as part of the inquiry by the Jury.

PWSID	System Name	Location	Regulating Agency	Water Quality Risk Level	SAFER Status	Population	No. of Service Connections	District Economic Status[36]	Ownership
CA1910028	CRESCENTA VALLEY CWD	La Crescenta	DISTRICT 15 - METROPOLITAN	High Risk	Potentially At-Risk	35,841	8,282	Non-DAC	Local government
CA1910038	EL MONTE-CITY, WATER DEPT.	El Monte	DISTRICT 16 - CENTRAL	High Risk	At-Risk	22,968	3,528	SDAC	Local government
CA1910063	LINCOLN AVENUE WATER CO.	Altadena	DISTRICT 16 - CENTRAL	High Risk	Potentially At-Risk	16,126	4,477	Non-DAC	Private
CA1910077	GSWC - FLORENCE/GRAHAM	Santa Fe Springs	DISTRICT 15 - METROPOLITAN	High Risk	At-Risk	63,142	9,744	SDAC	Private
CA1910125	PICO WATER DISTRICT *	Pico Rivera	DISTRICT 07 - HOLLYWOOD	Medium Risk	Failing	22,051	5,267	Non-DAC	Local government
CA1910147	SUBURBAN WATER SYSTEMS – SATIVA **	Compton	DISTRICT 22 - ANGELES	Medium Risk	Potentially At-Risk	4,339	1,331	DAC	Private
CA1910153	SOUTH MONTEBELLO IRRIGATION DIST.	Montebello	DISTRICT 22 - ANGELES	High Risk	Not At-Risk	15,021	2,346	DAC	Local government
CA1910154	CITY OF SOUTH PASADENA	South Pasadena	DISTRICT 16 - CENTRAL	High Risk	Not At-Risk	25,329	6,410	Non-DAC	Local government
CA1910157	SUNNY SLOPE WATER CO.	Pasadena	DISTRICT 15 - METROPOLITAN	High Risk	Potentially At-Risk	25,252	6,337	Non-DAC	Private

[36] Ibid

PWSID	System Name	Location	Regulating Agency	Water Quality Risk Level	SAFER Status	Population	No. of Service Connections	District Economic Status[36]	Ownership
CA1910166	VALLEY WATER CO.	La Canada Flintridge	DISTRICT 15 - METROPOLITAN	High Risk	Potentially At-Risk	10,070	3,611	Non-DAC	Private
CA1910223	GSWC-SOUTH SAN GABRIEL	San Dimas	DISTRICT 07 - HOLLYWOOD	High Risk	At-Risk	26,074	4,997	DAC	Private
CA1910246	LAND PROJECTS MUTUAL WATER CO.	Lancaster	DISTRICT 07 - HOLLYWOOD	High Risk	Failing	2,800	546	Non-DAC	Private

Footnotes to Table 2:

* - Although Pico Water District is categorized as “Medium-Risk” in terms of water quality, it is categorized as “Failing” in the SAFER status. Hence, it is included in the Table 2 list for the purpose of the investigation.

** - Although Suburban Water Systems – Sativa is categorized as “Medium-Risk” in terms of water quality, it is included by the Jury in the list as part of its monitoring the progress of Sativa rehabilitation.

Table 3. Profile of large-scale water districts in Los Angeles County included as part of the inquiry by the Jury.

PWSID	System Name	Location	Regulating Agency	Water Quality Risk Level	SAFER Status	Population	No. of Service Connections	District Economic Status[37]	Ownership
CA1910001	CITY OF ALHAMBRA	Alhambra	DISTRICT 16 - CENTRAL	High Risk	Potentially At-Risk	83,750	17,735	Non-DAC	Local government
CA1910009	VALLEY COUNTY WATER DIST.	Baldwin Park	DISTRICT 15 - METROPOLITAN	High Risk	At-Risk	68,871	12,564	Non-DAC	Local government
CA1910092	MONTEREY PARK-CITY, WATER DEPT.	Monterey Park	DISTRICT 07 - HOLLYWOOD	High Risk	At-Risk	62,183	14,080	Non-DAC	Local government
CA1910139	CAL/AM WATER COMPANY - SAN MARINO	Rosemead	DISTRICT 07 - HOLLYWOOD	High Risk	Not At-Risk	47,124	14,255	Non-DAC	Private
CA1910067	LOS ANGELES DWP #	City of Los Angeles	DISTRICT 15 - METROPOLITAN	Not Assessed ##	Not Assessed ##	3,868,811	707,681	Non-DAC	Local government

Footnote to Table 3:

- Although Los Angeles Department of Water and Power is not considered "High-Risk" in terms of water quality, it was included as part of a broader inquiry into possible lead contamination in some Los Angeles County neighborhoods.

- The State Water Board did not provide assessment details regarding water quality for the DWP.

[37] Ibid

Table 4. List of contaminants detected in some water systems in Los Angeles County either at or above MCL.

Contaminant	MCL / MCLG *	Potential Health Effect(s) **
Primary Drinking Regulated Chemicals		
Arsenic	MCL =10 ug/L or 10 ppb	Skin damage or problems with circulatory systems, and may have increased risk of getting cancer
Bromodichloromethane (one of the TTHM – see below)	MCLG: zero	It causes pregnancy loss in rats when treated during the luteinizing hormone (LH)-dependent period #
Carbon tetrachloride	MCLG: zero MCL: 5 ug/L	Liver problems; increased risk of cancer
Lead	MCLG: zero Action Level = 15 ug/L or 15 ppb	Infants and children: Delays in physical or mental development; children could show slight deficits in attention span and learning abilities Adults: Kidney problems; high blood pressure
Nitrate	MCL = 10 mg/L or 10 ppm	Infants below the age of six months who drink water containing nitrate in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue-baby syndrome.
Perchlorate	MCL and MCLG provisions are still being finalized; set to begin in 2025 ##	The thyroid gland is the primary target of perchlorate toxicity in humans. Thyroid hormones play an important role in regulating metabolism and are critical for normal growth and development in fetuses, infants and young children. Perchlorate can interfere with iodide uptake into the thyroid gland at high enough exposures, disrupting the functions of the thyroid and potentially leading to a reduction in the production of thyroid hormones. ##

Contaminant	MCL / MCLG *	Potential Health Effect(s) **
PFOA (Perfluorooctanoic acid)	MCL = 4 ng/L or 4 ppt	Cardiovascular (e.g., increase in cholesterol level), immune and liver effects; increased incidence of certain types of cancers including liver and testicular Developmental and immune effects following repeated exposure during pregnancy and/or childhood
PFOS (Perfluorooctanesulfonic acid)	MCL = 4 ng/L or 4 ppt	Cardiovascular (e.g., increase in cholesterol level), immune and liver effects; increased incidence of certain types of cancers including liver Developmental and immune effects following repeated exposure during pregnancy and/or childhood
Tetrachloroethylene (also known as perchloroethylene or PCE)	MCL = 5 ug/L or 5 ppb	Liver problems; increased risk of cancer
Trichloroethylene	MCL = 5 ug/L or 5 ppb	Liver problems; increased risk of cancer.
Total Trihalomethane (TTHM)	MCL = 80 ug/L or 80 ppb	Liver, kidney or central nervous system problems; increased risk of cancer
Secondary Drinking Regulated Chemicals		
Manganese	MCL = 50 ug/L	Causes turbidity making tap water undrinkable

Footnotes to Table 4

* - MCL = Maximum Contaminant Level; MCLG = Maximum Contaminant Level Goal. MCL is the maximum allowable amount of a contaminant in drinking water which is deliver to the consumer. Source: https://www.epa.gov/ground-water-and-drinking-water/national-primary-drinking-water-regulations. Accessed: January 31, 2025

** - Sources:
https://www.epa.gov/ground-water-and-drinking-water/national-primary-drinking-water-regulations. Accessed: January 31, 2025
https://www.epa.gov/sdwa/secondary-drinking-water-standards-guidance-nuisance-chemicals. Accessed: January 31, 2025
https://www.atsdr.cdc.gov/. Accessed: January 31, 2025

- Source: https://cfpub.epa.gov/si/si_public_record_report.cfm?Lab=NHEERL&dirEntryId=147446. Accessed: January 31, 2025

- Source: https://www.epa.gov/sdwa/perchlorate-drinking-water. Accessed: January 31, 2025

Sources of Contaminations

The sources of the above contaminants depend on the location of the water supply for each water district.

Arsenic: Some aquifers are inherently contaminated with the element arsenic.[38] (See Findings Section for mobile homes located in the Lancaster and nearby areas – e.g., Findings #1, #2, #3, #5, #7, #8, #26, and #30). Hence, wells that are dependent on the affected aquifers will consequently be contaminated.

Manganese: The mineral manganese is considered naturally occurring as it is found in the groundwater and surface water.[39] The issues highlighted in Findings #23 and #31 are examples of this case. In some cases, it can also come from mining and industrial discharges.[40]

Volatile Organic Compounds: In some cases, the presence of volatile organic compounds (VOCs, including trichloroethylene, and tetra-chloroethylene or PCE) emanating from superfund sites can seep into the water wells, consequently contaminating them. These superfund sites are due to the heavy presence of industrial chemicals resulting from decades of improper chemical handling and disposal practices by companies held accountable by the EPA. The San Gabriel Water Basin has a number of these superfund sites (see

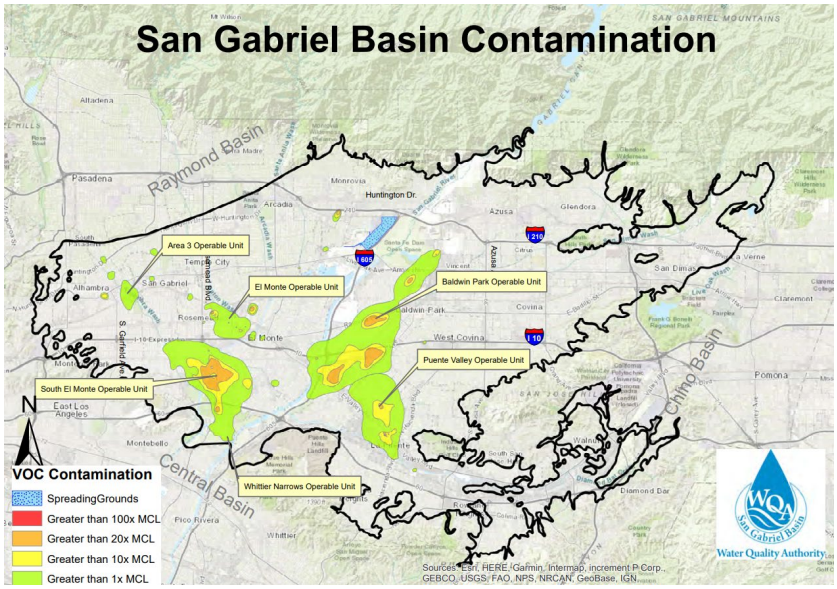

Figure 2. Map showing the extent of pollution from the superfund sites in the San Gabriel Basin affecting aquifers and associated water wells. Map taken from: San Gabriel Basin Water Quality Authority.[41]

[38] Source: https://www.usgs.gov/mission-areas/water-resources/science/arsenic-and-drinking-water. Accessed: December 16, 2024
[39] Source: https://wqa.org/resources/manganese/. Accessed: December 16, 2024
[40] Ibid
[41] Source of the map: https://wqa.com/wp-content/uploads/2020/03/Final-Ch-404-Sept-2019-Report.pdf, page 50. Accessed: December 16, 2024

Figure 2) that affect several water districts within the Los Angeles County. These include:

- Amarillo Mutual Water Co. (see Finding #12)
- Lincoln Avenue Water Co. (see Finding #16)
- City of South Pasadena Water Dept. (see Finding #21)
- Valley County Water District (see Finding #29)
- Monterey Park City Water Dept. (see Finding #30)

The superfund sites in San Gabriel Basin are currently being managed by the San Gabriel Basin Water Quality Authority (WQA), which "… was created to manage and coordinate the cleanup with local, state, and federal agencies."[42]

Carbon tetrachloride: Carbon tetrachloride usually originates from the discharge from chemical plants and other industrial activities (see Finding #16), including the following:[43,44]

- Production of household cleaning products containing bleach
- Waste water from iron and steel manufacturing, foundries, metal finishing, paint and ink formulations, petroleum refining, and nonferrous metal manufacturing industries
- Petrochemical sources associated with automotive stations, dry cleaners, landfills, and manufacturers that use/produce carbon tetrachloride

PFAS-related Compounds: Perfluorooctanesulfonic acid (PFOS) and perfluorooctanoic acid (PFOA) are part of a big family of man-made chemicals called per- and polyfluroalkyl compounds (collectively called PFAS). PFAS are manufactured chemicals that have been used in industry and consumer products since the 1940s.[45] PFOS was the key ingredient in Scotchgard, a fabric protector made by 3M, and related stain repellents.[46] They are also used as components in food packaging, personal care products, and many other industrial products. PFAS components break down very slowly over time.[47] PFAS are long-lasting; hence, they are called "forever chemicals". The industrial products are discharged to rivers and landfills, can seep into groundwater, and eventually

[42] Source: https://wqa.com/about/. Accessed: December 16, 2024
[43] Source: https://archive.cdc.gov/www_atsdr_cdc_gov/csem/carbon-tetrachloride/where_found.html. Accessed: December 16, 2024
[44] Source: https://archive.epa.gov/water/archive/web/pdf/archived-technical-fact-sheet-on-carbon-tetrachloride.pdf. Accessed: December 16, 2024
[45] Source: https://www.epa.gov/pfas. Accessed: December 16, 2024
[46] Source: https://www.newyorker.com/magazine/2024/05/27/3m-forever-chemicals-pfas-pfos-toxic. Accessed: December 16, 2024
[47] Source: https://www.epa.gov/pfas. Accessed: December 16, 2024

contaminate drinking water. Some water systems in Los Angeles County are affected (see Findings #9, #10, #14, #17, #18, #20, #23, #25, #29, and #30).

Nitrates: The principal sources of nitrates that contaminate water pipelines are fertilizers, animal waste, and septic tank leakage (see Findings #4, #6, #8, #14, #16, #19, #22, #24, #25, #26, #28, and #29). Hence, the water supplies most vulnerable to nitrate contamination are in agricultural areas and in well waters having a close or hydraulic relationship to septic tanks.[48]

Lead: Overall, DWP's water distribution pipeline (i.e., point #3 in Figure 1) in the City of Los Angeles is unlikely to be contaminated with the element lead (see Finding #33).

One of the likely reasons for lead's presence as a contaminant is the local plumbing (or premise plumbing), i.e., water pipes that connect from the distribution network to the tap, as well as the pipes and fixtures within a house or apartment building (see point #4 in the illustration in Figure 1). The erosion of pipes, fittings, and solders in the plumbing system within the premises is the major source of lead in the tap water.[49,50] The cases mentioned in Findings #34, #35, and #36 may represent examples of this situation.

Lead can also be emitted into the environment from industrial sources and contaminated sites.[51] Hence, it is possible that lead sources external to the plumbing systems or to the water distribution pipes can seep into the water system. In this regard, the Los Angeles District Attorney is currently prosecuting a recycling plant located nearby the housing complexes in the Watts area.[52] The company, Atlas Iron & Metal, and its owners are indicted of illegally disposing hazardous chemicals (see Finding #35).

Remediation Procedures and Associated Cost

Depending on the type of contaminant, the type of remediation treatment needs to be applied accordingly to eliminate the contaminant or reduce its amount to an acceptable level (i.e., below the MCL set by the EPA). However, in some cases,

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[48] Source: https://wqa.org/wp-content/uploads/2022/09/2014_NitrateNitrite.pdf. Accessed: December 16, 2024
[49] Source: https://www.epa.gov/lead/protect-your-family-sources-lead#sl-home. Accessed: December 16, 2024
[50] Source: https://www.waterboards.ca.gov/gama/docs/coc_lead.pdf. Accessed: December 16, 2024
[51] Source: https://www.epa.gov/lead/learn-about-lead. Accessed: December 16, 2024
[52] Source: https://lacounty.gov/2024/09/26/district-attorney-gascon-announces-new-25-count-grand-jury-indictment-against-atlas-metal-owners/. Accessed: December 16, 2024

the source of contaminating chemicals is difficult to ascertain and, therefore, not easy to contain.

- For the element arsenic, there are a number of available technologies suggested by the EPA to remove or reduce this contaminant.[53] These include several filtration systems, ion exchangers, and absorption treatments. The cost varies depending on the type of treatment but it can run into hundreds of thousands of dollars. Some water districts are using some of these technologies to remove or reduce arsenic (see Findings #2, #3, #26, and #30). However, others have yet to adopt these technologies.

- For the element manganese, there are a number of treatment technologies that are available for its removal. These include reverse osmosis and ion-exchange.[54] (See Findings #31 and #32).

- For some volatile organic compounds, activated charcoal filtration system is generally the treatment procedure being utilized by water districts to reduce this type of contaminants (for example, see Findings #12, #14, #15, #16, #21, #25, #27, #29, and #30). Other affected water districts that are facing similar problems have yet to install the necessary filtration system (see Findings #17 and #21).

- For PFAS-related organic compounds, the use of granular activated carbon (GAC) is the most studied treatment for PFAS removal.[55] Powdered activated carbon (PAC) is utilized as well.[56] Some water districts are already utilizing the technology to reduce PFAS (see Findings #14, #18, #25, and #29). Others are still in the planning stage of implementation to remedy the problem (see Findings #17, #20, #23, and #30). For PFAS-related contaminants, water districts in California have until 2029 to comply with the EPA standards.[57]

- For lead contamination, the remediation can either include the removal of the local source of lead (e.g., soldered pipe joints) or include re-plumbing, which may be costly to the homeowners or apartment owners.

  It is worth noting that, for lead, the Action Level (AL) requirement (i.e., threshold for taking action) has been lowered by the EPA from 15 ppb to

[53] Source: https://nepis.epa.gov/Exe/ZyPDF.cgi?Dockey=P1004WDI.txt. Accessed: December 16, 2024
[54] Source: https://www.drinking-water.org/treatment/remove-manganese/. Accessed: December 16, 2024
[55] Source: https://www.epa.gov/sciencematters/reducing-pfas-drinking-water-treatment-technologies. Accessed: December 16, 2024
[56] Ibid
[57] Source: https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/pfas.html. Accessed: December 16, 2024

10 ppb and is going to take effect in 2025.[58] Consequently, the number of residential dwellings that could potentially be included in the AL category will increase. For example, if 10 ppb is used as the standard for AL requirement in Finding #34, the number of residences exceeding the AL level increases from 3 to 5. The same argument applies in Finding #35. Hence, call for lead remediation (e.g., re-plumbing) could possibly increase.

Needless to say that the installation of any remediation water treatments is costly, be it at the level of water providers/retailers or at the consumers level. For water providers, the cost can run from several thousands of dollars up to several millions depending on the scale of the operation. Some small-scale water operators are financially burdened with the high cost (see Findings #2, #3, #12, #17, #18, and #21). Apartment owners and individual homeowners with a lead contamination problem will shoulder the cost of re-plumbing, if such a measure is necessary.

How the costs of contaminants remediation translate to financial burden to consumers -- and therefore water affordability -- is beyond the scope of this inquiry. Perhaps, it is prudent for the County to examine this issue in another forum.

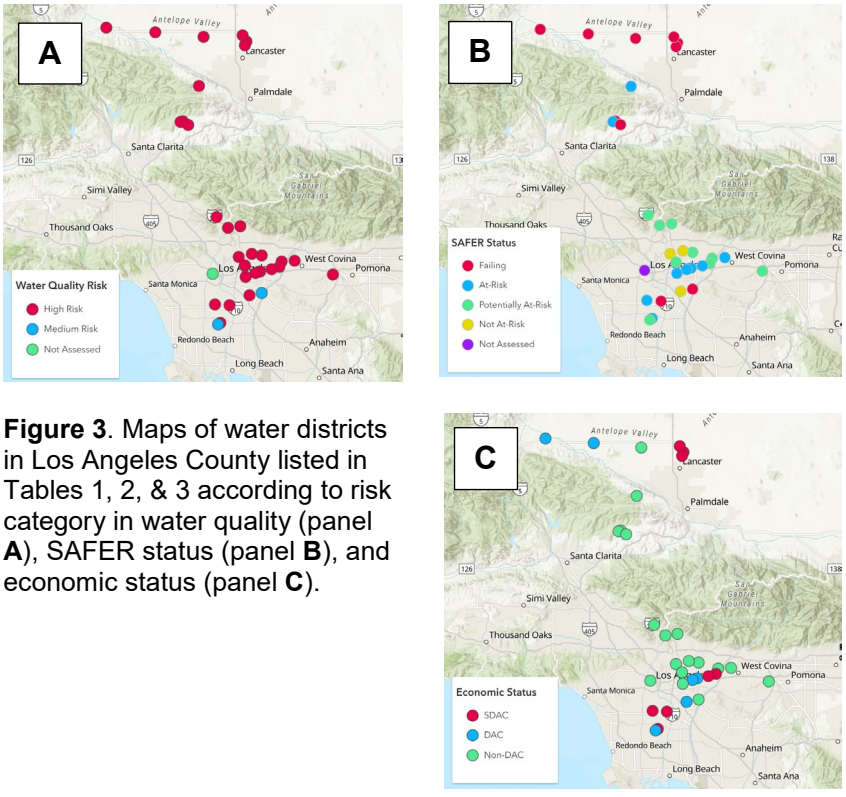


Figure 3. Maps of water districts in Los Angeles County listed in Tables 1, 2, & 3 according to risk category in water quality (panel **A**), SAFER status (panel **B**), and economic status (panel **C**).

However, the Jury wants to emphasize that there is a correlation between being in a "High-Risk" category in water quality and having a "Failing" status in the overall SAFER assessment. Figure 3 highlights the point that there is a considerable

[58] Source: https://www.epa.gov/system/files/documents/2024-10/final_lcri_fact-sheet_general_public.pdf. Accessed: December 16, 2024

probability of overlap between water-quality “High-Risk”, “Failing” status, and “Economic” status (take note of the overlaps of red and blue dots between A, B, and C panels in Figure 3). Stating it differently, the number of small-scale water districts serving the severely disadvantaged (SDAC) or disadvantaged (DAC) communities represent about 60% of those listed in Table 1. For medium-scale water districts, the number is about 40% (see Table 2). In the same tables, the number with “Failing” or “At-Risk” SAFER status represent about 41% of the small-scale or medium-scale water districts. Similar observation was highlighted by Glickfeld et al (2021) in their study report[59] (see full citation on page 5 in Methodology section).

Lessons from Sativa

The correlation that is emphasized in the previous section also indicates that there is a high probability for some water districts with water quality issues to fail. This is especially true in water districts listed in Table 1. Failure could have negative consequences in terms of providing affordable water to about 40,000 consumers. Given this possibility, it is worth noting the case of Sativa, a failed water district that was put under receivership by the Los Angeles County Board of Supervisors in 2018, and eventually sold to Suburban in 2021.[60]

Los Angeles County is capable of rescuing a failing water system. But in case of another failure, is the County willing to rescue the concerned water district? With this question in mind, the Jury wants to highlight Finding #32 as summarized below:

- So far, Los Angeles County has spent a total of $17.836 million to rehabilitate Sativa Water System. This does not include the $8.925 million allotted for 2024-2025, of which $8.335 million is allocated for manganese treatment.

- Part of the above amount is $6.041 million to install the necessary treatment facilities to remove manganese from the Sativa Water System.

The above amounts do not include the $8.45 million that Suburban-Sativa has spent and/or is currently spending to rehabilitate the Sativa Water System (see Finding #31.2).

[59] Source: https://www.ioes.ucla.edu/project/the-human-right-to-water-in-poor-communities-of-color-southern-los-angeles-county/. Accessed: December 16, 2024
[60] Source: https://lacounty.gov/2023/01/19/la-county-transfers-management-of-sativa-water-district-to-new-owner/. Accessed: December 16, 2024

The total amount is enormous for one water system. Los Angeles County should be prudent. To this end, it must take seriously the possibility of helping the concerned water districts now, as mentioned in the recommendations listed in this report. Particularly, Recommendation #5 should be addressed now, or the County may face the possibility of spending at least this enormous amount in the near future if another water district fails.

CSO & DPW and Report Recommendations

While the regulation of water providers is under the purview of the California State Water Resources Control Board (through its several regional water quality boards),[61] the Jury considers it appropriate to address most of the recommendations listed in this report to the Los Angeles County Chief Sustainability Office (CSO) and the Department of Public Works (DPW) and to the publicly owned water providers. The recommendations directed to the County are based on the County's 2019 Regional Sustainability Plan and 2023 Water Plan.

In its 2019 County Regional Sustainability Plan, CSO laid out the following action items to ensure access to safe, clean, and affordable water:[62]

- Action 18: In partnerships with DPW, local water providers, and CSWRCB, complete of an “assessment of the region’s drinking water systems to identify […] risk of water quality issues due to aging infrastructure, deferred maintenance, etc.”
- Action 19: In partnerships with DPW, Los Angeles County Department of Public Health (DPH), and CSWRCB, “develop a program to map, monitor, address, and alert the public to drinking water quality issues that originate from on-site and systemic plumbing issues, incorporating reporting from water agencies as well as crowdsourcing.”
- Action 20: In partnerships with DPH and school districts, “collaborate with partners to expand lead testing of drinking water in schools and daycare facilities.”
- Action 21: In partnerships with DPW and local water providers, “identify and implement policies to establish reporting of secondary maximum contaminant level violations in public drinking water systems.”
- Action 22: In partnerships with DPW, local water providers, and CSWRCB, “provide support for small water systems to access State financing mechanisms, and advocate for development of new financing mechanisms to repair water infrastructure and/or incentives for consolidation, and ensure rates are kept affordable.”

[61] Source: https://www.waterboards.ca.gov/about_us/. Accessed: December 16, 2024
[62] Source: https://ourcountyla.lacounty.gov/plan. Accessed: August 23, 2024

- Action 23: In partnerships with DPW, Los Angeles County Internal Services Department (ISD), and Local Agency Formation Commission (LAFCO), “advocate for the development of a low interest financing mechanism for property owners to replace leaky, corroded, and/or unsafe pipes and fixtures.

Similarly, DPW has led a County Task Force addressing water quality in the region. The outputs of the Task Force are reflected in the publication of a County Water Plan in 2023,[63] which “articulates an ambitious, inclusive, and regional path to achieve water resiliency.” The Water Plan provides actionable blueprints and strategies that include the following items: [64]

- Action 6.1: “Facilitate partnerships and information sharing between agencies within the County to improve water treatment efficiency and cost through collaboration on piloting of a training for new technologies, working with drinking water regulators…”
- Action 6.3: “Advocate for State emerging contaminants source control policy and funding.”
- Action 7.2: “Identify poor quality development zones within all County groundwater basins that could be beneficially used and advocate for funding to create and implement production enhancement plans.”
- Action 7.3: “Explore opportunities to use existing remediation operations as a potential water supply source.”
- Action 7.4: “Facilitate partnerships on regional treatment funding and financing opportunities, prioritizing supply diversity, water quality, and resilience of small at-risk systems.”

Hence, CSO and DPW are strategically positioned to carry out the implementation of the Jury’s recommendations.

It is important to emphasize that the recommendations given in this report must be given their due attention. If implemented, these recommendations are intended:

- to alleviate the problem of contaminants in drinking water
- to reduce the harmful contaminants listed in this report
- to reduce other contaminants that possibly may be affecting other water systems, particularly those not closely examined by the Jury in this inquiry, i.e. those that are categorized as “Medium Risk” in Attachment Table 1

[63] Source: https://lacountywaterplan.org/Plan. Accessed: December 16, 2024
[64] Ibid

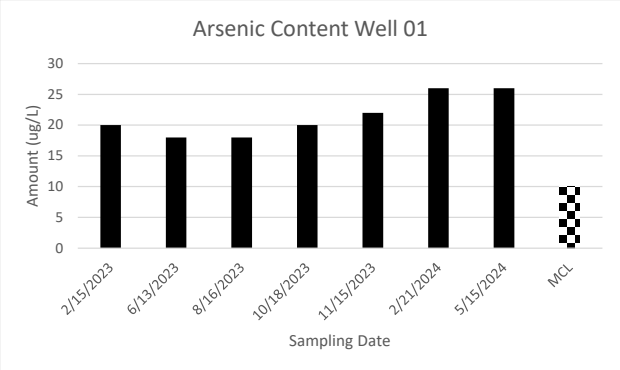
In conclusion, the Jury believes that mere availability of water for Los Angeles County consumers does not necessarily satisfy the human rights concern for water, if the available water is contaminated. The presence of contaminants endangers life and does not sustain it.

FINDINGS

Unless otherwise cited or noted, the factual data and statements contained in the following Findings are based on water analyses data that were reported to the State Water Board through CLIP[65] by each of the water districts mentioned in each Finding. The publicly available data were analyzed accordingly as mentioned in the Methodology section.

FINDING #1

The only water well being used by the Lancaster Park Mobile Home Park (PWSID: CA1900038) contains high levels of arsenic. In 2023 and 2024, the level of arsenic was twice the maximum contaminant level (MCL) set by the EPA. This is summarized in Finding Figure 1.1 below.



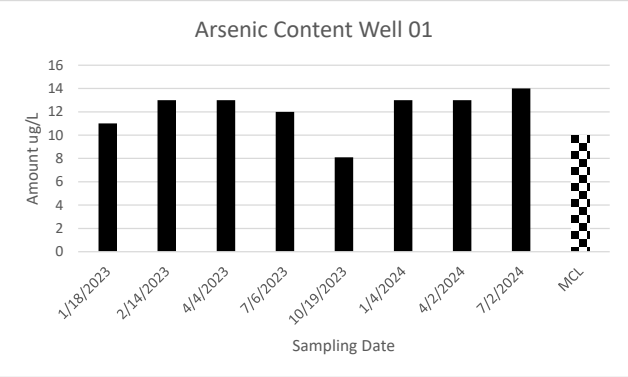
Finding Figure 1.1. Arsenic contamination of water source in Lancaster Park Mobile Home.

There was no effluent or treated water analysis data submitted by Lancaster Park Mobile to the California State Water Resources Control Board (CSWRCB).

[65] Source: https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/EDTlibrary.html. Accessed: October 10, 2024

FINDING #2

The only source well being used by the Mettler Valley Mutual (PWSID: CA1900100; located in Lancaster) contains high levels of arsenic. In 2023 and 2024, the level of arsenic was about 1.5X the MCL set by the EPA. This is summarized in the Finding Figure 2.1 below.



Finding Figure 2.1. Arsenic contamination of water source in Mettler Valley Mutual.

Mettler Valley Mutual is currently not treating the water from their wells to remove the arsenic. To resolve the arsenic contamination, they are working with the EPA and the State of California, which has given them a grant.[66] They are working with an engineering company to drill a new well in a different location and depth. If the new well produces clean water, they may be able to mix water from the new and old wells to reduce the level of arsenic and bring the water back into compliance. If this plan works, they will not have to purchase a filter to remove arsenic from the water supply. To prepare for this plan, they have procured easements from the local land owners.

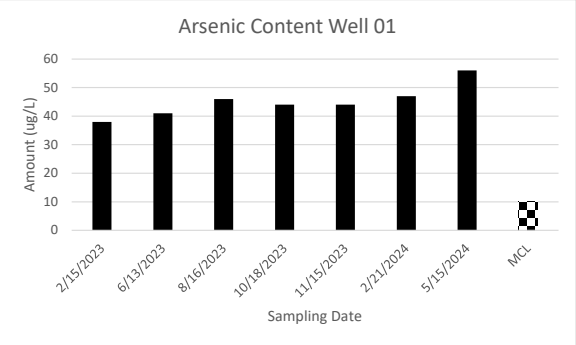
Until the problem is resolved, the water district is distributing bottled water to all their customers and keeping them informed on the progress of remediation.[67]

FINDING #3

The single well being used by the Village Mobile Home Park (PWSID: CA1900520; located in Lancaster) contains a high level of arsenic. In 2023 and 2024, the level of arsenic was 3.5X to 4.5X the MCL set by the EPA. This is summarized in Finding Figure 3.1 below.

[66] Interviewee from Mettler Valley Mutual, November 22, 2024 and January 14, 2025
[67] Ibid

There was no effluent or treated water analysis data submitted by Village Mobile Home Park to California State Water Resources Control Board (CSWRCB).



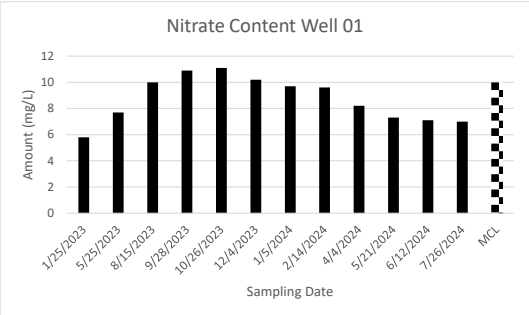
Finding Figure 3.1. Arsenic contamination of water source in Village Mobile Home Park.

Arsenic naturally occurs in the aquifer source. The water district has been dealing with the problem of remediation since 2008.[68] To remediate the problem, the water district has applied for $2 million funding from the state to drill a new 700 feet deep well located about 650 feet from the old well. Water pulled from the new well shows low traces of arsenic. The State Water Board has already approved the new well. They will not use the old well once the new one is operational, which is around the end of 2025.

FINDING #4

There was no effluent or treated water analysis data submitted by Oak Grove Mobile Home Park (PWSID: CA1900537; located at Agua Dulce) to California State Water Resources Control Board (CSWRCB).

In the second half of 2023, the only source well was contaminated by nitrates (see Finding Figure 4.1). Its level exceeded the MCL set by the EPA. The recorded rise in nitrates came after tremendous rain storms. A possible source of contamination was the effluent from livestock living nearby.[69] Agua Dulce is a very rural community and many households have a few horses and/or cows. The nearest animals are upstream, but are a long



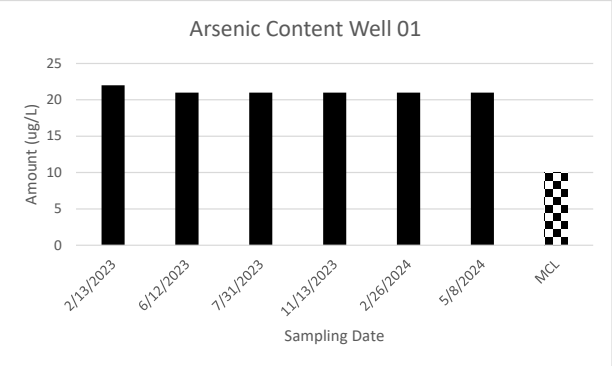
Finding Figure 4.1. Nitrate contamination of water source in Oak Grove Mobile Home Park.

[68] Interviewee from Village Mobile Home Park, November 21, 2024
[69] Interviewee from Oak Grove Mobile Home Park, November 20, 2024

way from the water supply.[70] So the source of nitrate contamination is still not conclusively determined. Oak Grove considered installing a filtration system to remove the nitrates but the levels started to drop back down to acceptable levels so they did not install it.[71] They are prepared to install if the levels return and remain high.

FINDING #5

The only source well being used by the Mitchell's Avenue E Mobile Home Park (PWSID: CA1900785; located in Lancaster) is contaminated with arsenic. In 2023 and 2024, the level of arsenic was twice the MCL set by the EPA. This is summarized in Finding Figure 5.1.



Finding Figure 5.1. Arsenic contamination of water source in Mitchell's Avenue E Mobile Home Park.

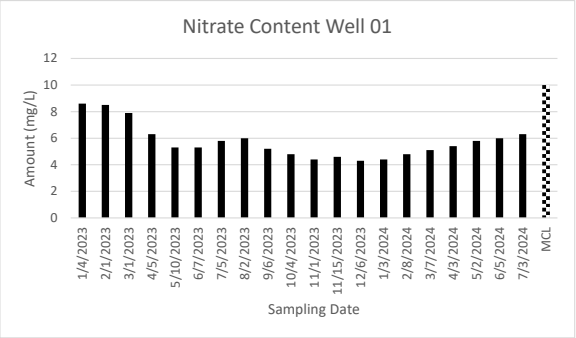
There was no effluent or treated water data provided by Mitchel's Avenue E Mobile Home Park.

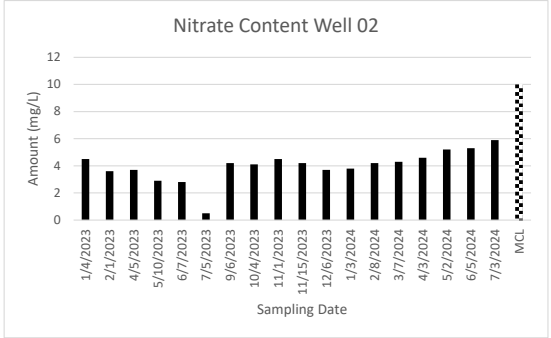
FINDING #6

The two water wells of Sleepy Valley Water Company (PWSID: CA1900903; located in Santa Clarita) are contaminated with nitrates. In 2023-2024, the level of contamination was below the MCL set by the EPA (see Finding Figure 6.1). However, in 2020-2022, the level of nitrates had exceeded the MCL (see Finding Figure 6.2).

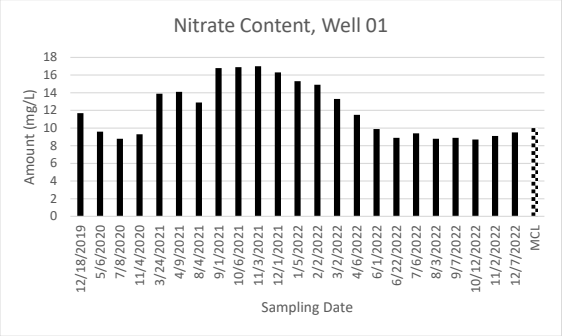
The water analysis report submitted by Sleepy Valley to CSWRCB did not include treatment information.

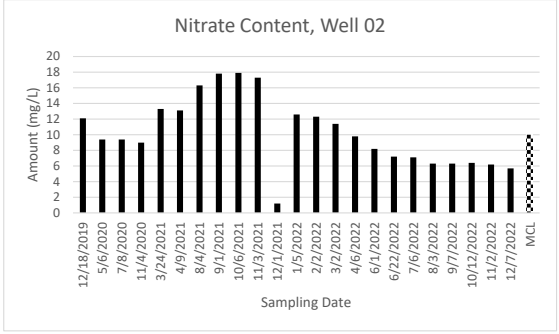
[70] Ibid
[71] Ibid





Finding Figure 6.1. Nitrate contamination of water wells of Sleepy Valley Water Company in 2023-2024.

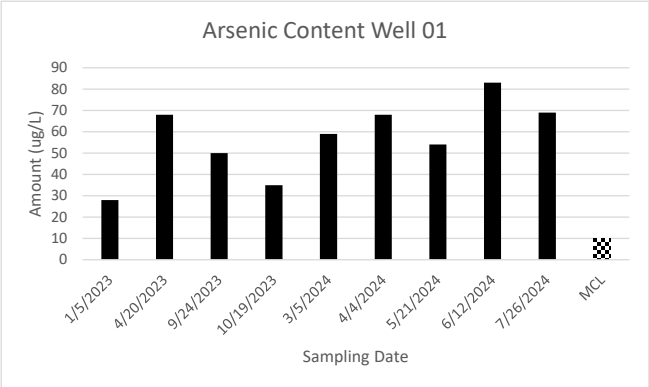




Finding Figure 6.2. Nitrate contamination of water wells of Sleepy Valley Water Company in 2020-2022.

FINDING #7

The only source well being used by Winterhaven Mobile Estates (PWSID: CA1900961; located in Lancaster) is contaminated with arsenic. In 2023 and 2024, the level of arsenic was detected to be 7X the MCL set by the EPA. This is summarized in Finding Figure 7.1 shown below. There was no effluent or treated water analysis data submitted by Winterhaven Mobile Estates to California State Water Resources Control Board (CSWRCB).

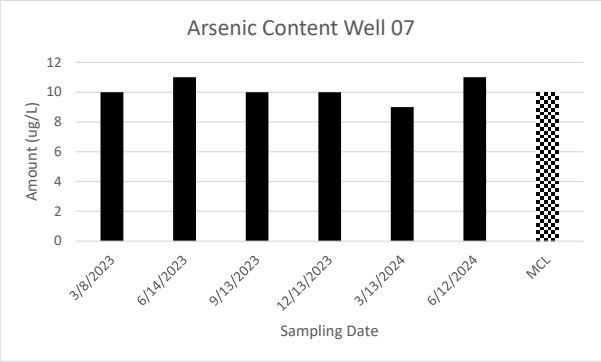


Finding Figure 7.1. Arsenic contamination of water source of Winterhaven Mobile Estates.

The Jury reached out to Winterhaven Mobile Estate but the call was not returned.[72]

FINDING #8

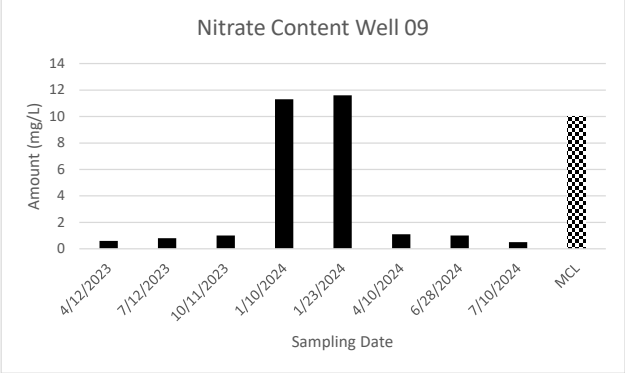
There are three source wells being used by North Trails Mutual Water Company (PWSID: CA1907014; located in Agua Dulce). In 2023 and 2024, its water analysis showed that well #7 contain arsenic level nearly above MCL (see Finding Figure 8.1). In early 2024, its #9 well had a nitrate level above the MCL (see Finding Figure 8.2). The source of nitrate contamination is unknown.



Finding Figure 8.1. Arsenic contamination of one of the water sources of North Trails Mutual Water Company.

There was no effluent or treated water analysis data submitted by North Trails Mutual to California State Water Resources Control Board (CSWRCB).

The Jury reached out to North Trails Mutual but call was not returned.[73]



Finding Figure 8.2. Nitrate contamination of one of the water sources of North Trails Mutual Water Company.

FINDING #9

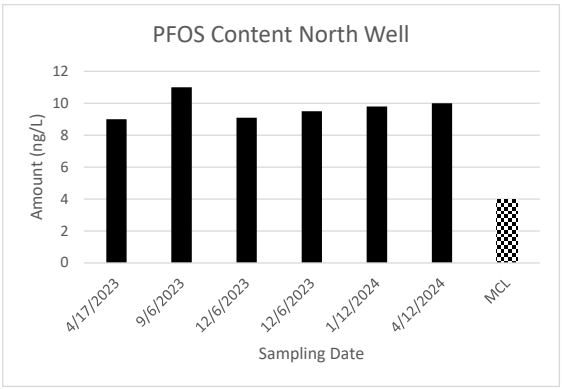
Hemlock Mutual Water Company (PWSID: CA1910053; located in El Monte) has two wells that serve as its water sources. In 2023 and 2024, these two wells were contaminated with several volatile organic compounds, particularly PFOS and PFOA (see Finding Figures 9.1 and 9.2), with levels twice exceeding the MCL (4

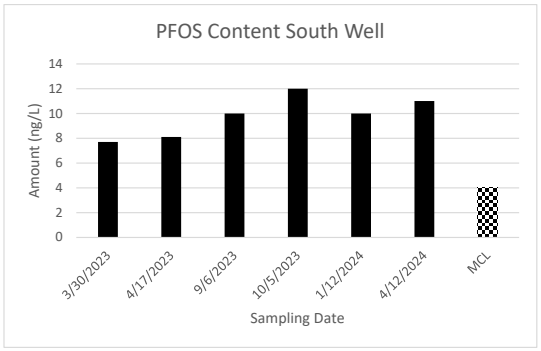
[72] Call placed on November 19, 2024
[73] Call placed on November 21, 2024

ng/L) set for these two chemicals. Other organic contaminants were also present (data not shown) but at a level below MCL.

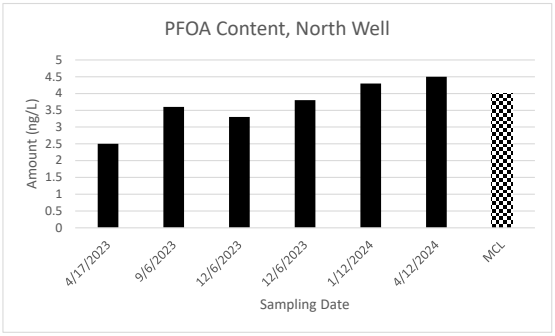
There was no effluent or treated water analysis data submitted by Hemlock Mutual to California State Water Resources Control Board (CSWRCB).

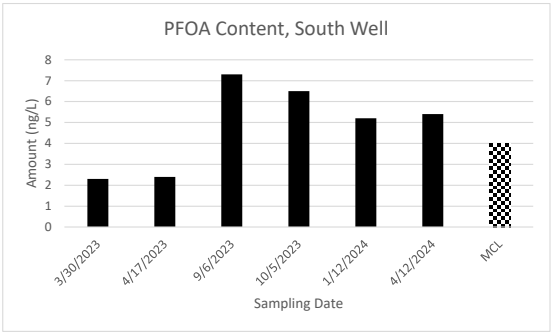
The Jury reached out to Hemlock Mutual but calls were not returned.[74]





Finding Figure 9.1. PFOS contamination of the water sources of Hemlock Mutual Water Company.





Finding Figure 9.2. PFOA contamination of the water sources of Hemlock Mutual Water Company.

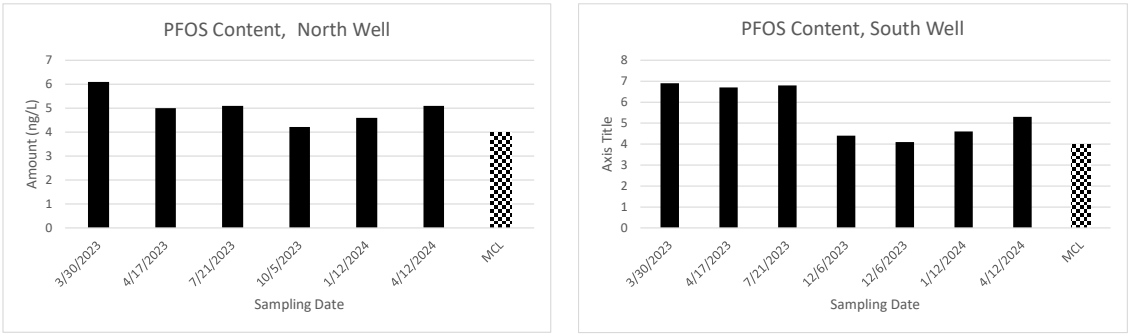
FINDING #10

Sterling Mutual Water Company (PWSID: CA1910158; located in El Monte) has two wells that serve as its water sources. Water analyses done in 2023 and 2024 indicate that the two wells were contaminated with several organic compounds including PFOS and PFOA (see Finding Figures 10.1 and 10.2), with levels almost twice exceeding the MCL set for these two compounds at 4 ng/L. Other

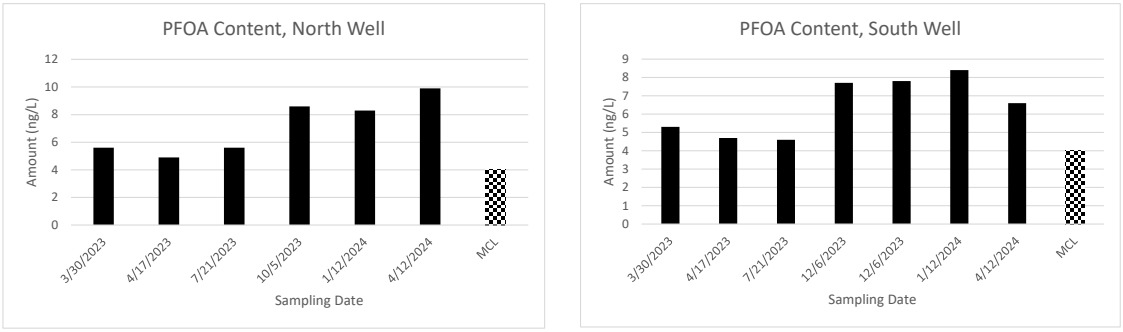
[74] Calls placed on November 13, 2024 and December 4, 2024

organic contaminants were also present (data not shown) but at a level below MCL.

There was no effluent or treated water analysis data available provided by Sterling Mutual to California State Water Resources Control Board (CSWRCB), which indicate that Sterling Mutual is not doing any water treatment. This was confirmed by a representative of Sterling Mutual.[75]



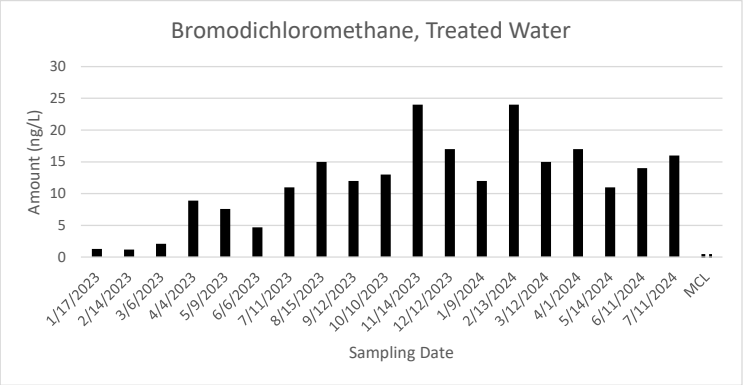
Finding Figure 10.1. PFOS contamination of the water sources of Sterling Mutual Water Company.



Finding Figure 10.2. PFOA contamination of the water sources of Sterling Mutual Water Company.

[75] Interviewee from Sterling Mutual Water Company, November 18, 2024

FINDING #11



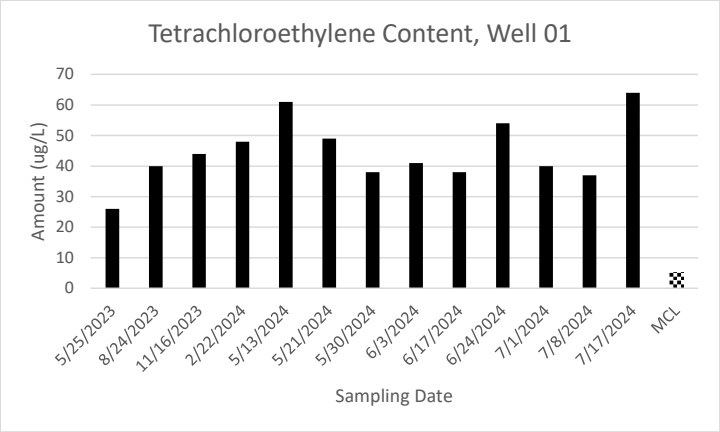
Finding Figure 11.1. Bromodichloromethane contamination of the water source of California Water Service Company - Leona Valley.

Based on the 2023 and 2024 water analyses data reported by California Water Service Company - Leona Valley (PWSID: CA1910243), the waters from their several sources were being blended and treated. However, the treated water still had several organic compounds including bromodichloromethane (see Finding Figure 11.1). Note that the recommended MCLG set by the EPA for this compound is zero. Other volatile organic compounds were also detected at levels below the recommended MCL (data not shown).

The Jury inquired as to the possible source of bromodichloromethane and what treatment California Water Service is doing for its removal or reduction. Representative from the district returned the call and informed the Jury that somebody would call to answer the question.[76] The Jury did not receive a call back.

[76] Calls on November 19 and 20, 2024

FINDING #12



Finding Figure 12.1. Tetrachloroethylene contamination of water source in Amarillo Mutual Water Company.

The well source of Amarillo Mutual Water Company (PWSID: CA1910002; located in Rosemead) is contaminated with a number of volatile organic compounds including tetrachloroethylene (see Finding Figure 12.1). Amarillo Mutual has acknowledged that there have been problems with the water quality from its source for several years now. They draw their water from Well #1 which is pulled from the aquifer that is shared by several users. Well #1 is located near where the contaminants are concentrated. Since the water is contaminated, Amarillo Mutual purchases water from the San Gabriel water district for distribution to its customers.[77]

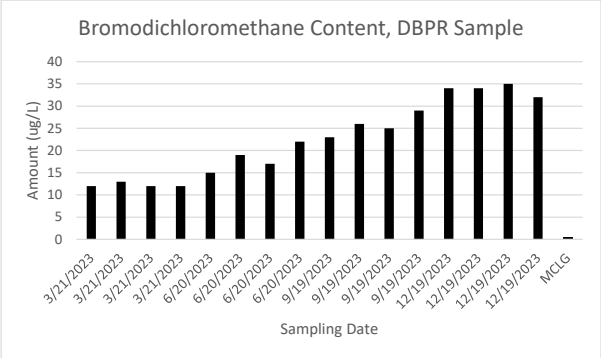
A superfund called the El Monte superfund was established to clean up the site of the contamination several years ago. It is called the El Monte superfund and is managed by San Gabriel Basin Water Quality Authority (WQA).[78] The aquifer is swept by WQA periodically and the contaminants get moved to the North East end of the aquifer.[77]

Amarillo Mutual has installed an activated carbon filter to absorb the problematic chemicals from the water and it is working to bring down the numbers to an undetectable level.[79] This costs the water district more than $1 million. Amarillo Mutual has applied for reimbursement from the California State Water Board but their application was denied.[80]

[77] Interviewee from Amarillo Mutual Water Company, October 24, 2024
[78] Source: https://wqa.com/about/, Accessed: December 16, 2024
[79] Based on the water analysis data provided by Interviewee from Amarillo Mutual Water Co., November 4, 2024
[80] Interviewee from Amarillo Mutual Water Co., October 24, 2024

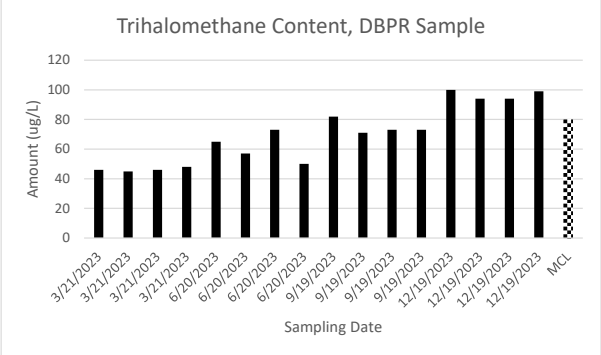
FINDING #13

In 2023, the treated water from California State Polytechnic University – Pomona (PWSID: CA1910022) water district was contaminated with bromodichloromethane (see Finding Figure 13.1), whose MCLG is set to zero by the EPA. In addition, the total trihalomethanes (TTHM) content in the treated water was above the 80 ug/L MCL (see Finding Figure 13.2). Other organic compounds were also detected but were below the MCL.



Finding Figure 13.1. Bromodichloromethane contamination of treated water in California State Polytechnic University – Pomona.

The Jury reached out to CSU-Pomona but the call was not returned.[81]

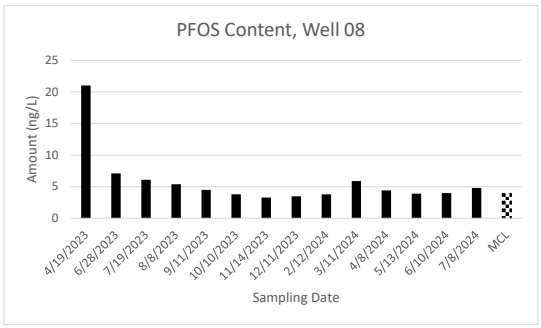


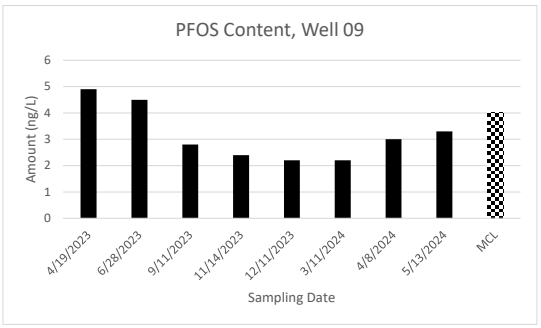
Finding Figure 13.2. Total trihalomethane detected in the treated water in California State Polytechnic University – Pomona.

FINDING #14

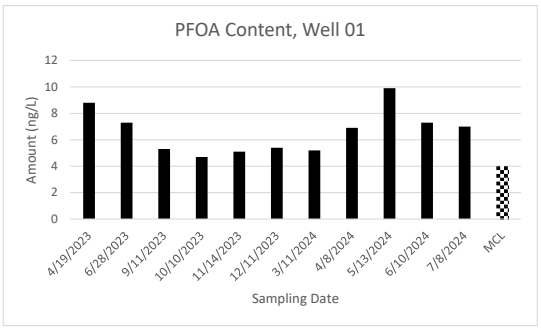
Results from water analysis submitted by Crescenta Valley Water District (CWD; PWSID: CA1910028) in 2023 and 2024 indicate that some of the water wells being used by CWD were contaminated with a number of chemicals including PFOS, PFOA, and nitrate. These are highlighted in Finding Figures 14.1 to 14.3. The MCL for both PFOS and PFOA is 4 ng/L, and for nitrate is 10 mg/L.

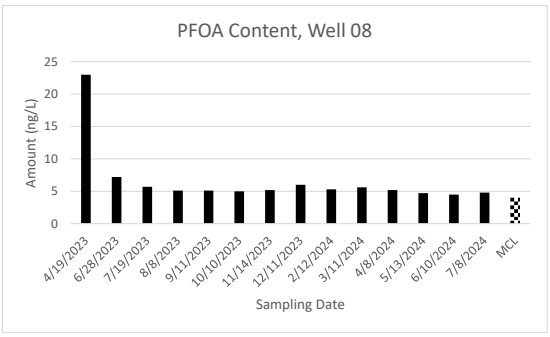
[81] Call placed on November 15, 2024



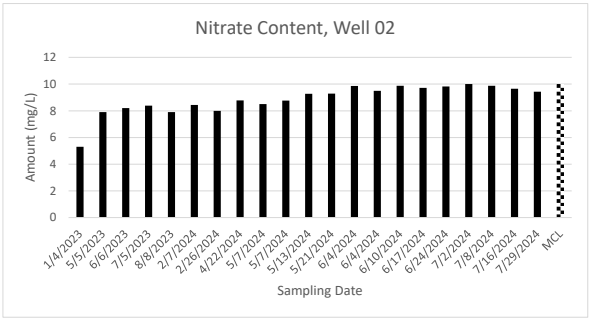


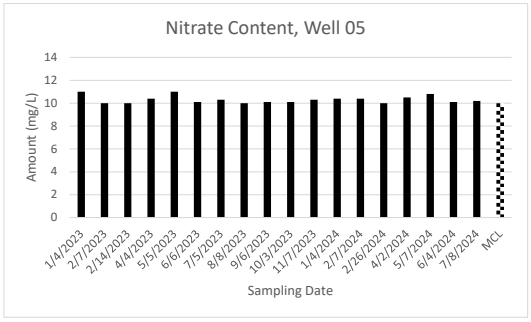
Finding Figure 14.1. PFOS contamination of wells #8 and #9 of Crescenta Valley Water District.





Finding Figure 14.2. PFOA contamination of wells #1 and #8 of Crescenta Valley Water District.





Finding Figure 14.3. Nitrate contamination of wells #2 and #5 of Crescenta Valley Water District.

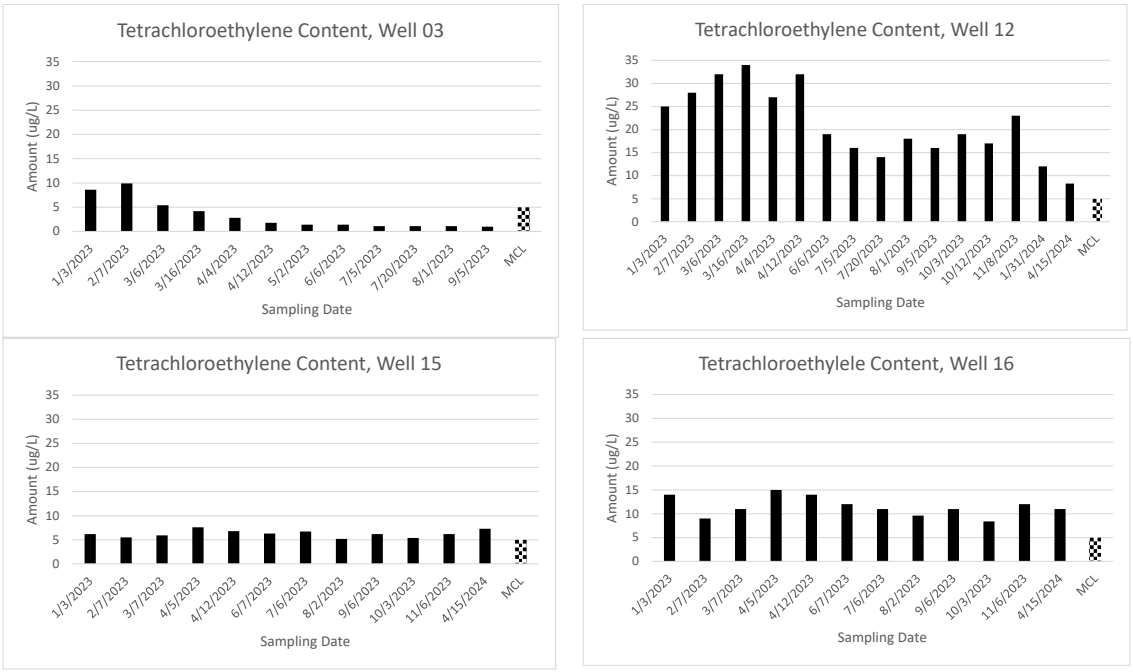
CWD mentioned that the possible source of the volatile organic compounds is a superfund site.[82] However, while the source of contamination for nitrates is unknown CWD suspects that it is coming from either failing septic tanks or from accumulated fire retardants used in fighting fires or both.[83] In addition, CWD mentioned the area was an agricultural area which may have too many nitrates.

[82] Interviewee from Crescenta Valley CWD, December 2, 2024
[83] Ibid

For immediate remediation, CWD is purchasing water from Metropolitan Water District and blending it with water from their well to dilute the contaminants. Results of the analysis indicate that the levels of contaminants contained in the blended water are below the specified MCL. They are also testing a pilot plan to treat water using granulated activated carbon or ion exchange to remove the contaminants permanently.[84]

FINDING #15

El Monte City Water District (PWSID: CA1910038) has six wells as sources of water for distribution; five are contaminated with tetrachloroethylene, also known as PCE. In Finding Figure 15.1, four of the wells are highlighted. The levels of PCE were above MCL as indicated in the 2023 and early 2024 analyses. In the case of well #12, the PCE level was about 6.5X of the MCL.

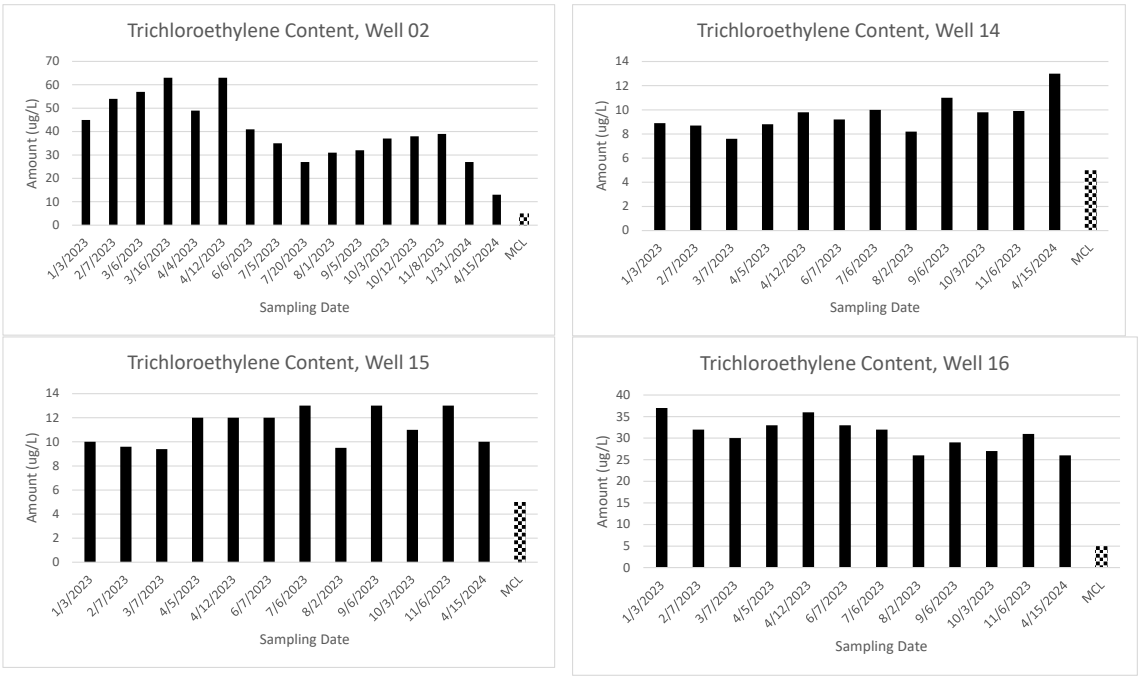


Finding Figure 15.1. Tetrachloroethylene contamination of some of the water wells of El Monte City Water District. (Note: The y-axes for all graphs are adjusted to be of the same scale.)

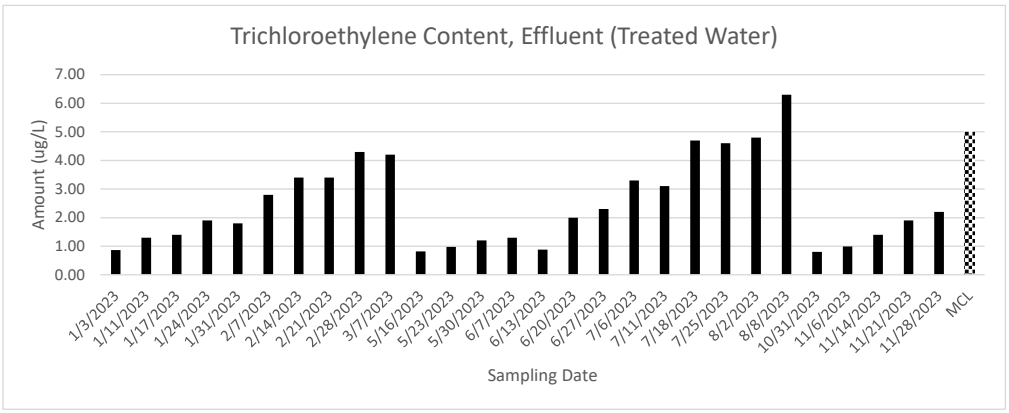
Other organic compounds, including trichloroethylene, were also detected above the MCL level (see Finding Figure 15.2).

[84] Ibid

The source of contamination appears to be the superfund site that is being managed by the San Gabriel Basin Water Quality Authority (WQA).[85] El Monte City Water District installed a granular activated carbon treatment system to filter the water before it enters the supply lines. The treated water has reduced levels of contaminants.[86] This is evident in Finding Figure 15.3. El Monte City Water District applied for reimbursement from the EPA funds through WQA.



Finding Figure 15.2. Trichloroethylene contamination of some of the water wells of El Monte City Water District.



Finding Figure 15.3. Reduction of trichloroethylene contamination after water treatment in El Monte City Water District.

[85] Interviewee from El Monte City Water District, December 2, 2024
[86] Ibid

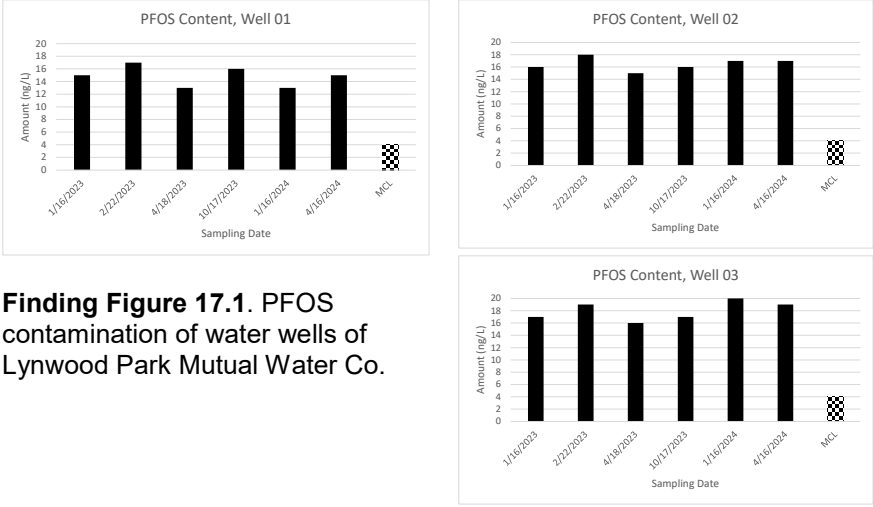
FINDING #16

Nitrate, perchlorate, carbon tetrachloride, and volatile organic compounds are found to be present in the water sources used by Lincoln Avenue Water Co. (PWSID: CA1910063; located in Altadena). In 2023 and 2024 analyses, the levels of these contaminants were below MCL (data not shown). Lincoln Avenue Water is using appropriate steps to resolve the problem. Treatment facilities were installed (ionic exchanger and granular activated carbon) to remove the VOCs.[87] Hence, water being distributed by Lincoln Avenue Water to its consumers is up to the EPA and California standards.

A possible source of the volatile organic compounds that are present in the district's water wells is NASA JPL site.[88] This has been considered a superfund site since the 1980s.[89]

FINDING #17

There are three wells currently being used by Lynwood Park Mutual Water Co. (PWSID: CA1910081; located in Compton) as sources of water for their customers. Based on 2023 and 2024 analyses, the wells contained PFOS (see Finding Figure 17.1) and PFOA (see Finding Figure 17.2) that were above the MCL (4 ng/L for both PFOS and PFOA). In the case of PFOS, it was about 4X the MCL standard. Other volatile organic compounds



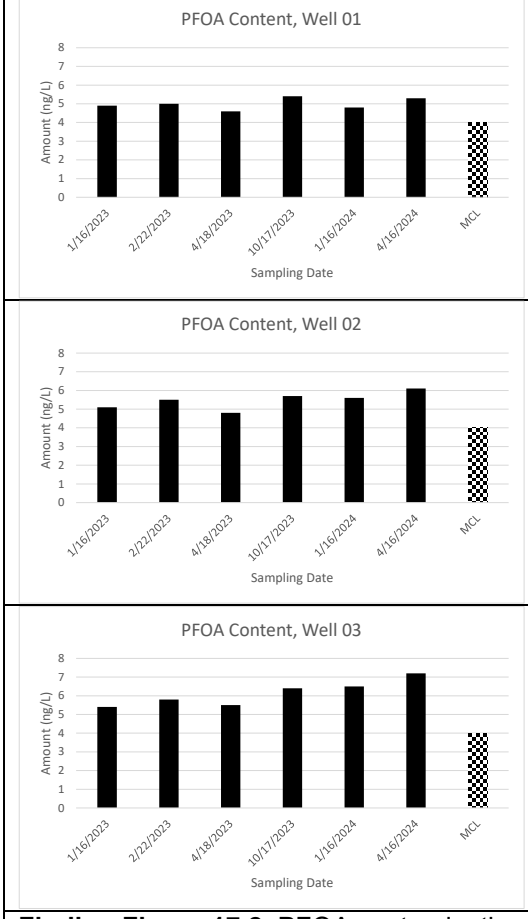
Finding Figure 17.1. PFOS contamination of water wells of Lynwood Park Mutual Water Co.

[87] Interviewee from Lincoln Avenue Water Co., November 13, 2024
[88] Ibid
[89] Ibid

(e.g., tetrachloroethylene and trichloroethylene) were also detectable but below MCL (data not shown).

Lynwood Park Mutual does not know the source of the contamination. As far as they know, no superfund site is involved.[90] They are developing a plan to assess the source of the contamination. As of this report writing, Lynwood Park is still in the process of drafting a plan and finding a suitable solution to install a treatment system that will remove the contaminants. Accordingly, the cost is quite prohibitive.[91]

There was no effluent or treated water analysis data submitted by Lynwood Park Mutual to California State Water Resources Control Board (CSWRCB).

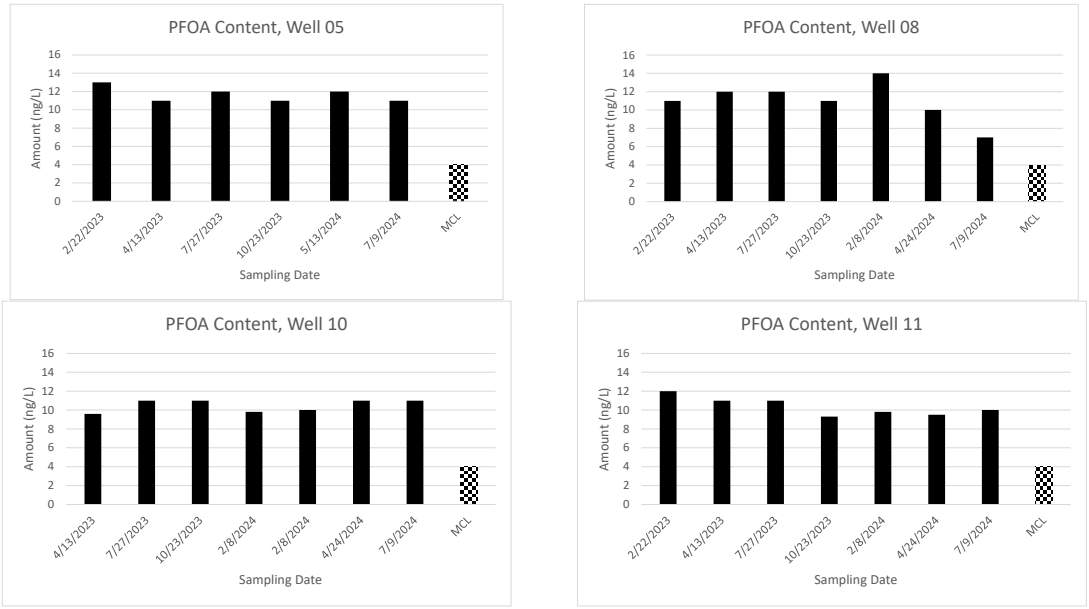


Finding Figure 17.2. PFOA contamination of water wells of Lynwood Park Mutual Water Co.

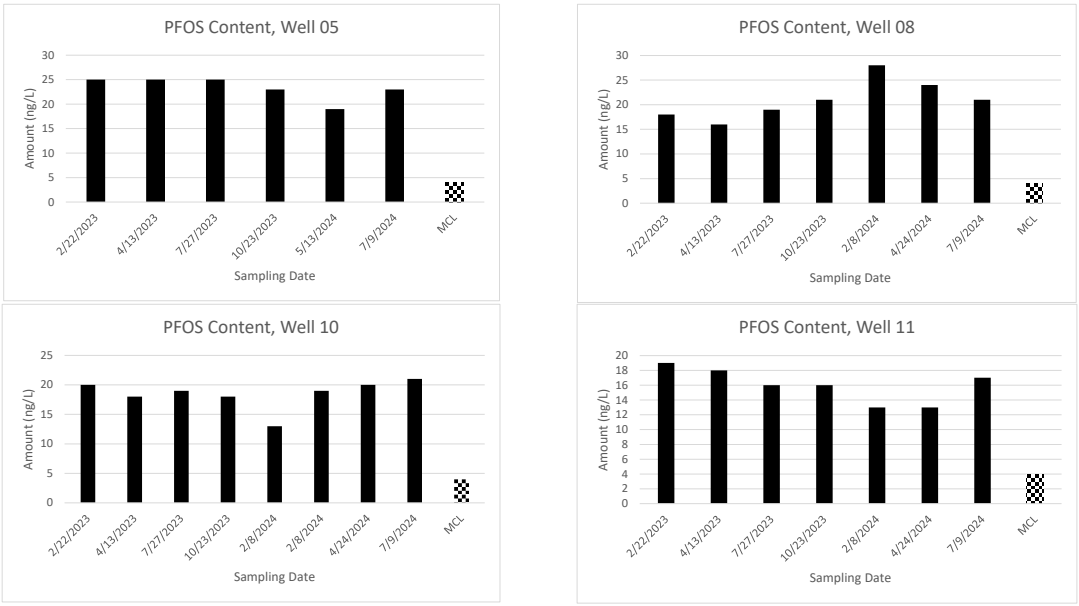
FINDING #18

PFOA and PFOS are two of the major contaminants found in the source wells being used by Pico Water District (PWSID: CA1910125; located in Pico Rivera) at a level way above their MCL (4 ng/L) set by the EPA. These are highlighted in Finding Figures 18.1 and 18.2. At some point in 2023 and 2024, the PFOA and PFOS levels were about 3X and 6X the MCL, respectively.

[90] Interviewee from Lynwood Park Mutual Water Co., November 19, 2024
[91] Ibid, January 14, 2025



Finding Figure 18.1. PFOA contamination of some of the water wells of Pico Water District.

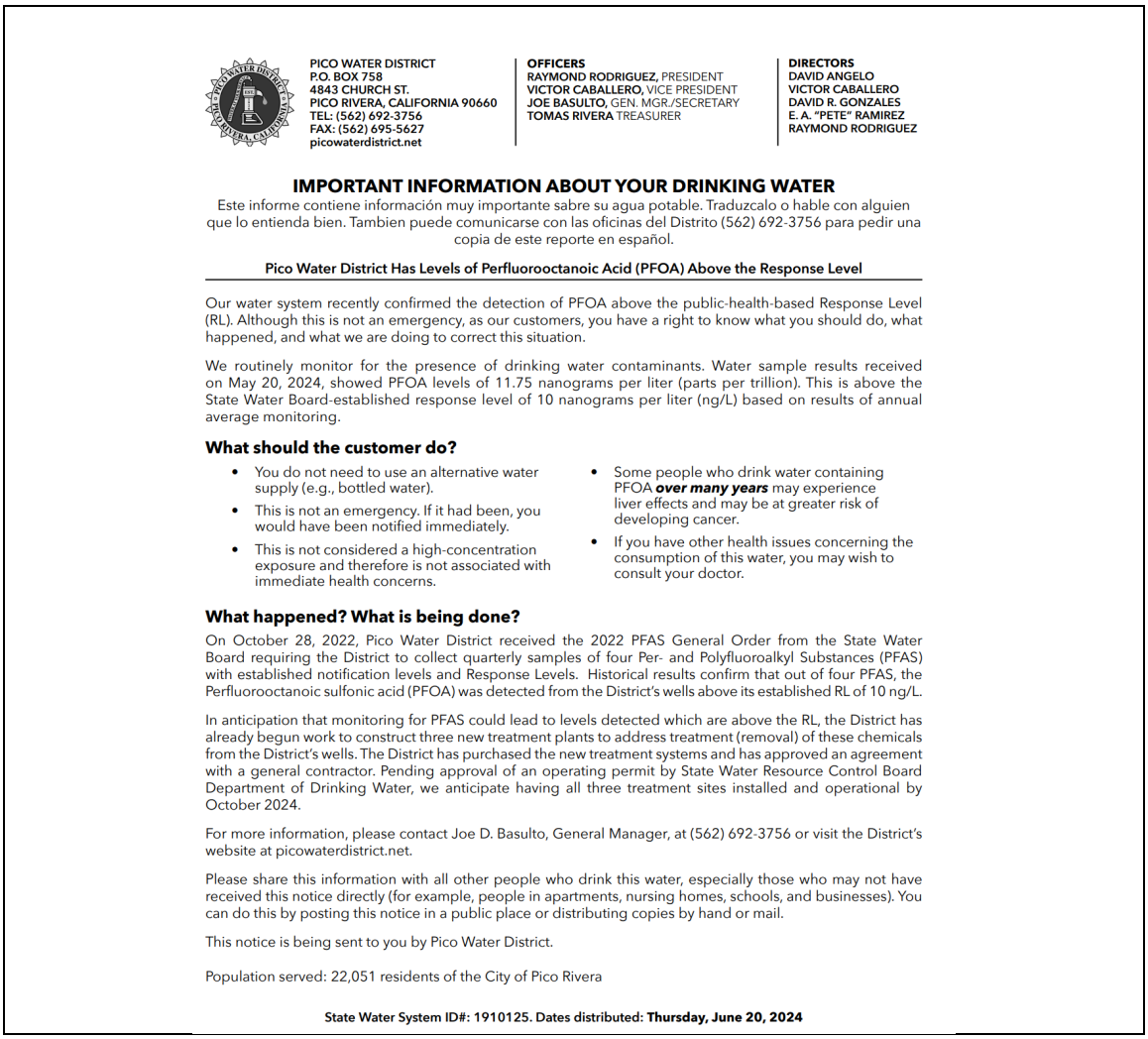


Finding Figure 18.1. PFOS contamination of some of the water wells of Pico Water District.

The amount of PFOA is above the Response Level (10 ng/L) set by California State Water Board, which triggered the Pico Water District to issue a notification to its customers about PFOA and its health effects (see Finding Figure 18.2).

A possible source of the contaminants is not clear. Their wells are presumably near the location that used to be occupied by Northrop Corp.[92]

Pico Water District purchased three new treatment plants (ion exchangers) and these have been installed since 2023. These cost them millions of dollars. They applied for a permit to begin using the treatment plants. The district had been waiting for at least a year now for the Division of Drinking Water of the California State Resource Control Board to issue the permit.[93]



PICO WATER DISTRICT
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VICTOR CABALLERO
DAVID R. GONZALES
E. A. "PETE" RAMIREZ
RAYMOND RODRIGUEZ

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sabre su agua potable. Traduzcalo o hable con alguien que lo entienda bien. Tambien puede comunicarse con las oficinas del Distrito (562) 692-3756 para pedir una copia de este reporte en español.

Pico Water District Has Levels of Perfluorooctanoic Acid (PFOA) Above the Response Level

Our water system recently confirmed the detection of PFOA above the public-health-based Response Level (RL). Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. Water sample results received on May 20, 2024, showed PFOA levels of 11.75 nanograms per liter (parts per trillion). This is above the State Water Board-established response level of 10 nanograms per liter (ng/L) based on results of annual average monitoring.

What should the customer do?

- You do not need to use an alternative water supply (e.g., bottled water).
- This is not an emergency. If it had been, you would have been notified immediately.
- This is not considered a high-concentration exposure and therefore is not associated with immediate health concerns.
- Some people who drink water containing PFOA ***over many years*** may experience liver effects and may be at greater risk of developing cancer.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

On October 28, 2022, Pico Water District received the 2022 PFAS General Order from the State Water Board requiring the District to collect quarterly samples of four Per- and Polyfluoroalkyl Substances (PFAS) with established notification levels and Response Levels. Historical results confirm that out of four PFAS, the Perfluorooctanoic sulfonic acid (PFOA) was detected from the District's wells above its established RL of 10 ng/L.

In anticipation that monitoring for PFAS could lead to levels detected which are above the RL, the District has already begun work to construct three new treatment plants to address treatment (removal) of these chemicals from the District's wells. The District has purchased the new treatment systems and has approved an agreement with a general contractor. Pending approval of an operating permit by State Water Resource Control Board Department of Drinking Water, we anticipate having all three treatment sites installed and operational by October 2024.

For more information, please contact Joe D. Basulto, General Manager, at (562) 692-3756 or visit the District's website at picowaterdistrict.net.

Please share this information with all other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by Pico Water District.

Population served: 22,051 residents of the City of Pico Rivera

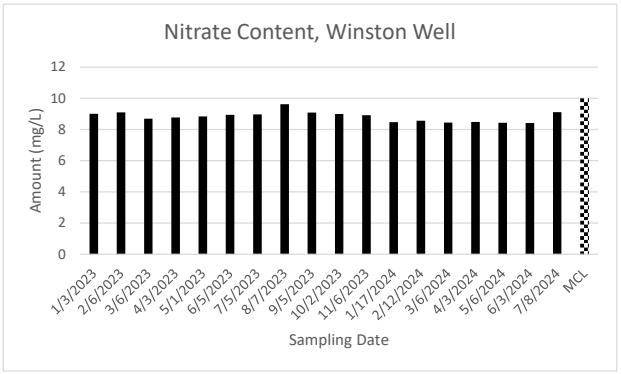
State Water System ID#: 1910125. Dates distributed: Thursday, June 20, 2024

Finding Figure 18.2. Copy of the notification letter issued on June 22, 2024 by the Pico Water District (PWSID: CA1910125) to its customers as a result of PFOA reaching above the Response Level of 10 ng/L.

[92] Interviewee from Pico Water District, November 5, 2024
[93] Ibid

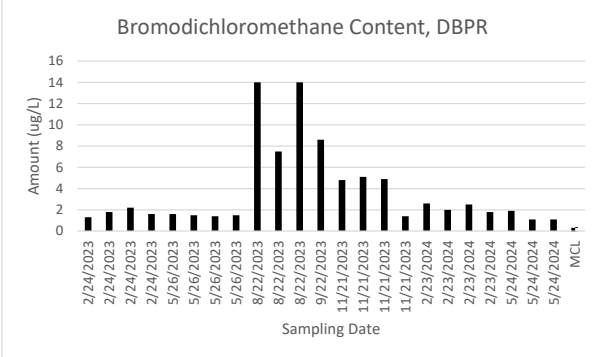
FINDING #19

Nitrates appear to be ubiquitous in wells being used Cal/Am Water Company - San Marino (PWSID: CA1910139). In 2023 and 2024, the nitrate content of one of its wells was approaching the MCL (Finding Figure 19.1). Based on the water analysis they submitted to California State Water Resources Control Board (CSWRCB), the district appears to be blending water from different wells to significantly reduce the amount of nitrates in water for distribution.



Finding Figure 19.1. Nitrate content in one of the wells being used by Cal/Am Water Company - San Marino

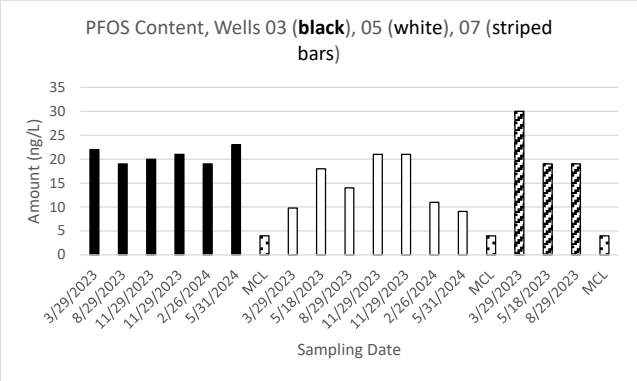
The water analysis also indicates that bromodichloromethane was significantly higher than the recommended MCL for this chemical which is zero.



Finding Figure 19.2. Bromodichloromethane content in water treatment in Cal/Am Water Company - San Marino.

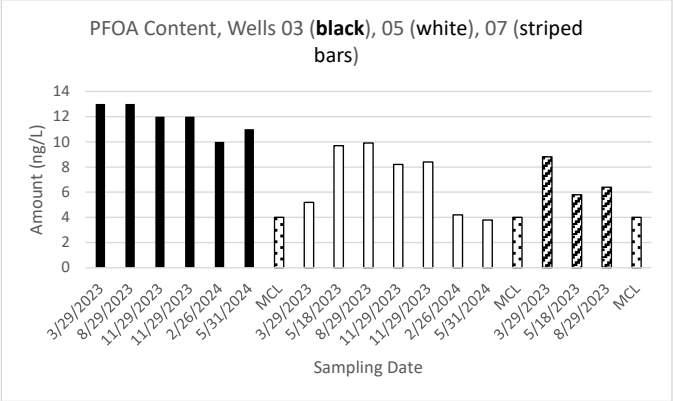
FINDING #20

South Montebello Irrigation District (PWSID: CA1910153) has three wells as water sources. Based on the results of water analysis in 2023-2024, all of the three wells were contaminated with PFOS and PFOA at about 5X and 3X the recommended MCL, respectively (see Finding Figures 20.1 and 20.2).



Finding Figure 20.1. PFOS contamination in water wells of South Montebello Irrigation District.

South Montebello Irrigation District (SMID) is aware of the presence of these chemicals.[94] According to SMID, the aquifer associated with their wells are contaminated. They do not know the source of these contaminants but they suspect that the sources are the run-off from fire-fighting foam retardants used in the hills above Montebello that washed into the Rio Hondo River and then into the aquifer. They have been told by the Fire Department that the current water retardants no longer have these chemicals.



Finding Figure 20.2. PFOA contamination in water wells of South Montebello Irrigation District.

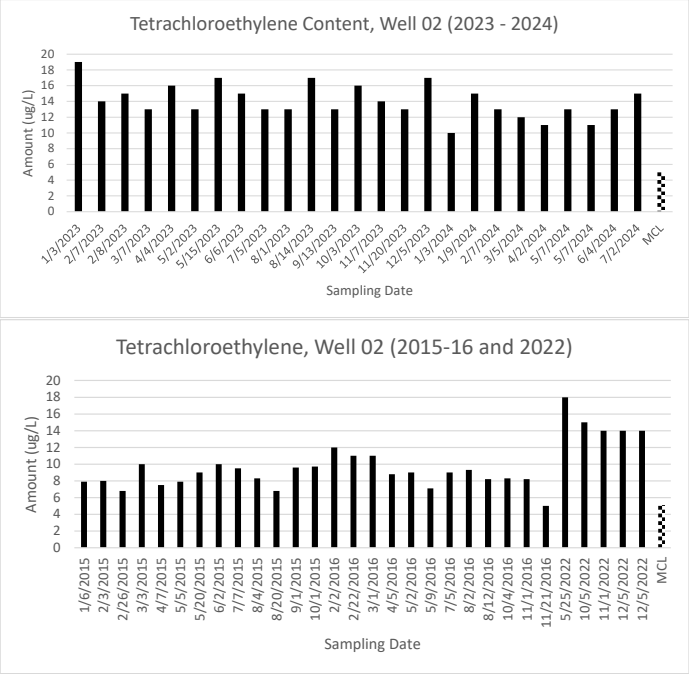
SMID has issued notification warning to their customers about these contaminants.[95] They are drawing up plans to remediate the problem including installation of water treatment and creation of new wells and a new emergency generator. They believe that these plans will be implemented starting in 2026.[96]

[94] Interviewee from South Montebello Irrigation District, February 5, 2025
[95] Source: https://smid.specialdistrict.org/files/f11e9aa63/SMID+PFA+Notification+9-5-24.pdf. Accessed: February 5, 2025
[96] Interviewee from South Montebello Irrigation District, February 5, 2025

FINDING #21

Based on their submitted water analysis report in 2023-2024, results indicate that one (Well #2) of the wells being used by the City of South Pasadena Water Department (PWSID: CA1910154) was contaminated with tetrachloroethylene (or PCE) at a level 3X the MCL (see Finding Figure 21.1, upper panel). In the previous years (2015 to 2022), this chemical was also detected above MCL in Well #2 (see lower panel of Finding Figure 21.1). The other wells also contained tetrachloroethylene that was below MCL (data not shown).

There was no data submitted to the California State Water Resources Control Board (CSWRCB) regarding tetrachloroethylene content in treated (effluent) water. According to the City of South Pasadena Water Department, water from this well is just being monitored but not being used for distribution to consumers. [97] Hence, there is no treated water sample available from this well.



Finding Figure 21.1. Tetrachloroethylene contamination of Well #2 of City of South Pasadena Water Dept. from 2015 to 2024.

The source of PCE in their water system is the San Gabriel Water Basin, where a number of superfund sites are located. The Basin serves as the water source for some of the wells of City of South Pasadena Water Dept.[98] Aside from PCE, the City has to monitor other organic compounds (e.g., trichloroethylene and 1,2,3-Trichloropropane).[99] For this reason, the City had to install treatment facilities (e.g., granulated activated charcoal and ion-exchanger) in 2022 at a cost of about $11.2 million.

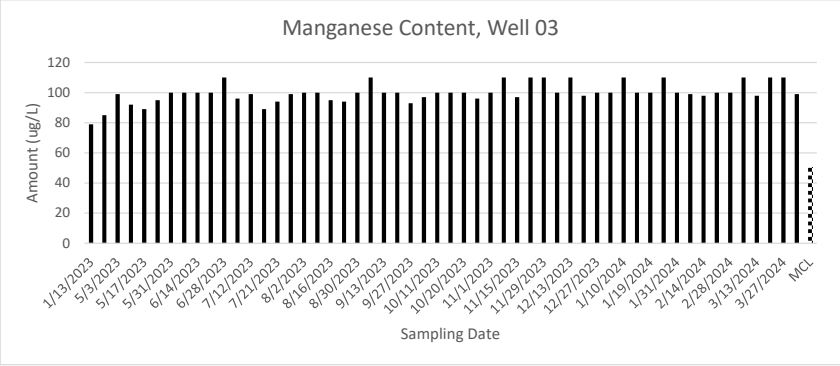
[97] Interviewee from City of South Pasadena Water Department, February 28, 2025
[98] Ibid
[99] Ibid

FINDING #22

In the 2023-2024 the analysis indicated that nitrates and some volatile organic compounds were detected at some of the wells being used by Sunny Slope Water Company (PWSID: CA1910157) but they were below the corresponding MCL (data not shown). Analyses done in 2019 to 2022 indicated similar results. In addition, data regarding analysis of effluent samples indicates that Sunny Slope is performing treatment of water coming from these wells.

FINDING #23

There are two wells being used by Tract 349 Mutual Water Company (PWSID: CA1910160; located in Cudahy). One of them (Well #3) was contaminated with manganese (see Finding Figure 23.1) at 2X the MCL. In addition, the well had has high levels of PFOA (at 2X) and PFOS (at 11X) that are above MCL (see Finding Figure 23.2). Other VOCs were also present in the well but they were below the corresponding MCL (data not shown). Tract 349 was already notified by the State Water Regulatory Board about the high level of manganese in their water.[100] However, they have not been notified about the presence of high levels of some VOCs.[101]

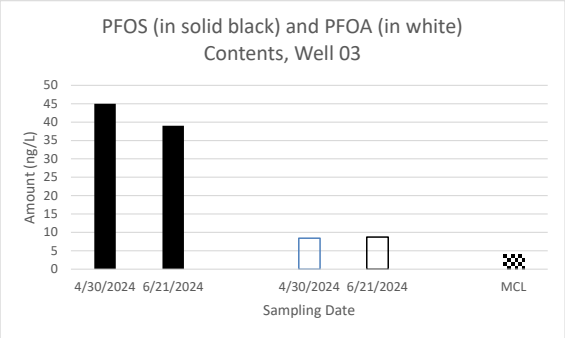


Finding Figure 23.1. Manganese contamination of one of the wells of Tract 349 Mutual Water Company

According to Tract 349, Well #4 serves as the water supply source and Well #3 is pumped for sampling and for monitoring purposes only and is not part of water supply.[102] The levels of manganese and VOCs in Well #4 are below their corresponding MCLs (data not shown).

[100] Interviewee from Tract 349 Mutual Water Co., November 18 and 21, 2024
[101] Ibid
[102] Based on the document submitted by Tract 349 Mutual Water Co., December 14, 2024

The source of water for the two wells is the groundwater from the Central Basin.[103] Manganese is prevalent throughout this basin and it has been present from the time of the formation of Tract 349 in 1912. PFOS and PFOA have been detected in the Central Basin beginning in the late 2010s and were detected in Tract 349's wells in or about April 2024.[104]

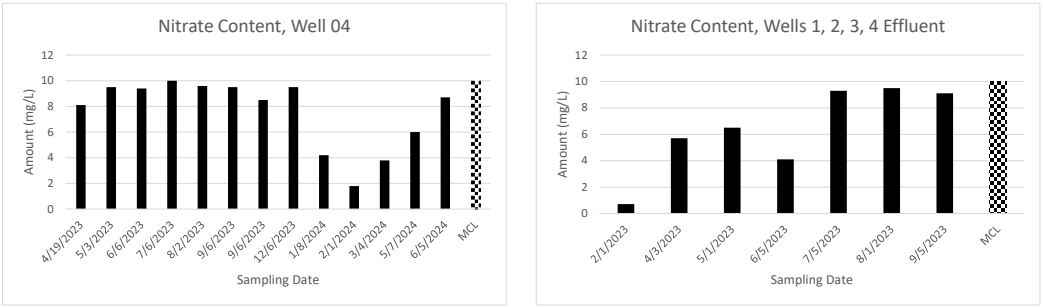


Finding Figure 23.2. PFOS and PFOA contamination of one of the wells of Tract 349 Mutual Water Company.

Tract 349 is drafting a plan to remedy the manganese problem. As part of this plan, they wrote a grant to seek funding from the state of California for the water treatment to remove manganese in Well #4.[105]

FINDING #24

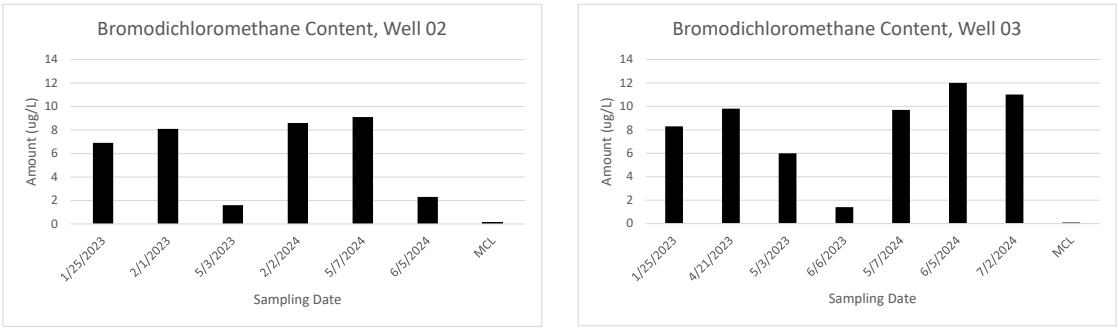
The level of nitrates in some of the wells being used by Valley Water Co. (PWSID: CA1910166; located in La Canada Flintridge) is approaching the MCL (see Finding Figure 24.1). The same can be said about the overall treated water coming from the four wells.



Finding Figure 24.1. Nitrate contamination of wells in Valley Water Company.

[103] Ibid
[104] Ibid
[105] Interviewee from Tract 349 Mutual Water Co., November 18 and 21, 2024

Bromodichloromethane, one of the volatile organic compounds, is also found in the water of Valley Water (see Finding Figure 24.2). The MCL set goal by the EPA for this chemical is zero (see Table 4).



Finding Figure 24.2. Bromodichloromethane contamination of wells in Valley Water Company.

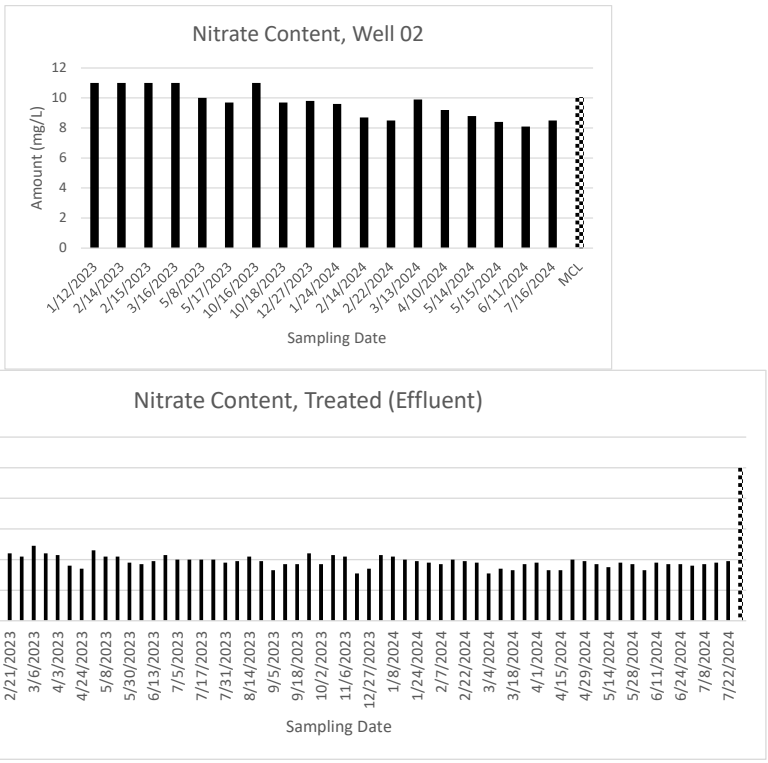
According to Valley Water, the possible source of the contamination is a site that Jet Propulsion Laboratory used to utilize; no superfund site is involved.[106] They have been dealing with the contamination issue for more than 20 years.

The water district has installed a filtration system to remove the contaminants before water distribution.[107]

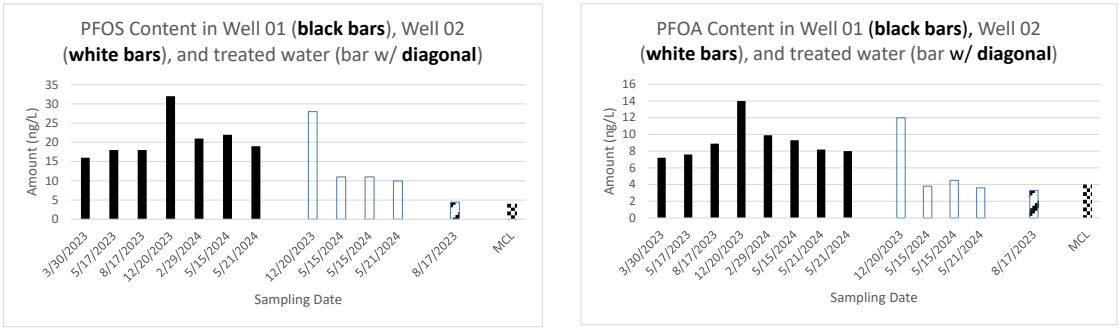
FINDING #25

At some point of in 2023 and 2024, some of the wells being used by GSWC - South San Gabriel (PWSID: CA1910223) were contaminated by nitrates and some volatile organic compounds (including PFOS, PFOA, and tetrachloroethylene) at levels above the MCL. Based on the effluent data available, GSWC is treating the water to reduce the contaminants and the treatment procedure appears to be working (see Finding Figures 25.1 and 25.2).

[106] Interviewee from Valley Water Co., November 13, 2024
[107] Ibid



Finding Figure 25.1. Nitrate content of contaminated well **(upper panel)** and treated water **(lower panel)** in GSWC - South San Gabriel.



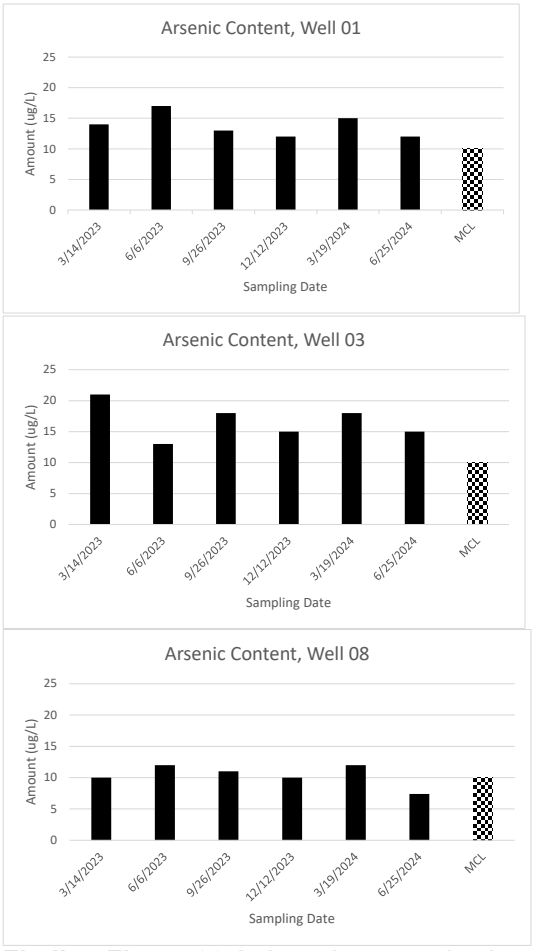
Finding Figure 25.2. PFOS and PFOA contents of contaminated wells and treated water in GSWC - South San Gabriel.

FINDING #26

Three wells in Land Projects Mutual Water Company (PWSID: CA1910246; located in Lancaster) contains arsenic levels that are above the maximum contaminant level. This is highlighted in Finding Figure 26.1. The wells also contain nitrates but at a level below MCL (data not shown).

Land Projects is using the three wells in rotation as a source of water. To remedy the arsenic problem, Land Projects also installed a 4th well with water treatment capability (i.e., absorption treatment).[108] This will serve as the primary source of treated water. The water from the other wells will be blended in with the primary source to dilute the amount of arsenic. This way the blended water will meet the EPA standard of having arsenic level below the MCL threshold.

The installation is almost done and will be operational by March or April 2025 after inspection by the State Water Board.[109]

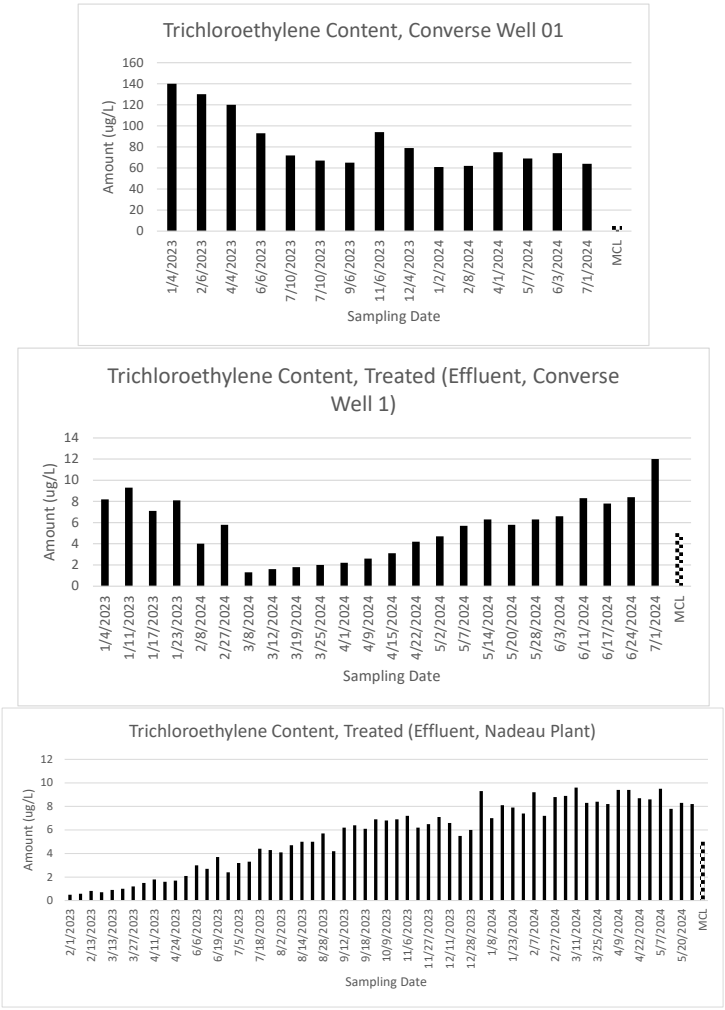


Finding Figure 26.1. Arsenic contamination of the water wells in Land Projects Mutual Water Co.

[108] Interviewee from Land Projects Mutual Water Co., November 20, 2024
[109] Ibid, February 3, 2025

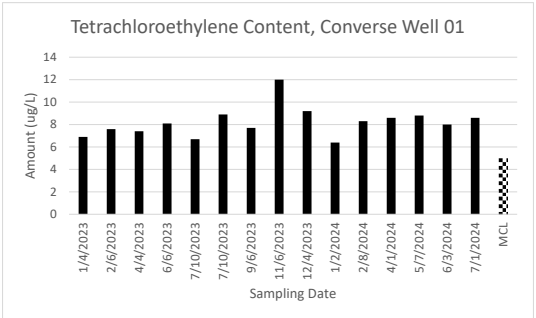
FINDING #27

Some of the wells being used by GSWC – Florence/Graham Water District (PWSID: CA1910077; located in Santa Fe Springs) are contaminated with volatile organic compounds including trichloroethylene and tetrachloroethylene. Based on the 2023-2024 analyses, trichloroethylene and tetrachloroethylene were detected at about 10X-25X and 1.2X-2.4X their MCL (5 ug/L), respectively (see Finding Figures 27.1 and 27.2).



Finding Figure 27.1. Trichloroethylene contamination of wells and treated water in GSWC-Florence/Graham Water District.

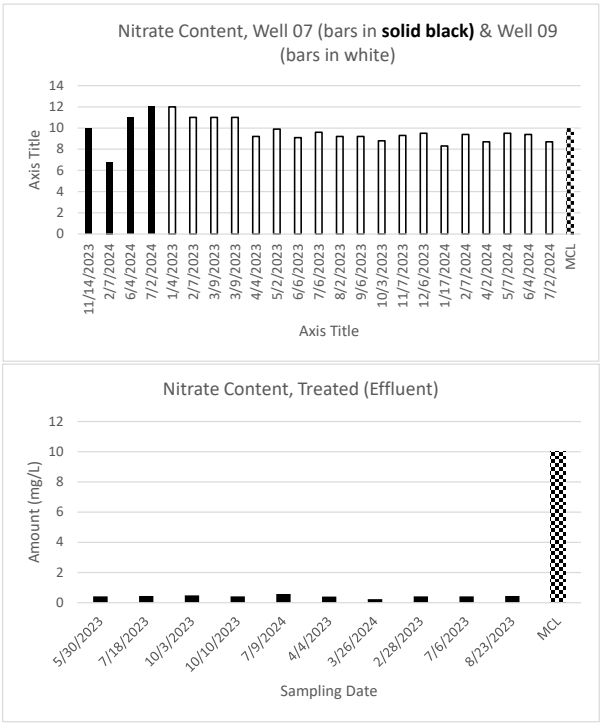
The same reports also indicate that GSWC – Florence/Graham is treating the waters. However, such treatment was only effective in reducing the trichloroethylene for several months in 2023 or in early 2024. There was no reported data about the tetrachloroethylene content in treated water.



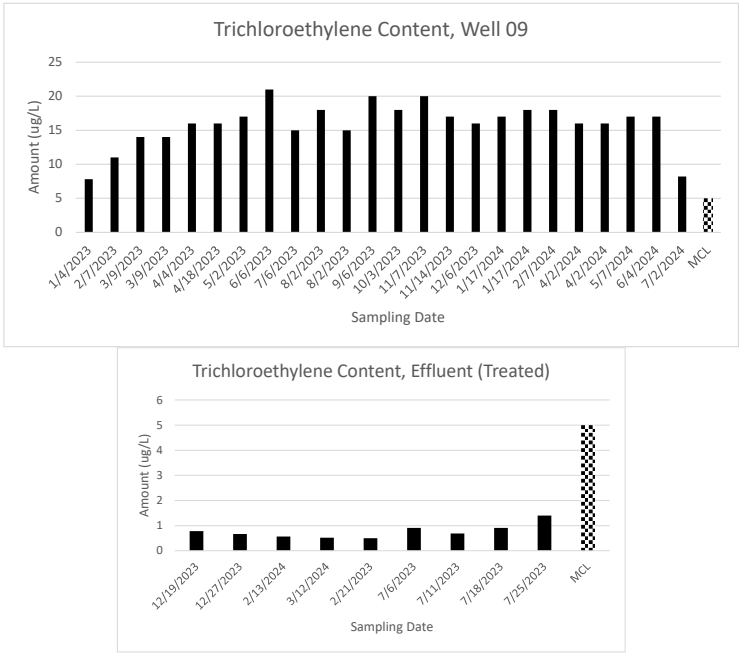
Finding Figure 27.2. Tetrachloroethylene contamination of well #1 in GSWC-Florence/Graham Water District.

FINDING #28

Some of the water wells being used by the City of Alhambra Water District (PWSID: CA1910001) are contaminated with nitrates and some volatile organic compounds (e.g., trichloroethylene). Results of water analysis conducted in 2023-2024 indicate that they were present above the respective contaminant MCL. Based on the available effluent data, the City of Alhambra appears to be treating the water from these wells. The level of the contaminants is significantly reduced (see Finding Figure 28.1 for nitrate and Finding Figure 28.2 for trichloroethylene).



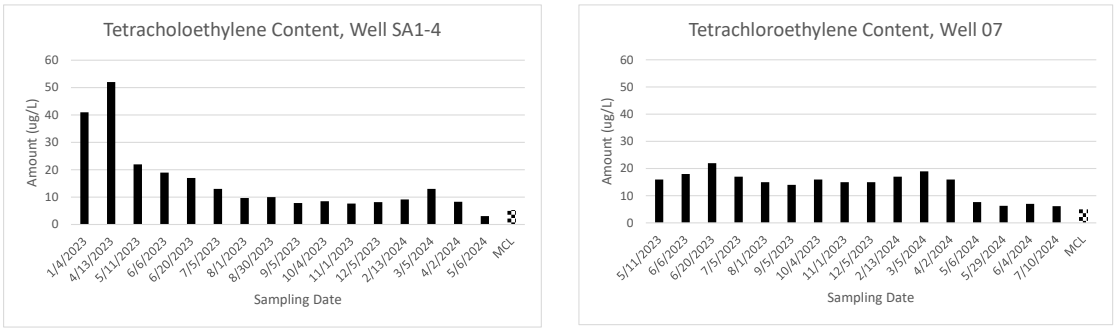
Finding Figure 28.1. Nitrate content of contaminated well **(upper panel)** and treated water **(lower panel)** in City of Alhambra Water District.



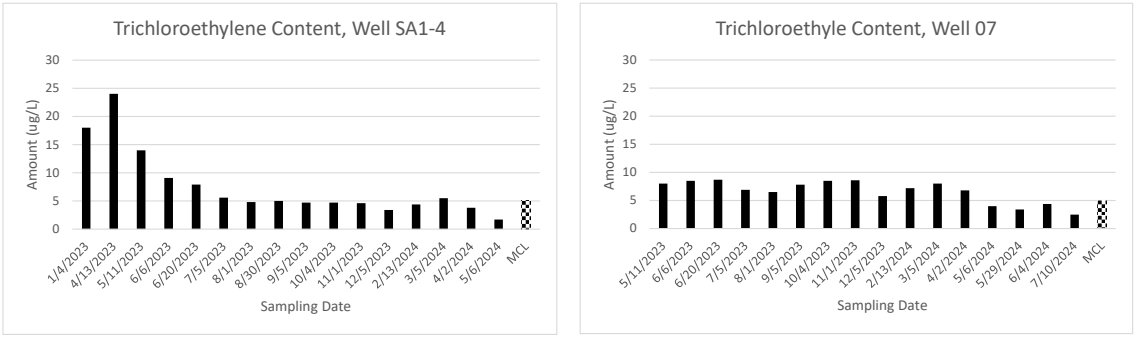
Finding Figure 28.2. Trichloroethylene content of contaminated well **(upper panel)** and treated water **(lower panel)** in City of Alhambra Water District.

FINDING #29

The water wells of Valley County Water District (PWSID: CA1910009; located in Baldwin Park) are contaminated with a number of organic compounds including tetrachloroethylene and trichloroethylene, the levels of which were detected either at 10X or 5X, respectively, based on the district's 2023 analysis (see Finding Figures 29.1 and 29.2).



Finding Figure 29.1. Tetrachloroethylene contamination of water sources of Valley County Water District.

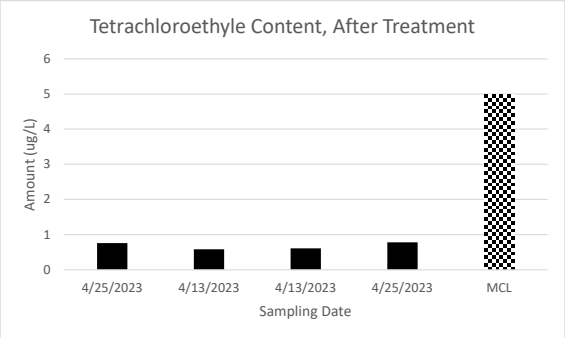


Finding Figure 29.2. Trichloroethylene contamination of water sources of Valley County Water District.

Aside from the above organic chemicals, the wells contain PFOS and PFOA (data not shown). Valley County Water Mutual is also monitoring the following VOCs: perchlorate, N-Nitrosodimethylamine, and 1,4-dioxane. [110] They also found nitrates which are usually produced by nearby dairy farms.[111]

[110] Interviewee from Valley County Water District, October 25, 2024
[111] Ibid

According to Valley County Water Mutual, the water from their wells is pumped into a single line which then is blended prior to treatment.[112] The results of the treatment of blended water showed that the level of contaminants is significantly reduced as highlighted in Finding Figure 29.3 for tetrachloroethylene.



Finding Figure 29.3. Reduction of tetrachloroethylene after treatment of blended water in Valley County Water District.

The source of the contamination is a superfund site affecting the aquifer and the district's water wells.[113] The original contaminators were sued by the EPA and have been paying to clean up the site for years. The clean-up is being done through WQA who installed an activated carbon filter to flush the aquifer.

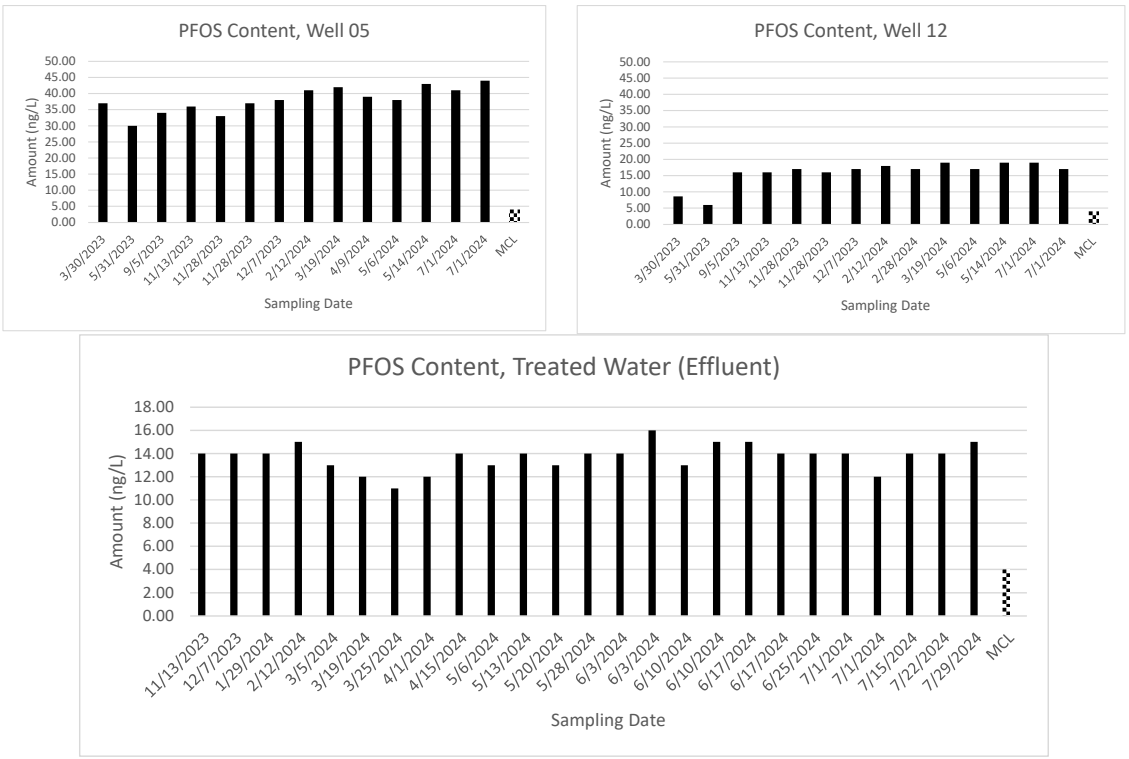
They also sell their treated water to other water districts.[114] They claim to test the water before and after pumping and the water is 100% according to EPA standards. In addition, they file an annual report with the state water board that lists all complaints they receive from consumers.

FINDING #30

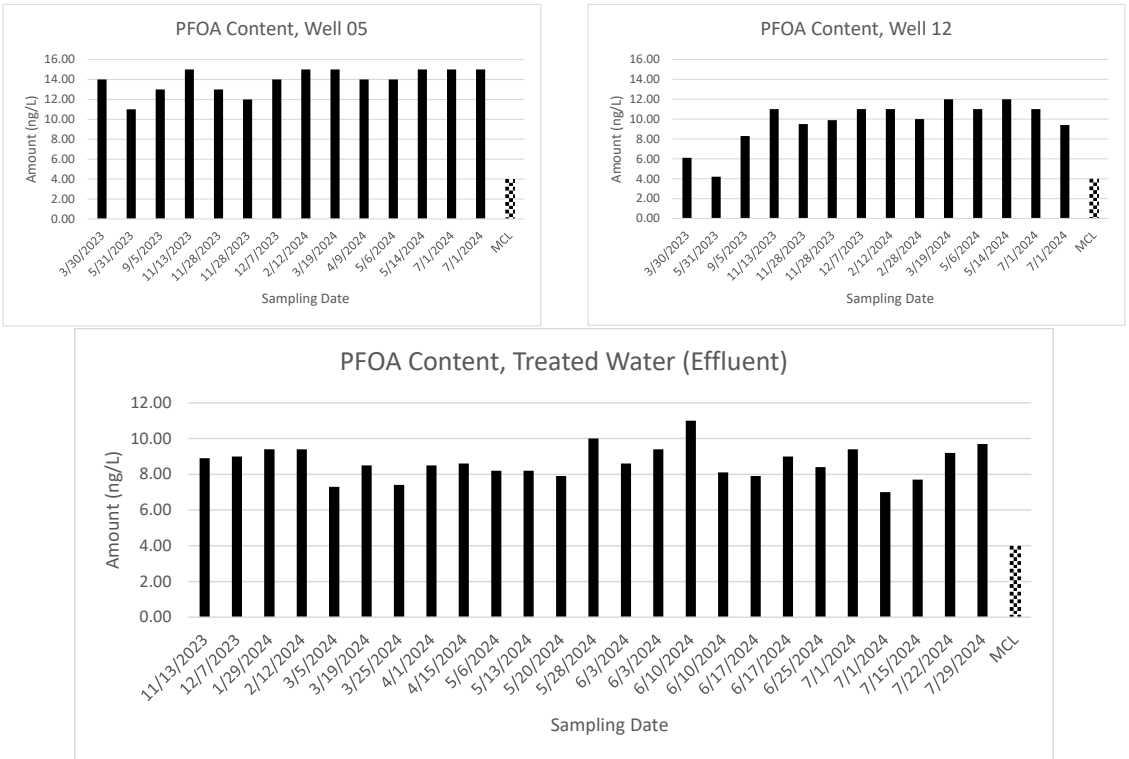
The water wells being used by Monterey Park City Water Dept. (PWSID: CA1910092) are contaminated with a number of volatile organic compounds, including PFOS and PFOA, arsenic, and nitrates.

In 2024, Wells #3, #5, #10, and #12 had levels of PFOS about 10X and about 2.5X the MCL, respectively (see upper panel of Finding Figure 30.1; data for #3 and #10 are not shown). The same wells had levels of PFOA at about 3.5X and about 2.5X the MCL (see upper panel of Finding Figure 30.2).

[112] Ibid
[113] Ibid
[114] Ibid



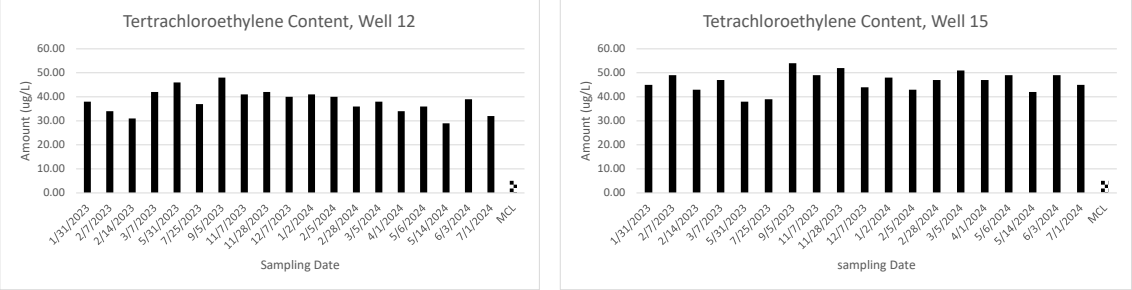
Finding Figure 30.1. PFOS contamination of water wells and treated water in Monterey Park City Water Dept.



Finding Figure 30.2. PFOA contamination of water wells and treated water in Monterey Park City Water Dept.

Monterey Park City Water Dept. is treating the water from the contaminated wells. However, based on the 2023-24 analysis, the treated water still contains PFOS and PFOA at levels about 4X and 2.5X the MCL (see lower panels in Finding Figure 30.1 and 30.2).

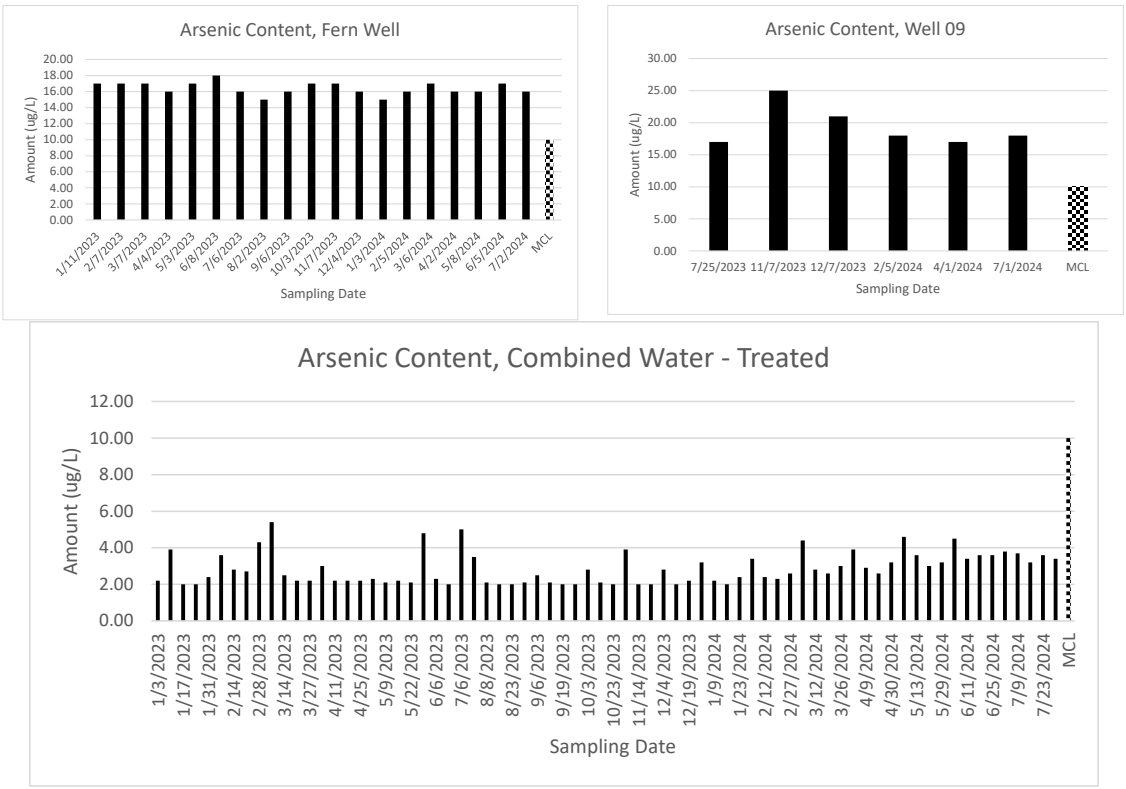
Some of the wells were also contaminated with tetrachloroethylene at about 8X to 10X the set MCL (see Finding Figure 30.3).



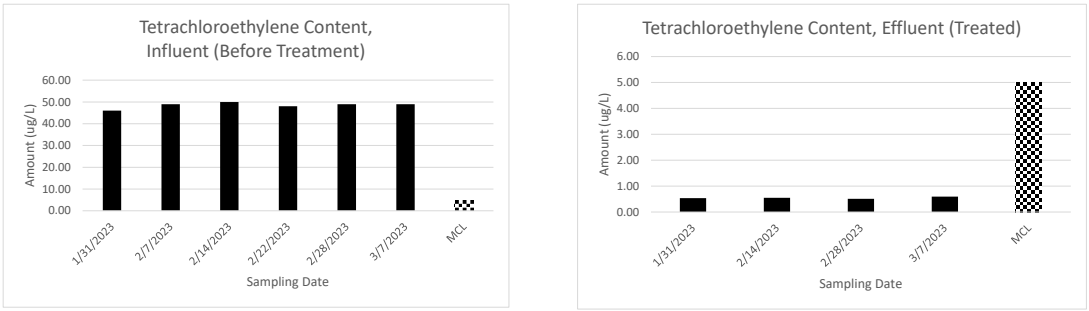
Finding Figure 30.3. Tetrachloroethylene contamination of water wells in Monterey Park City Water Dept.

The treatment of water appears to be working in reducing tetrachloroethylene, arsenic, and nitrate contaminants. For example, some wells had originally contained arsenic that is 1.7X – 2X the MCL (see upper panels in Finding Figure 30.3). After treatment, the arsenic level was significantly reduced below the MCL (see lower panel of Finding Figure 30.3). The level of tetrachloroethylene was significantly reduced as well (see Finding Figure 30.4). However, in the case of tetrachloroethylene, data for treated water was only available for 2023 but not for 2024. According to Monterey Park City Water Dept., this omission was due to delays in laboratory processing. The updated effluent analysis data for 2024 has been uploaded to CLIP since the matter was brought to their attention by the Jury.[115]

[115] Based on the response letter provided to the Jury by interviewee from Monterey Park City Water Dept., February 13, 2025



Finding Figure 30.3. Arsenic contamination of water wells and treated water in Monterey Park City Water Dept.



Finding Figure 30.4. Reduction of tetrachloroethylene after treatment in Monterey Park City Water Dept.

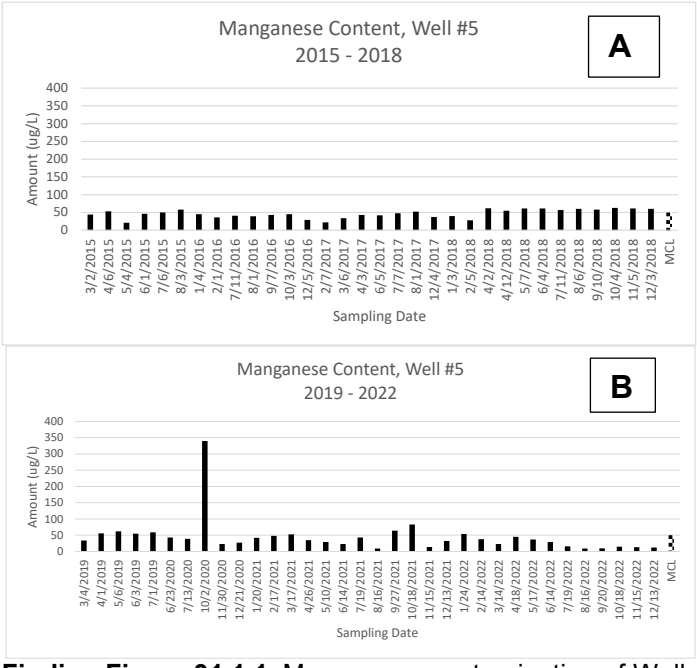
Monterey Park City Water Dept. attributed the presence of arsenic in the wells primarily due to the natural occurrence of this element in the San Gabriel Groundwater Basin.[116] They have been monitoring arsenic since the 2000s. On the other hand, the presence of tetrachloroethylene, PFOS and PFOA are attributed to the contaminated aquifers (superfund sites) in the San Gabriel Water Basin that is managed by Water Quality Authority.[117]

[116] Ibid
[117] Ibid

The City of Monterey Park Water Dept. is evaluating and implementing advanced treatment technologies (e.g., granular activated carbon and ion exchange systems) to mitigate the contamination due to PFOS and PFOA.[118]

FINDING #31.1

Prior to 2022, Well No. 5 was one of the water sources of then-Sativa Water Systems (PWSID: CA1910147) considered to be problematic because it produced water that did not consistently meet drinking water standards. One of the contaminants detected was manganese. During the monthly sampling periods between 2018 and 2021, the level of manganese was mostly above the MCL (50 ug/L), with a significant spike of manganese content in October 2020 at 6X the MCL. These are highlighted in Finding Figure 31.1.



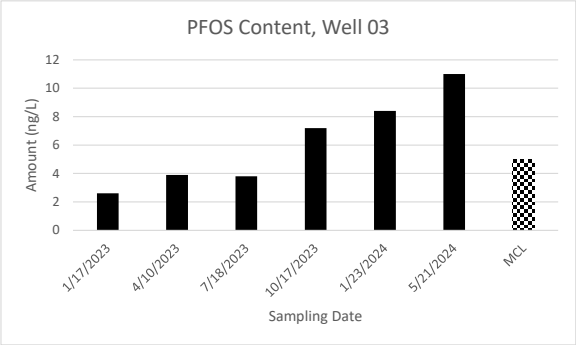
Finding Figure 31.1.1. Manganese contamination of Well #5, one of the water sources of the former Sativa Water Systems. Water analysis done in 2015-2018 (graph A) and 2019-2022 (graph B). Note: The scale of y-axis in **A** was adjusted according to the scale in **B** for comparison.

Sativa was taken over by Los Angeles County Public Works and then subsequently sold to Suburban.[119] During the interim period, between County takeover and sale, up to 2024, the County Public Works had undertaken some operational and infrastructure changes since 2020 for the Sativa Water System. These changes include, among others, the installation of a Manganese Treatment System (MTS) costing a total amount of $4.027 million

[118] Ibid
[119] https://lacounty.gov/2023/01/19/la-county-transfers-management-of-sativa-water-district-to-new-owner/

(between 2020 and 2024).[120] (See Finding #32). The installation of MTS will continue until 2025 with an additional projected cost of $8.335 million.[121]

The changes performed by the County apparently led to a decrease in manganese contamination in Well #5 (see 2022 part in graph **B** in Finding Figure 31.1.1). Similar low level of manganese was determined in 2023 as well (data not shown).



Finding Figure 31.1.2. PFOS contamination of one of the wells in Suburban Water Systems – Sativa.

However, on the basis of the 2023-2024 water analysis, it appears that one of the wells of Suburban - Sativa district contained PFOS at a level 2.5X the MCL (see Finding Figure 31.1.2). In their 2019 to 2022 water analyses, no report of PFOS contamination was reported. According to Suburban, monitoring of PFAS-related compounds was not required by the California State Water Board, Division of Drinking Water before 2023.[122] Water utilities have until 2029 to meet the EPA-established MCL for PFOA and PFOS. These two compounds, as part of the PFAS family of organic compounds, have been detected above its MCL "in multiple drinking water wells within the Central Basin groundwater aquifer, where the Sativa system wells draw water."[123] Currently, Suburban is investigating the best available technology to remove PFAS in Well #3 and will be requesting the approval of the California Public Utilities Commission to install treatment equipment before the MCL takes effect in 2029.[124]

FINDING #31.2

As part of the Purchase Agreement, Suburban is contractually obligated to perform some capital improvements to bring Sativa Water System into

[120] Based on the documents provided by interviewee from Los Angeles County Department of Public Works, December 5, 2024
[121] Ibid
[122] Based on documents provided by interviewee from Suburban Water Systems – Sativa, February 10, 2025
[123] Ibid
[124] Ibid

compliance with Department of Drinking Water Permit as shown in Finding Figure 31.2.1.[125]

EXHIBIT G – POST-CLOSING COMPLIANCE MEASURES

Pursuant to Section 3.F.2. of the Agreement, the below lists the capital improvements Suburban intends to undertake as necessary to bring the Sativa Water System into compliance with the DDW Permit following the Closing. This list is for planning purposes only and the actual implementation of such capital improvements will be subject to DDW and CPUC approval.

Project Description	Total
(1) Misc. System Replacements (Services, Valves, Hydrants, Pipes)	522,800
(2) SCADA Integration	75,000
(3) Steel Reservoir	725,032
(4) Site 4 Pump Station	497,283
(5) Well 3 Transfer Switch and Mobile Generator	190,000
(6) Stockwell Pipeline	917,000
(7) Vesta Pipeline	534,000
(8) Willowbrook Pipeline	1,277,000
(9) Jack and Boe	535,000
(10) Wilmington Pipeline	107,000
(11) Wayside Pipeline	234,000
(12) Vesta Pipeline	310,000
(13) Lucien Pipeline	183,000
(14) Meter purchase and installation	851,932
(15) Drill and Equip Well 6	1,500,000
Total	**$8,459,047**

Finding Figure 31.2.1. Copy of the Exhibit G – Post-Closing Compliance Measures. Note: Numbers in listed projects were inserted by the Jury in the above pdf copy.

The Jury inquired from Suburban-Sativa as to the progress of the projects listed in Finding Figure 31.2.1. According to Suburban-Sativa:[126]

- Item #1 is an ongoing project as replacement is needed upon failure
- Item #2 is ongoing and scheduled to be completed by the end of 2026
- Items #3, #4, and #9 – Suburban-Sativa will pursue the approval of California Public Utilities Commission (CPUC) to construct in General Rate Case to be filed in January 2026
- Item #5 – completed by the Los Angeles County Department of Public Works (see also Finding #32)
- Items #6, #7, #10, #11, and #12 were completed in 2024
- Items #8 and #13 – ongoing and scheduled to be completed by June 2025

[125] Based on the documents provided by interviewee from Los Angeles County Department of Public Works, December 5, 2024
[126] Based on the documents provided by interviewee from Suburban Water Systems – Sativa, February 10, 2025

- Item #14 was completed in 2023
- Item #15 – Decision to construct Well #6 or to construct PFAS treatment equipment will be made by Suburban-Sativa after completion of Well #5 treatment project and resulting water quality is known

FINDING #32

In 2019, a resolution was passed by the Los Angeles County Board Supervisors supporting clean and safe water within the Sativa Water District and across California.[127] The first provision in the resolution is the establishment of a Sativa Water System Special Fund in the electronic Countywide Accounting and Purchasing System to account for the former district's accounting and budgetary activities as the Successor Agency for the dissolved water district. The Special Fund provides for the operation and maintenance of a reliable and high-quality water distribution system.

The Jury looked at the financial records related to the Special Fund and the details are shown in Finding Table 32.1. Since its creation until the end of 2024, the Special Fund has received $29.609 million (highlighted in green), which include the following sources:[128, 129]

- "Transfers In" from Los Angeles Department of Public Works General Fund - $10.27 million
- Proceeds from the sale of water rights - $10.68 million
- Water Sales and Other Service Charges - $4.709 million
- Interest earnings - $1.06 million
- Grants from the State of California - $1.73 million
- Other Water Revenues - $398,734
- Federal government - $17,034

Since the creation of the Special Fund in 2019 until 2024, the Los Angeles County Department of Public Works used the Fund for the following:[130]

[127] Source: https://file.lacounty.gov/SDSInter/bos/supdocs/135510.pdf. Accessed: December 16, 2024
[128] Based on the documents provided by interviewee from Los Angeles County Department of Public Works (DPW), December 5, 2024
[129] Interviewee from DPW, January 29, 2025
[130] Based on the documents provided by interviewee from Los Angeles County Department of Public Works (DPW), December 5, 2024

- Services and Supplies - $15.279 million
- Other charges - $2.557 million (representing payments of County Loan and Bank bond)
- “Transfers Out” to Los Angeles Department of Public Works General Fund - $3.0 million

Among the items included in the “Services and Supplies” category are various expenses related to: (1) General and Administrative ($3.824 million); (2) Water System Operations ($5.414 million); and (3) Infrastructures and Capital ($6.041 million, which includes, among others, $0.706 million for Repair Pipeline Break, $1.129 million for Well Rehab/Hydropneumatics Tank Reconditioning, and $4.027 million for Manganese Treatment System).[131]

Hence, the total amount spent so far is about $17.836 million ($20.836 million, amount highlighted in red in Finding Table 32.1, minus the $3 million transferred out to DPW General Fund). This amount does not include the $8.925 million allotted for 2024-25, of which $8.335 million is meant for additional expense for manganese treatment system.[132]

[131] Ibid
[132] Ibid

Finding Table 32.1. Summary of financial reports of Sativa Special Fund.

	2018-19 (Actual) *	2019-20 (Actual) **	2020-21 (Actual) ***	2021-22 (Actual) ****	2022-23 (Actual) *****	2023-24 (Actual) ******	Category Sub-Total (Up to the end of 2024)	2024-25 (Projections from Adopted Budget)
Sources of Finances Category								
Available Fund Balance at the beginning of year		$ 1,131,000.00	$ 1,157,000.00	$ 2,348,000.00	$ 3,901,000.00	$ 14,232,000.00		$ 8,772,000.00
Cancel Obligated Fund Balance		$ 210,515.00	$ 165,095.00	$ 215,404.00	$ 76,212.00	$ 190,660.00	$ 857,886.00	
Interest	$ 327.54	$ 37,829.23	$ 12,497.99	$ 17,947.26	$ 277,730.59	$ 568,171.79	$ 914,504.40	$ 153,000.00
State Grant				$ 1,500,773.28	$ 230,044.72		$ 1,730,818.00	$ 0.00
Federal Grant - Covid-19				$ 17,034.20			$ 17,034.20	
Water Sales and Other Service Charges	$ 332,654.90	$ 1,244,675.52	$ 1,270,837.46	$ 1,216,455.52	$ 506,672.60	$ 162,321.59	$ 4,733,617.59	$ 0.00
Sale of Water Rights					$ 10,684,309.71		$ 10,684,309.71	
Transfers In (from PWGF)	$ 1,200,000.00	$ 3,032,000.00	$ 2,299,000.00	$ 1,377,000.00	$ 2,364,000.00		$ 10,272,000.00	
Other Water Revenue			$ 1.00	$ 16.08	$ 13.00	$ 398,704.04	$ 398,734.12	$ 0.00
Finance Sources Yearly Total	$ 1,532,982.44	$ 5,656,019.75	$ 4,904,431.45	$ 6,692,630.34	$ 18,039,982.62	$ 15,551,857.42	$ 29.609 M (sum of the above)	$ 8,925,000.00
Expenditures Category								
Services and Supplies	$ 401,674.93	$ 4,312,754.01	$ 2,383,506.66	$ 2,626,238.50	$ 1,775,285.07	$ 3,779,947.31	$ 15,279,406.48	$ 8,925,000.00
Other Charges		$ 186,512.16	$ 172,280.49	$ 165,233.66	$ 2,032,849.03		$ 2,556,875.34	
Capital Assets - Infrastructure			$ 525.00				$ 525.00	
Transfers Out (to PWGF)						$ 3,000,000.00	$ 3,000,000.00	
Expenditures Yearly Total	$ 401,674.93	$ 4,499,266.17	$ 2,556,312.15	$ 2,791,472.16	$ 3,808,134.10	$ 6,779,947.31	$ 20.836 M (sum of the above Exp)	$ 8,925,000.00
Fund Yearly Net Balance	$ 1,131,307.51	$ 1,156,753.58	$ 2,348,119.30	$ 3,901,158.18	$ 14,231,848.52	$ 8,771,910.11		$ 0.00

Footnotes to Finding Table 32.1 (all sources cited below – Accessed: January 31, 2025):

* - Source: page 326 of 2019-20 Los Angeles County Adopted Budget (https://ceo.lacounty.gov/2019-2020-budget/)
** - Source: page 329 of 2020-21 Los Angeles County Adopted Budget (https://ceo.lacounty.gov/2020-2021-budget/)
*** - Source: page 335 of 2021-22 Los Angeles County Adopted Budget (https://ceo.lacounty.gov/2021-2022-budget/)
**** - Source: page 336 of 2022-23 Los Angeles County Adopted Budget (https://ceo.lacounty.gov/2022-2023-budget/)
***** - Source: page 342 of 2023-24 Los Angeles County Adopted Budget (https://ceo.lacounty.gov/2023-2024-budget/)
****** - Source: page 341 of 2024-25 Los Angeles County Final Adopted Budget (https://ceo.lacounty.gov/wp-content/uploads/2024/12/LA-County-2024-25-Final-Budget-Book.pdf)

FINDING #33

Between 1978 and 2006, Department of Water and Power (DWP; PWSID: CA1910067) cleaned and cement-lined approximately 2,600 miles of pipes in the City of Los Angeles.[133] In addition, starting in 1998, DWP replaced low-lead water meters with lead-free water meters.[134] These measures were taken to control corrosion and minimize lead exposures. In addition, DWP regularly took water samples for analysis of lead contamination, from different sites along the water distribution pipeline within the City of Los Angeles (see Finding Figure 33.1).

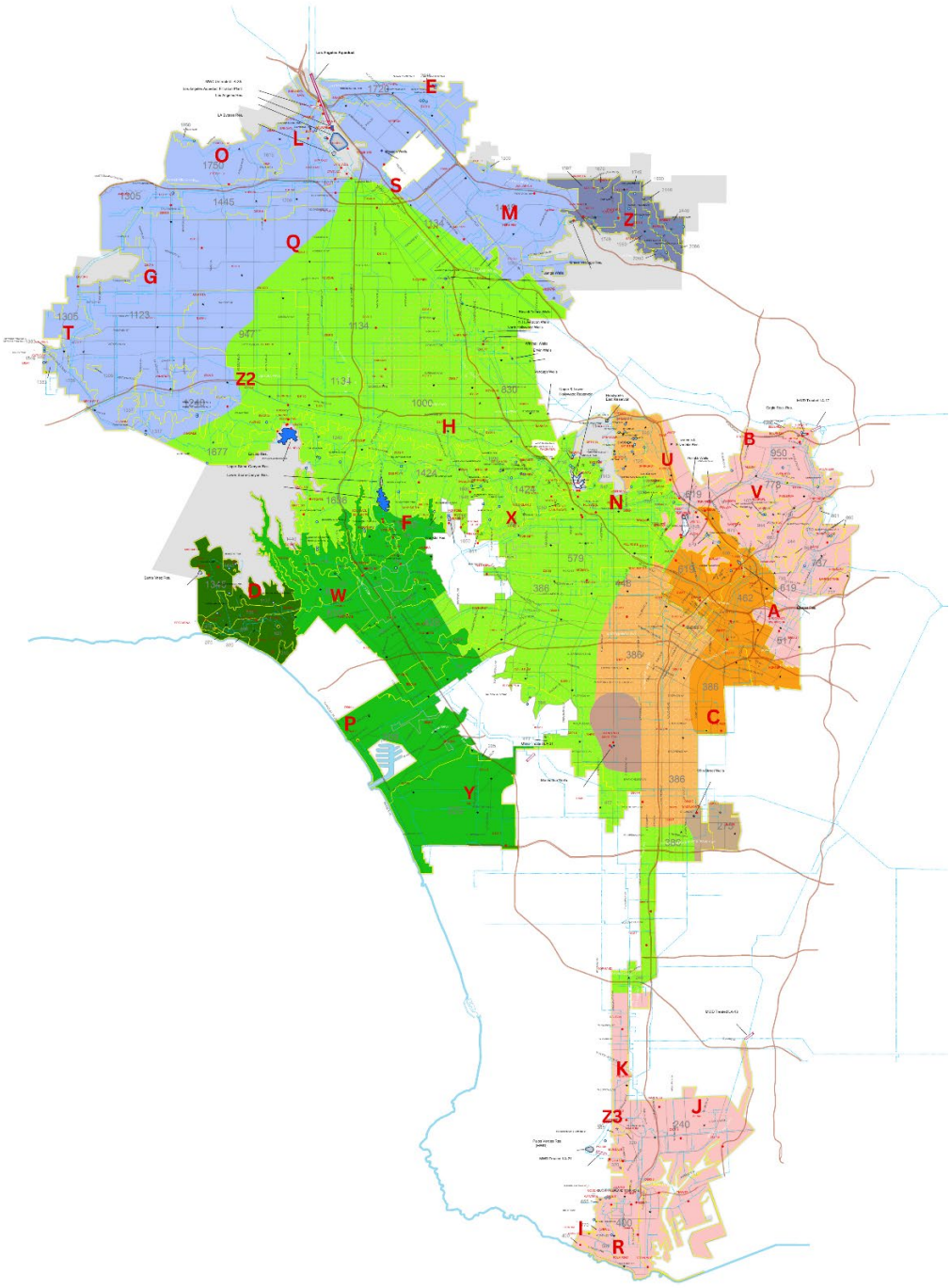
To determine if lead is present in these pipelines, the Jury examined water analysis data provided by DWP to the Jury. Results of the analysis in 2024 are shown in Finding Table 33.1. The approximate location of the sampling sites are overlaid in Finding Figure 33.1. Overall, there was no detectable lead in the water samples taken from the distribution pipelines within Los Angeles city in 2024. Similar analyses performed in 2020 to 2023 had indicated no detectable levels of lead as well (data no shown).

Finding Table 33.1. Results of Lead analysis from different sampling points in Los Angeles City water pipeline conducted by Los Angeles Department of Water and Power in 2024. Note: **ND** in the Result column means Not Detectable.

Code in Finding Figure 33.1	Location Code	Sampling Date	Analyte	Result
A	BROOKMOT	2/19/2024	Lead	ND
	BROOKMOT	5/20/2024	Lead	ND
	BROOKMOT	8/19/2024	Lead	ND
B	ROCKGLEN	2/19/2024	Lead	ND
	ROCKGLEN	5/24/2024	Lead	ND
	ROCKGLEN	8/23/2024	Lead	ND
C	055ST	1/15/2024	Lead	ND
	055ST	4/17/2024	Lead	ND
D	ALMAR	2/20/2024	Lead	ND
	ALMAR	5/22/2024	Lead	ND
	ALMAR	8/21/2024	Lead	ND
E	ALMETZ	3/22/2024	Lead	ND
F	BEVGLEN	1/21/2024	Lead	ND
	BEVGLEN	4/21/2024	Lead	ND
	DS074	2/25/2024	Lead	ND

[133] Source: page 9 of the 2023 Drinking Water Quality Report available at https://www.ladwp.com/who-we-are/water-system/las-drinking-water-quality-report. Accessed: December 16, 2024)
[134] Ibid

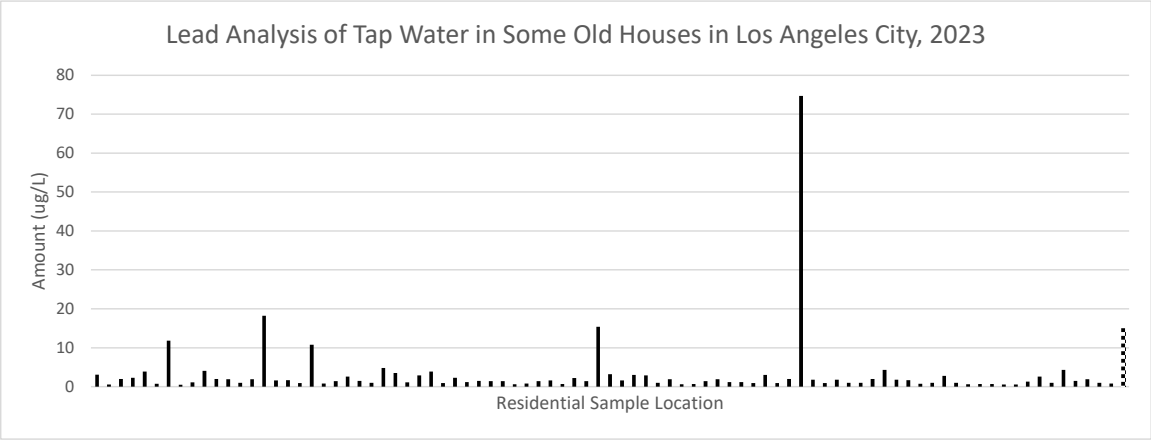
Code in Finding Figure 33.1	Location Code	Sampling Date	Analyte	Result
G	DS074	5/24/2024	Lead	ND
	DS074	8/25/2024	Lead	ND
H	DS049	3/23/2024	Lead	ND
I	CUMBRE	3/18/2024	Lead	ND
J	DENNI	1/18/2024	Lead	ND
	DENNI	4/15/2024	Lead	ND
K	FRAMPTON	3/23/2024	Lead	ND
L	BYPIN	1/15/2024	Lead	ND
	BYPIN	4/15/2024	Lead	ND
M	HERSHEY	3/21/2024	Lead	ND
N	HOBART	1/18/2024	Lead	ND
	HOBART	4/18/2024	Lead	ND
O	KIRKCOLM	2/22/2024	Lead	ND
	KIRKCOLM	5/21/2024	Lead	ND
	KIRKCOLM	8/21/2024	Lead	ND
P	VENICE	1/17/2024	Lead	ND
	VENICE	4/19/2024	Lead	ND
Q	DS131	3/23/2024	Lead	ND
R	PDLMR985	2/21/2024	Lead	ND
	PDLMR985	5/20/2024	Lead	ND
	PDLMR985	8/22/2024	Lead	ND
S	PAXTON	2/19/2024	Lead	0.62
	PAXTON	5/25/2024	Lead	ND
	PAXTON	8/20/2024	Lead	ND
T	DS077	2/25/2024	Lead	ND
	DS077	5/24/2024	Lead	ND
	DS077	8/25/2024	Lead	ND
U	RSCBCL	1/15/2024	Lead	ND
	RSCBCL	4/15/2024	Lead	ND
V	SANRAFL	3/18/2024	Lead	ND
W	DS066	1/18/2024	Lead	ND
	DS066	4/17/2024	Lead	ND
X	HARPER	3/24/2024	Lead	ND
Y	DS111	3/22/2024	Lead	ND
Z	DS048	1/15/2024	Lead	ND
	DS048	4/17/2024	Lead	0.51
Z2	DS078	2/19/2024	Lead	ND
	DS078	5/20/2024	Lead	ND
	DS078	8/19/2024	Lead	ND
Z3	ZEPHYR	2/21/2024	Lead	ND
	ZEPHYR	5/20/2024	Lead	ND
	ZEPHYR	8/19/2024	Lead	ND



Finding Figure 33.1. Map of the City of Los Angeles showing the overlay of the sampling sites within the water distribution system of DWP. Illustration map was provided by the Los Angeles Department of Water and Power (DWP). Overlaying of the location letter codes was done by the Jury using the Canva software available online (https://www.canva.com/).

FINDING #34

In 2023, DWP implemented a lead and copper survey in the City of Los Angeles as part of its compliance with the Federal Lead and Copper Rule.[135,136] DWP looked for volunteer customers who were residing in single family homes that were built between 1982 and 1987. Tap water from these homes was collected and analyzed for lead and copper. The result for lead is summarized in Finding Figure 34.1.[137] The survey revealed that three out of 105 (90%) had lead content exceeding the actionable level (AL) of 15 ppb set by EPA. One sample contained lead at 5X the AL. According to DWP, these customers were advised by DWP to take the proper action to remediate lead contamination in their plumbing system.[138]



Finding Figure 34.1. Lead contamination in some households surveyed and analyzed by Department of Water and Power. Note: The actual locations indicated in the sampling locations are not included in the graph for privacy reason. The Actionable Level (AL) is represented by the bar on the right.

[135] Source: https://www.epa.gov/ground-water-and-drinking-water/revised-lead-and-copper-rule. Accessed: December 16, 2024

[136] See: Footnote “e” in Table 1 (Cont’d), page 17 of the 2023 Drinking Water Quality Report available at https://www.ladwp.com/who-we-are/water-system/las-drinking-water-quality-report. Accessed: December 16, 2024

[137] Based on data downloaded from CSWBRB; also consistent with the data provided to the Jury by the LA Department of Water and Power, September 20, 2024

[138] Interviewee from Los Angeles Department of Water and Power, November 6, 2024

FINDING #35

The Better Watts Initiative produced a report resulting from a study by Hoague et al. (2024)[139] showing that tap waters are contaminated with lead in some of the residential houses in the Watts neighborhood. The results were provided to the Jury[140] and these are shown in Finding Table 35.1. The source locations of tap waters samples are approximately mapped out in Finding Figure 35.1.

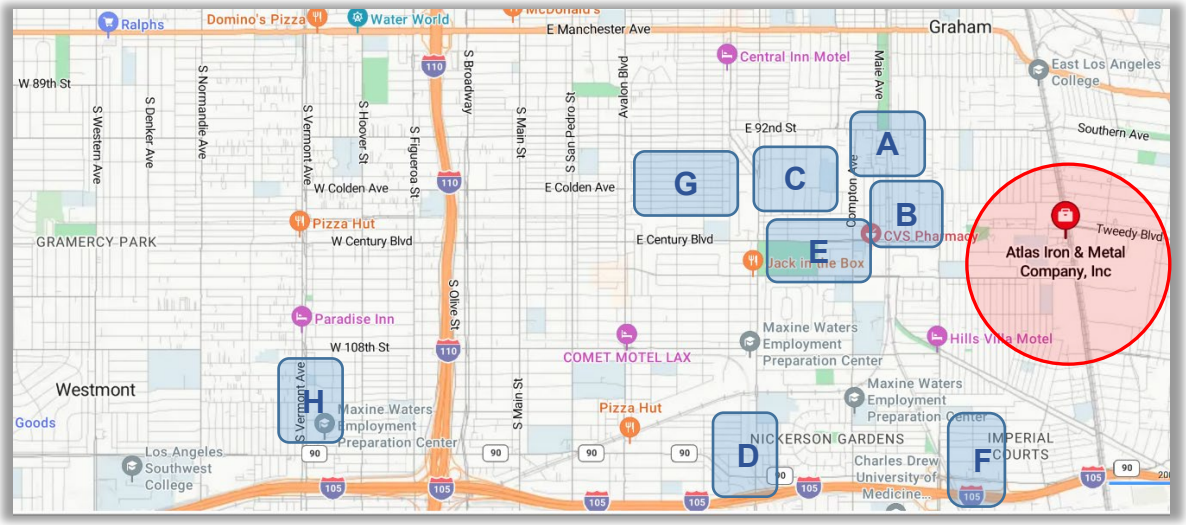
Finding Table 35.1. Number of samples with lead contamination taken from residential homes in the Watts area of Los Angeles. (See also corresponding map in Finding Figure 34.1).

Neighborhood Block	Highlighted Area in Figure 34.1	Number of Samples *	Lead Under 15 ppb	Lead Above 15 ppb
Between E 97th St (s) & E 92nd St (n) S Alameda St (e) and Grape St (w)	**A**	22	0	0
Jordan Downs: E 97th St (n) and E 103rd St (s) S Alameda St (e) and Grape St (w)	**B**	30	2	0
E 92nd St (n) and E 103rd St (s) Grape St (e) and Graham Ave (w)	**C**	98	3	1
Nickerson Gardens: E 111th St (n) and Imperial Hwy (s) S Central Ave (w) and Compton Ave (e)	**D**	122	3	2
E 103rd St (n) and E 108th St (s) Graham Ave (w) and Croesus Ave (e)	**E**	76	4	0
Imperial Courts: Santa Ana Blvd (n) and E 117th St (s) Croesus Ave(w) and Mona Blvd (e)	**F**	42	1	0
E 92nd St (n) and E 102nd St (s), Success Ave (w) and Grandee Ave (e)	**G**	78	2	0
E 108th St (n) and E 111th St (s) Avalon Blvd (w) and McKinley Ave (e)	**H**	41	1	2

* - Total number of samples analyzed with known addresses = 530

[139] Hoague et al., 2024 (Unpublished). Dark Waters Project: The Assessment of the Presence of Heavy Metal Contaminants in the Tap Water of Watts Residences, and Public Perceptions of Water Infrastructure in Los Angeles.
[140] Interviewee from Better Watts Initiative, August 23, 2024

In the news article published by the Guardian and the Los Angeles Times regarding the above study, it was reported that the Watts area residents were "… blaming a nearby metal recycling plant, Atlas Iron and Metal, that regularly sends shards of metals zooming over its fence ..." [141, 142] The recycling plant facility is located adjacent to Jordan High School and Jordan Downs Housing Development (see map in Figure 35.1).



Finding Figure 35.1. Approximate map locations of residential areas as sampling sites mentioned in Table 34.1 and their proximity to potential source of lead contamination (highlighted in red circle). Note: The indicated locations in the map are not exact and for illustration purposes only. Source of map: Google Maps.

As of the writing of this report, the Los Angeles District Attorney is prosecuting the company (S&W Atlas Iron and Metal Corp.) and its two owners.[143,144] "The indictment includes charges with 21 felony counts of knowingly disposing of hazardous waste with no permit and one felony count of deposit of hazardous waste." The wastes contain hazardous substances like lead, zinc, chromium, nickel, selenium, antimony, copper, and/or cadmium.[145] The Los Angeles District Attorney's press release on September 26, 2024 says that soil samples taken from an area of Jordan High School showed excessive concentrations of lead

[141] Source: https://www.theguardian.com/us-news/article/2024/aug/21/los-angeles-watts-tap-water-lead-contamination. Accessed: December 16, 2024
[142] Source: https://www.latimes.com/environment/story/2024-08-29/mayor-bass-calls-for-investigation-of-lead-in-watts-drinking-water. Accessed December 16, 2024
[143] Source: https://lacounty.gov/2024/09/26/district-attorney-gascon-announces-new-25-count-grand-jury-indictment-against-atlas-metal-owners/. Accessed: December 16, 2024
[144] Source: https://www.latimes.com/california/story/2024-09-26/metal-recycling-plant-accused-of-exposing-watts-high-school-students-to-explosions-toxic-waste. Accessed: December 16, 2024
[145] Source: Case No. 24CJCF05804, September 18, 2024

and zinc. Additional samples taken at the recycling plant contained excessive concentrations of some the aforementioned metals.

FINDING #36

In September 2024, the Los Angeles City of Department of Water and Power (DWP), in collaboration with the Housing Authority of the City of Los Angeles (HACLA), has initiated an extended analysis of tap water samples from HACLA-owned four housing developments (i.e., Jordan Downs, Imperial Courts, Nickerson Gardens, and Gonzague Village) and non-HACLA residential units located in the Watts neighborhood.[146]

Finding Table 36.1. Analysis of tap water samples taken from four HACLA-owned and non-HACLA residential units located in Los Angeles Watts neighborhood.

	HACLA Housing Units	**Non-HACLA Units**
Total No. of Samples Analyzed	1,952	117
No. of samples with no detectable lead	1,133 (58.13%)	100 (85.47%)
No. of samples with lead content below State Reporting Limit (0.5 to 5 ppb)	786 (40.33%)	16 (13.68%)
No. of samples with lead content above State Reporting Limit but under Federal Action level (5 to 15 ppb)	19 (0.97%)	1 (0.85%)
No. of samples with lead content above the Federal Action Level (> 15 ppb)	11 (0.56%)	0 (0.00%)

As of January 18, 2025, DWP has analyzed a total of 2,069 samples -- 1,952 samples from about 1,600 units of HACLA housing complexes and 117 samples from about 58 non-HACLA units. The results are summarized in Finding Table 36.1.[147] About 11 samples collected from HACLA housing units have levels of lead detected above the Action Level (15 ppb). As of the end of January 2025,

[146] Interviewees from HACLA (October 21, 2024) and DWP (October 31, 2024)
[147] Data provided to the Jury by Interviewee from DWP, January 21, 2025

the project is still ongoing as DWP recruits more volunteers from non-HACLA units.[148]

FINDING #37

Most of the action items outlined by SCO and DWP (see Discussion section of this Report) concerning water quality issues, including possible financing mechanisms for small-scale water systems, have not been implemented.[149]

[148] Interviewee from DWP, January 24, 2025
[149] Interviewees from Los Angeles County Chief Sustainability Office (January 27, 2025) and Department of Public Works (January 29, 2025)

RECOMMENDATIONS

RECOMMENDATION #4.1

This recommendation addresses Findings #14, #17, and #30.

Publicly-owned water providers (Crescenta Valley Water District, Lynwood Park Mutual Water Co., and Monterey Park City Water Dept. – see respective Finding numbers) that have significant issues with PFOS and PFOA should accelerate the implementation of their remediation plans to remove or significantly reduce these contaminants.

RECOMMENDATION #4.2

This recommendation addresses Findings #32 and #37 vis-à-vis Findings #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #20, #21, #22, #23, #24, #25, #26, #27, #31.1, and #31.2.

The DPW, together with the CSO, should accelerate the implementation of the CSO' s Action Items 22 and 23 mentioned in the Discussion section and start developing a direct financial assistance system. This financing system will serve as a low-interest loan guarantee program to aid small-scale property owners or homeowners who have problems seeking financing to repair corroding plumbing pipes causing lead contamination. The property owners should be able to repay the low-interest loan by paying a small amount on each water bill.

The financial assistance system should also be available for small-scale and medium-scale water operators to apply for and to have access to funds at low interest for installation and/or repair of water treatment facilities that remediate the presence of water contaminants.

This type of direct financial assistance system could be akin to the Sativa Water Special Fund currently being managed by the DPW (see Finding #32 and Discussion).

RECOMMENDATION #4.3A

This recommendation addresses Findings #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #17, and #23.

CSO should accelerate the implementation of Actions 18, 19, and 21 of the County's Water Plan (see Discussion section for details) to closely monitor small-scale mobile homes that are not properly monitoring and/or treating water from contaminated wells prior to distribution. Based on the stated plans of CSO, these Actions will be in partnerships with DPW, concerned water distributors, and the State Water Board.

RECOMMENDATION #4.3B

This recommendation addresses Findings #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #17, and #23.

DPW should accelerate the implementation of Strategies 6 and 7 of the County Water Plan 2023 (see Discussion section regarding these strategies) so that concerned water districts can avail of available technologies and financing possibilities to perform the necessary water treatment for remediation of contaminants.

RECOMMENDATION #4.4

This recommendation addresses Finding #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #20, #21, #22, #23, #24, #25, #26, and #31.1, and #31.2.

In coordination with the appropriate State Water Regulatory Agency, CSO should initiate a program to encourage small- and/or medium-scale water providers to merge/consolidate with larger ones for them to have better access to monitoring capability and to improve the plant treatment infrastructures. This recommendation has been promoted by a number of water policy experts and researchers from UCLA Luskin Institute of Sustainability (see reference list in Methodology section).

RECOMMENDATION #4.5

This recommendation addresses Finding #34.

The Los Angeles City Department of Water and Power should expand the number of volunteer customers that participate in the agency's Lead and Copper Survey in order to identify possible other cases of premise plumbing problems, which would have remained undetermined otherwise. To achieve expansion, incentives to prospective volunteers can be given in the form of gift certificates or reasonable short-term discounts to water payments.

COMMENDATIONS

The Jury appreciates the help and cooperation of individuals and the concerned personnel of water districts and agencies, who were interviewed in the course of the Jury's investigation. Your ideas, comments, and suggestions are very valuable and helpful for the Jury to understand the extent of the problem being addressed in this inquiry.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60 days) after the CGJ published its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made ninety (90) days after the CGJ published its report and files with Clerk of the Court. Responses shall be made in accord with Penal Code Section 933.05(a) and (b).

All responses to the recommendations of the 2024-2025 Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 West Temple Street, 13t Floor, Room 13-303
Los Angeles, CA 90012

Responses to the above recommendations are required from the following agencies:

Required Agencies	Recommendations
Crescenta Valley Water District	Recommendation #4.1
Lynwood Park Mutual Water Co.	Recommendation #4.1
Monterey Park City Water Dept.	Recommendation #4.1
Los Angeles County Department of Public Works	Recommendations #4.2, #4.3B
Los Angeles County Board of Supervisors	Recommendation #4.2
Los Angeles County Chief Sustainability Office	Recommendations #4.2, #4.3A, #4.4
Los Angeles City Department of Water and Power	Recommendation #4.5

ATTACHMENTS

Attachment Table 1. Risk Assessment of Water Districts in Los Angeles County for 2024. (Source: California State Water Resources Control Board)[150]

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1900007	CALIFORNIA CONSERVATION CAMP #14	No Risk	Low Risk	Medium Risk	Low Risk	Not At-Risk
CA1900038	LANCASTER PARK MOBILE HOME PARK	High Risk	High Risk	Low Risk	Low Risk	Failing
CA1900046	PETER PITCHESS HONOR RANCHO DETN. CTR	Medium Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1900055	BLUE SKIES TRAILER PARK	No Risk	High Risk	Medium Risk	Low Risk	Not At-Risk
CA1900062	LOS ANGELES RESIDENTIAL COMMUNITY FOUNDATION	No Risk	High Risk	No Risk	Medium Risk	At-Risk
CA1900074	THE PAINTED TURTLE CAMP	No Risk	High Risk	No Risk	Medium Risk	Not At-Risk
CA1900075	BLEICH FLATS MUTUAL	No Risk	Low Risk	Low Risk	No Risk	Not At-Risk
CA1900100	METTLER VALLEY MUTUAL	High Risk	High Risk	Low Risk	Low Risk	Failing
CA1900102	WESTSIDE PARK MUTUAL WATER	No Risk	No Risk	Low Risk	Low Risk	Not At-Risk
CA1900130	DEL RIO MUTUAL	Medium Risk	High Risk	Low Risk	No Risk	Potentially At-Risk
CA1900145	REESEDALE MUTUAL	No Risk	Low Risk	Low Risk	Low Risk	Not At-Risk

[150] https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/saferdashboard.html. Accessed: August 26, 2024

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1900146	SUNNYSIDE FARMS MUTUAL WATER COMPANY	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1900154	TIERRA BONITA MUTUAL WATER	No Risk	High Risk	High Risk	Low Risk	Potentially At-Risk
CA1900155	WILSONA GARDENS MUTUAL	No Risk	No Risk	High Risk	No Risk	Not At-Risk
CA1900158	LITTLE BALDY WATER	No Risk	Low Risk	High Risk	Low Risk	Not At-Risk
CA1900301	SHADOW ACRES MUTUAL WATER COMPANY	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1900303	LLANO MUTUAL WATER COMPANY	No Risk	Medium Risk	Medium Risk	No Risk	Not At-Risk
CA1900520	THE VILLAGE MOBILE HOME PARK	High Risk	High Risk	High Risk	Medium Risk	Failing
CA1900523	WHITE FENCE FARMS MWC NO.3	No Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1900529	CAMP WILLIAMS-RESORT WATER	Low Risk	Low Risk	High Risk	Low Risk	Potentially At-Risk
CA1900537	OAK GROVE MOBILE HOME PARK	High Risk	High Risk	No Risk	Low Risk	Failing
CA1900541	WESTERN SKIES MOBILE HOME PARK	Medium Risk	High Risk	High Risk	Medium Risk	At-Risk
CA1900542	LOS ANGELES, CITY OF - POWER PLANT #2	Medium Risk	High Risk	High Risk	Low Risk	At-Risk
CA1900555	LOS ANGELES, CITY OF - POWER PLANT #1	Medium Risk	High Risk	High Risk	Low Risk	At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1900563	SUNDALE MUTUAL WATER COMPANY A, B	No Risk	Low Risk	No Risk	Low Risk	Not At-Risk
CA1900599	VALHALLA WATER ASSOCIATION	No Risk	High Risk	No Risk	No Risk	Not At-Risk
CA1900616	THE RIVER COMMUNITY	No Risk	High Risk	High Risk	Low Risk	Potentially At-Risk
CA1900636	EL RANCHO MOBILE HOME PARK	Low Risk	High Risk	High Risk	Low Risk	At-Risk
CA1900649	GOLDEN SANDS MOBILE HOME PARK	No Risk	High Risk	Medium Risk	Low Risk	Potentially At-Risk
CA1900693	DESERT PALMS MOBILE HOME PARK	No Risk	High Risk	High Risk	Low Risk	At-Risk
CA1900707	ILEAD AGUA DULCE CHARTER SCHOOL	Medium Risk	High Risk	No Risk	No Risk	Potentially At-Risk
CA1900717	CASA DULCE ESTATES	Low Risk	High Risk	No Risk	No Risk	Not At-Risk
CA1900721	TERRA NOVA MOBILE HOME PARK	No Risk	High Risk	High Risk	Low Risk	At-Risk
CA1900750	DEL SUR SCHOOL/WESTSIDE UNION DISTRICT	Low Risk	High Risk	Low Risk	No Risk	Not At-Risk
CA1900751	EASTSIDE UNION SCHOOL DISTRICT	No Risk	High Risk	Low Risk	No Risk	Not At-Risk
CA1900767	GOLDEN VALLEY MUNICIPAL WATER DISTRICT	No Risk	High Risk	High Risk	Low Risk	Potentially At-Risk
CA1900785	MITCHELL'S AVENUE E MOBILE HOME PARK	High Risk	High Risk	High Risk	Low Risk	Failing

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1900794	ANTELOPE PARK MUTUAL WATER COMPANY	No Risk	Low Risk	High Risk	Low Risk	Potentially At-Risk
CA1900801	COLORADO MUTUAL WATER COMPANY	No Risk	Low Risk	High Risk	Low Risk	Not At-Risk
CA1900803	EL DORADO MUTUAL WATER CO.	No Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1900804	EVERGREEN MUTUAL WATER COMPANY	No Risk	High Risk	High Risk	No Risk	Potentially At-Risk
CA1900808	LANCASTER WATER COMPANY	Medium Risk	Low Risk	High Risk	Low Risk	At-Risk
CA1900809	LANDALE MUTUAL WATER COMPANY	No Risk	No Risk	High Risk	No Risk	Not At-Risk
CA1900817	CLEAR SKIES MOBILE HOME PARK	No Risk	High Risk	Low Risk	Low Risk	Potentially At-Risk
CA1900843	CALIFORNIAN MOBILE HOME PARK	Medium Risk	High Risk	Medium Risk	Medium Risk	At-Risk
CA1900849	LLANO DEL RIO WATER COMPANY	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1900868	RIVERS END TRAILER PARK	No Risk	High Risk	No Risk	Medium Risk	Potentially At-Risk
CA1900886	HUGHES-ELIZABETH LAKE UNIFIED SCHOOL DIS	No Risk	Low Risk	No Risk	No Risk	Not At-Risk
CA1900901	FIRE SUPPRESSION CAMP #19	No Risk	Low Risk	Low Risk	Low Risk	Not At-Risk
CA1900903	SLEEPY VALLEY WATER COMPANY	High Risk	High Risk	High Risk	No Risk	At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1900907	SHERWOOD MOBILE HOME PARK	No Risk	Low Risk	High Risk	No Risk	Not At-Risk
CA1900913	LILY OF THE VALLEY MOBILE VILLAGE	No Risk	High Risk	No Risk	No Risk	Not At-Risk
CA1900936	AQUA J. MUTUAL WATER COMPANY	No Risk	High Risk	Low Risk	Low Risk	Not At-Risk
CA1900942	ALPINE SPRINGS MOBILE HOME PARK	Low Risk	High Risk	Low Risk	Low Risk	Failing
CA1900961	WINTERHAVEN MOBILE ESTATES	High Risk	High Risk	High Risk	Low Risk	Failing
CA1900975	CALI LAKE RV RESORT	Low Risk	High Risk	No Risk	Low Risk	Potentially At-Risk
CA1907014	NORTH TRAILS MUTUAL WATER COMPANY	High Risk	High Risk	High Risk	Low Risk	Failing
CA1907028	SPV WATER COMPANY	Low Risk	Low Risk	High Risk	Low Risk	Not At-Risk
CA1909006	WEST VALLEY COUNTY WATER DISTRICT	No Risk	Low Risk	Low Risk	Low Risk	Not At-Risk
CA1910001	CITY OF ALHAMBRA	High Risk	No Risk	Medium Risk	No Risk	Potentially At-Risk
CA1910002	AMARILLO MUTUAL WATER COMPANY	High Risk	No Risk	Medium Risk	Medium Risk	At-Risk
CA1910003	CITY OF ARCADIA	Low Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910004	GSWC - ARTESIA	No Risk	No Risk	Medium Risk	No Risk	Not At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910005	LOS ANGELES CWWD 40, REG. 38-LAKE LA	No Risk	No Risk	Low Risk	Low Risk	Not At-Risk
CA1910006	SO. CAL. EDISON CO.-SANTA CATALINA	No Risk	No Risk	High Risk	Low Risk	Potentially At-Risk
CA1910007	AZUSA LIGHT AND WATER	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910009	VALLEY COUNTY WATER DIST.	High Risk	No Risk	Low Risk	Low Risk	At-Risk
CA1910010	CALIFORNIA WATER SERVICE CO.-LANCASTER	Medium Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910011	GSWC - BELL, BELL GARDENS	Medium Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910012	BELLFLOWER HOME GARDEN WATER COMPANY	No Risk	Medium Risk	Medium Risk	No Risk	Not At-Risk
CA1910013	BELLFLOWER - SOMERSET MWC	Medium Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910017	SANTA CLARITA VALLEY W.A.- SANTA CLARITA	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910018	BELLFLOWER MUNICIPAL WATER SYSTEM	No Risk	No Risk	Low Risk	Low Risk	Not At-Risk
CA1910019	CERRITOS - CITY, WATER DEPT.	Low Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910020	CAL-AM WATER COMPANY - EAST PASADENA	Low Risk	Medium Risk	Low Risk	Low Risk	Failing
CA1910021	LIBERTY UTILITIES - COMPTON	No Risk	No Risk	Low Risk	Medium Risk	Not At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910022	CALIF STATE POLYTECHNICAL UNIV - POMONA	High Risk	No Risk	No Risk	Low Risk	Potentially At-Risk
CA1910023	AVERYDALE MWC	Low Risk	Low Risk	High Risk	No Risk	At-Risk
CA1910024	GSWC - CLAREMONT	Medium Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910025	LOS ANGELES CWWD 40, REG. 39-ROCK CREEK	No Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910026	COMPTON-CITY, WATER DEPT.	No Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910027	LOS ANGELES CWWD 40, REG. 35-N.E. L.A.	No Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910028	CRESCENTA VALLEY CWD	High Risk	No Risk	No Risk	Low Risk	Potentially At-Risk
CA1910029	CITY OF INDUSTRY WATERWORKS SYSTEMS	No Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910030	GSWC - CULVER CITY	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910032	FOOTHILL MUNICIPAL WATER DIST.	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910033	CALIFORNIA WATER SERVICE CO. - DOMINGUEZ	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910034	DOWNEY - CITY, WATER DEPT.	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910035	KINNELOA IRRIGATION DIST.	Medium Risk	No Risk	No Risk	Medium Risk	Potentially At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910036	CALIFORNIA WATER SERVICE CO. - ELA	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910038	EL MONTE-CITY, WATER DEPT.	High Risk	No Risk	Medium Risk	No Risk	At-Risk
CA1910039	SAN GABRIEL VALLEY WATER CO.-EL MONTE	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910040	EL SEGUNDO-CITY, WATER DEPT.	No Risk	Medium Risk	No Risk	No Risk	At-Risk
CA1910041	THREE VALLEYS MWD	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910042	PICO RIVERA - CITY, WATER DEPT.	Medium Risk	Low Risk	Low Risk	Low Risk	Potentially At-Risk
CA1910043	GLENDALE-CITY, WATER DEPT.	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910044	GLENDORA-CITY, WATER DEPT.	Low Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910045	ANTELOPE VALLEY EAST KERN WATER AGENCY	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910046	SUBURBAN WATER SYSTEMS-GLENDORA	No Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910047	HAWTHORNE-CITY WATER DEPT.	No Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910048	SANTA CLARITA VALLEY W.A.-IMPORTED DIVIS	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910049	HUNTINGTON PARK-CITY, WATER DEPT.	No Risk	No Risk	Medium Risk	Low Risk	Not At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910050	COMMERCE-CITY, WATER DEPT.	Medium Risk	No Risk	Medium Risk	Low Risk	Potentially At-Risk
CA1910051	INGLEWOOD-CITY, WATER DEPT.	No Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910052	CAL/AM WATER COMPANY - BALDWIN HILLS	Low Risk	No Risk	Low Risk	Low Risk	Not At-Risk
CA1910053	HEMLOCK MUTUAL WATER CO.	High Risk	Low Risk	No Risk	No Risk	Potentially At-Risk
CA1910054	LA CANADA IRRIGATION DIST.	No Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910056	LAKE ELIZABETH MUTUAL WATER CO.	Low Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910059	SUBURBAN WATER SYSTEMS-LA MIRADA	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910060	LA PUENTE VALLEY CWD	Low Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910061	LAS FLORES WATER CO.	Low Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910062	LA VERNE, CITY WD	Low Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910063	LINCOLN AVENUE WATER CO.	High Risk	No Risk	Low Risk	Low Risk	Potentially At-Risk
CA1910064	LITTLEROCK CREEK IRRIGATION DIST.	No Risk	No Risk	Medium Risk	High Risk	Not At-Risk
CA1910065	LONG BEACH UTILITIES DEPARTMENT	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910066	LEISURE LAKE MOBILE ESTATES	Medium Risk	Low Risk	Low Risk	Low Risk	Potentially At-Risk
CA1910067	LOS ANGELES-CITY, DEPT. OF WATER & POWER	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910070	LOS ANGELES CWWD 40 REG 4 & 34 LANCASTER	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910072	GSWC - WILLOWBROOK	Low Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910073	LOMITA-CITY, WATER DEPT.	No Risk	No Risk	Low Risk	Low Risk	Not At-Risk
CA1910075	LOS ANGELES CWWD 21-KAGEL CANYON	No Risk	Medium Risk	Medium Risk	No Risk	Not At-Risk
CA1910077	GSWC – FLORENCE / GRAHAM	High Risk	No Risk	Medium Risk	No Risk	At-Risk
CA1910079	LYNWOOD-CITY, WATER DEPT.	Medium Risk	No Risk	Medium Risk	Low Risk	Potentially At-Risk
CA1910081	LYNWOOD PARK MUTUAL WATER CO.	High Risk	Low Risk	Medium Risk	Low Risk	At-Risk
CA1910083	MANHATTAN BEACH-CITY, WATER DEPT.	No Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910084	MAYWOOD MUTUAL WATER CO. #1	Medium Risk	No Risk	Medium Risk	Low Risk	Potentially At-Risk
CA1910085	MAYWOOD MUTUAL WATER CO. #2	No Risk	No Risk	Medium Risk	Low Risk	Not At-Risk
CA1910086	MAYWOOD MUTUAL WATER CO. #3	Medium Risk	No Risk	Medium Risk	Low Risk	Potentially At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910087	METROPOLITAN WATER DIST. OF SO. CAL.	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910090	MONROVIA-CITY, WATER DEPT.	Medium Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910091	MONTEBELLO LAND & WATER CO.	Medium Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910092	MONTEREY PARK-CITY, WATER DEPT.	High Risk	No Risk	Low Risk	No Risk	At-Risk
CA1910096	SANTA CLARITA VALLEY W.A.-NEWHALL DIV.	Medium Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910098	GSWC - NORWALK	Medium Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910099	PARADISE RANCH MHP	Medium Risk	High Risk	No Risk	Medium Risk	At-Risk
CA1910101	ORCHARD DALE WATER DISTRICT	No Risk	No Risk	Low Risk	Low Risk	Not At-Risk
CA1910102	PALMDALE WATER DIST.	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910103	PALM RANCH IRRIGATION DIST.	Low Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910104	CALIFORNIA WATER SERVICE CO. - PALOS VER	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910105	PARAMOUNT - CITY, WATER DEPT.	Medium Risk	No Risk	Medium Risk	Medium Risk	Potentially At-Risk
CA1910108	CITY OF BELL GARDENS	Medium Risk	No Risk	Medium Risk	Medium Risk	Potentially At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910117	SAN GABRIEL VALLEY WATER CO-MONTEBELLO	No Risk	No Risk	Medium Risk	High Risk	Not At-Risk
CA1910124	PASADENA WATER AND POWER	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910125	PICO WD	Medium Risk	Low Risk	Low Risk	No Risk	Failing
CA1910126	POMONA - CITY, WATER DEPT.	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910127	COVINA-CITY, WATER DEPT.	No Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910128	COVINA IRRIGATING CO.	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910130	QUARTZ HILL WATER DIST.	Low Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910134	CALIFORNIA WATER SERVICE CO. - HERM/REDO	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910139	CAL/AM WATER COMPANY - SAN MARINO	High Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910140	RUBIO CANON LAND & WATER ASSOCIATION	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910142	GSWC-SAN DIMAS	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910143	SAN FERNANDO-CITY, WATER DEPT.	Low Risk	No Risk	Medium Risk	Low Risk	Not At-Risk
CA1910144	SAN GABRIEL COUNTY WD	No Risk	No Risk	Low Risk	Low Risk	Not At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910146	SANTA MONICA-CITY, WATER DIVISION	Low Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910147	SUBURBAN WATER SYSTEMS - SATIVA	Medium Risk	No Risk	Medium Risk	Low Risk	Potentially At-Risk
CA1910148	SIERRA MADRE-CITY, WATER DEPT.	No Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910149	SIGNAL HILL - CITY, WATER DEPT.	Low Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910152	SOUTH GATE-CITY, WATER DEPT.	Medium Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910153	SOUTH MONTEBELLO IRRIGATION DIST.	High Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910154	CITY OF SOUTH PASADENA	High Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910155	GSWC - SOUTHWEST	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910156	BEVERLY HILLS-CITY, WATER DEPT.	No Risk	No Risk	Low Risk	Medium Risk	Not At-Risk
CA1910157	SUNNY SLOPE WATER CO.	High Risk	Low Risk	Low Risk	Low Risk	Potentially At-Risk
CA1910158	STERLING MUTUAL WATER COMPANY	High Risk	Low Risk	Medium Risk	No Risk	Potentially At-Risk
CA1910159	TRACT 180 MUTUAL WATER CO.	Medium Risk	Low Risk	Medium Risk	Low Risk	Potentially At-Risk
CA1910160	TRACT 349 MUTUAL WATER CO.	High Risk	No Risk	Medium Risk	Low Risk	Failing

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910161	LIBERTY UTILITIES - LYNWOOD	No Risk	No Risk	Medium Risk	Medium Risk	Not At-Risk
CA1910163	VALENCIA HEIGHTS WATER CO.	Low Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910165	VALLEY VIEW MUTUAL WATER CO.	No Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910166	VALLEY WATER CO.	High Risk	No Risk	No Risk	No Risk	Potentially At-Risk
CA1910167	VERNON-CITY, WATER DEPT.	No Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910169	WALNUT PARK MUTUAL WATER CO.	No Risk	No Risk	Medium Risk	Low Risk	Not At-Risk
CA1910173	WHITTIER-CITY, WATER DEPT.	Medium Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910174	SUBURBAN WATER SYSTEMS-WHITTIER	Medium Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910179	BURBANK-CITY, WATER DEPT.	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910185	LOS ANGELES CWWD 36-VAL VERDE	No Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910186	CAL-AM WATER COMPANY - DUARTE	Low Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910189	SAN GABRIEL VALLEY WATER CO-MONTEBELLO	No Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910191	NORWALK - CITY, WATER DEPT.	No Risk	No Risk	Low Risk	No Risk	Not At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910194	ROWLAND WATER DISTRICT	No Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910195	GSWC - HOLLYDALE	No Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910199	CALIFORNIA DOMESTIC WATER COMPANY	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910200	SUBURBAN WATER SYSTEMS-COVINA KNOLLS	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910203	LOS ANGELES CWWD 40, R 24,27,33-PEARBLSM	No Risk	No Risk	Medium Risk	No Risk	Not At-Risk
CA1910204	LOS ANGELES CWWD 29 & 80-MALIBU	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910205	SUBURBAN WATER SYSTEMS-SAN JOSE	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910211	LIBERTY UTILITIES - BELLFLOWER-NORWALK	Medium Risk	No Risk	Low Risk	Medium Risk	Potentially At-Risk
CA1910212	GSWC-SOUTH ARCADIA	Low Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910213	TORRANCE-CITY, WATER DEPT.	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910218	LA HABRA HEIGHTS CWD	Medium Risk	No Risk	Low Risk	No Risk	Not At-Risk
CA1910223	GSWC-SOUTH SAN GABRIEL	High Risk	No Risk	Medium Risk	No Risk	At-Risk
CA1910225	LAS VIRGENES MWD	No Risk	No Risk	No Risk	No Risk	Not At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910234	WALNUT VALLEY WATER DISTRICT	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910239	LAKEWOOD - CITY, WATER DEPT.	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910240	SANTA CLARITA VALLEY W.A.-VALENCIA DIVIS	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed
CA1910241	LIBERTY UTILITIES - MESA CREST	No Risk	High Risk	No Risk	Medium Risk	At-Risk
CA1910242	CALIFORNIA WATER SERVICE CO-LAKE HUGHES	Low Risk	Low Risk	No Risk	No Risk	Not At-Risk
CA1910243	CALIFORNIA WATER SERVICE CO-LEONA VALLEY	High Risk	No Risk	No Risk	No Risk	At-Risk
CA1910244	GREEN VALLEY CWD	Low Risk	Medium Risk	Medium Risk	No Risk	Potentially At-Risk
CA1910245	SANTA FE SPRINGS - CITY, WATER DEPT.	No Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910246	LAND PROJECTS MUTUAL WATER CO.	High Risk	Low Risk	No Risk	Low Risk	Failing
CA1910247	SANTA CLARITA VALLEY W.A.-CASTAIC DIV.	Low Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910248	LOS ANGELES CWWD 37-ACTON	Low Risk	No Risk	Low Risk	Low Risk	Not At-Risk
CA1910249	WHITE FENCE FARMS MWC NO. 1	Low Risk	No Risk	No Risk	No Risk	Not At-Risk
CA1910250	SANTA CLARITA VALLEY W.A.-PINETREE DIV.	Medium Risk	No Risk	No Risk	Low Risk	Not At-Risk

PWSID	System Name	Water Quality Risk Level	Accessibility Risk Level	Affordability Risk Level	TMF Capacity Risk Level	SAFER Status
CA1910255	SANTA CLARITA VALLEY W.A.-TESORO DIV.	No Risk	No Risk	No Risk	Low Risk	Not At-Risk
CA1910801	FENNER CANYON YOUTH CONSERVATION CAMP	No Risk	High Risk	High Risk	Medium Risk	At-Risk

ACRONYMS

Acronym / Shortcut Word	Indicated Name
CLIP	California Laboratory Intake Portal
CSO	Los Angeles County Chief Sustainability Office
CSWRCB	California State Water Resources Control Board (also known as State Water Board)
DAC	Disadvantaged Community
DPW	Los Angeles County Department of Public Works
DWP	Los Angeles City Department of Water and Power
EPA	US Environmental Protection Agency
GGRF	Greenhouse Gas Reduction Fund
HR2W	Human Right to Water
Jury	2024 -2025 Los Angeles County Civil Grand Jury
MCL	Maximum Contaminant Level
PCE	Perchloroethylene; also known as Tetrachloroethylene
PFAS	Per- and polyfluroalkyl compounds
PFOA	Perfluorooctanoic acid
PFOS	Perfluorooctanesulfonic acid
ppb	Parts per billion (equivalent to about ug/L)
ppm	Parts per million (equivalent to about mg/L)
ppt	Parts per trillion (equivalent to about ng/L)
PWSID	Public Water System ID
SAFER	Safe and Affordable Funding for Equity and Resilience
Sativa	Sativa Water District
SDAC	Severely Disadvantaged Community
SDWA	Safe Drinking Water Act
Suburban	Suburban Water Systems
TTHM	Total Trihalomethane
WQA	San Gabriel Basin Water Quality Authority
VOC	Volatile organic compounds

COMMITTEE MEMBERS

Committee Chair	Nestor R. Apuya
Committee Co-chair/Secretary	Margaret Hatfield
Committee Member	Lela Hung
Committee Member	Victor H. Lesley

OUR JAILS

2024-2025
Los Angeles County
Civil Grand Jury

OUR JAILS!

CREATING COMMUNITY ENGAGEMENT, UNDERSTANDING AND POLITICAL ACTION THROUGH PUBLIC TOURS

EXECUTIVE SUMMARY

The public has a **"right and duty"** to obtain relevant information regarding the conditions under which we incarcerate our fellow citizens,[1] and, further, effective public jail tours are an important vehicle to obtain such information.

The 2024-2025 Los Angeles County Civil Grand Jury (CGJ) concluded that the public is, as we were prior to our tours of the Los Angeles County (County) jails, largely ignorant and frequently misinformed regarding the salient features of the County jail system as managed by the Los Angeles Sheriff's Department (LASD), and is, therefore, not meeting that duty. However, we also conclude that this ignorance is not primarily due to a lack of public interest, but has rather resulted from the fact that the LASD has historically been secretive and leery of oversight. That attitude seems to be changing, potentially giving the public a new opportunity to exercise its oversight duty.

We argue that public tours should be strongly promoted as a unique and valuable vehicle to meet that duty. In that regard, we make two general proposals regarding public tours of County jails. First, we focus on specific improvements to the current public tour process. Second, we recommend generating further improvements through a collaborative process between the LASD and the Sheriff Civilian Oversight Commission (Oversight Commission).

Specific Improvements to Jail Tours

The LASD has expressed an overall commitment to public jail tours and an openness to potential improvements. (In researching potential improvements, we have focused on the State's thoughtful approach to State prison tours as a helpful guide.)

[1] The "public has a right and duty to know how [State prison] facilities and programs are being conducted." California Code of Regulations ("CCR"), Title 15, Section 3260

Using Potential Improvements to Jail Tours as a Vehicle for Collaboration Between LASD and the Oversight Commission

This Report goes beyond simply recommending improvements for LASD jail tours. We believe we are at a potential turning point in the historically fraught relationship between the LASD and various jail oversight bodies, especially the Oversight Commission. Accordingly, we are recommending a process for the LASD and Oversight Commission to identify and implement needed improvements by working together. We believe such collaborative efforts will not only improve the nature of jail tours, but provide a vehicle for the development of common understandings and goals between the LASD and the Oversight Commission, the benefits of which will go far beyond effective jail tours.

BACKGROUND

In order to fully understand the importance of public tours today, it's necessary, first, to investigate briefly the historical reasons for the public's misperceptions regarding the County jails, and, second, to review the relatively recent use of oversight entities to identify and publicize jail conditions. Once we understand how we arrived at the current situation regarding jail transparency, we can address how best to proceed, including the appropriate nature and scope of public jail tours.

A. A Brief History of the County Jail System and Resulting Public Misperceptions

Los Angeles is acknowledged as "home to the largest jail system in the most heavily incarcerated country in the world," acquiring this status over a long and consistent history of "build, overcrowd, repeat."[2] As we review the impact of the history of the Los Angeles jail system on public perceptions, three factors stand out: (1) a notorious history, (2) LASD's adamant objection to oversight, and (3) recently expanded oversight that has exposed and publicized often substandard conditions.

1. **A Notorious History.** Los Angeles has a long and notorious history of aggressive and discriminatory incarceration within jails that are overcrowded, frequently unsanitary and too often inhumane.[3]

2. **History of LASD's Opposition to Oversight.** The public's knowledge of County jails in the recent past has been impacted by an LASD leadership that has largely denied allegations of problems and aggressively confronted those who questioned those denials.[4] A number of the LASD Sheriffs preceding the incumbent Sheriff have had especially fraught relationships with many organizations - government, activist or media - challenging the operations of the

[2] Blakinger, Keri, "How LA's jail system became America's largest," *Los Angeles Times*. (October 9, 2024) https://www.latimes.com/california/story/2024-10-09/jail-history (accessed February 6, 2025)

[3] *A City of Inmates – Conquest, Rebellion, and the Rise of Human Caging in Los Angeles*, 1771-1965 (2017), by Kelly Lytle Hernandez, provides a good summary of this history.

[4] An example is Sheriff Villanueva's inaugural speech on the state of the LASD just two months into his tenure where he "issued a blistering attack on the [earlier] reforms embraced by the department in the wake of a major corruption scandal, arguing that they may have done more harm than good." Lau, Maya, "Sheriff Villanueva has harsh criticism for predecessor's jail reform efforts," Los Angeles Times (June 30, 2019) https://www.latimes.com/local/lanow/la-me-sheriff-plans-20190130-story.html (accessed April 25, 2025)

County jails.[5] Associated controversies have been well documented by the press over the years, but the general spirit of confrontation is nicely summarized in an Oversight Commission Memorandum that specifies an array of intimidating actions by the LASD.[6] In this Memorandum, Sean Kennedy, a member of the Oversight Commission, notes "a pattern of LASD officials announcing they have opened "criminal investigations" of various department heads, oversight officials, and professionals […]. While these heavily publicized criminal investigations have never resulted in the filing of any criminal charges, the targeted officials remain obligated to conduct oversight of the Department with a sword of Damocles hanging over their heads. The likelihood is high that such investigations have chilled meaningful civilian oversight of LASD."[7]

3. **The Current Sheriff's New Openness to Collaboration.** From the beginning of his tenure, Sheriff Luna has committed to addressing identified problems aggressively, and during his brief time in office he has established open lines of communication with the public and specific stakeholders, especially including the Oversight Commission and the Inspector General, both of which have historically been highly critical of jail operations.[8]

   Sheriff Robert Luna was sworn in as the Los Angeles County Sheriff two years ago on December 5, 2022, inheriting a workforce largely committed to exemplary service, a jail system with serious long-standing issues, especially at Men's Central Jail, ongoing controversy regarding certain internal management features, including the nature and scope of Deputy Gangs allegedly

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[5] An example is the finding that Sheriff Baca had been "obstructing a federal investigation into abuses in the County jails and lying to cover up the interference." Rubin, Joel and Kim, Victoria, "Former L.A. County Sheriff Lee Baca found guilty of obstruction of justice and other charges," Los Angeles Times (March 15, 2017) https://www.latimes.com/local/lanow/la-me-ln-baca-verdict-20170314-story.html (accessed April 25, 2025)

[6] Kennedy, Sean, Los Angeles County Sheriff Civilian Oversight Commission, Memorandum regarding "Villanueva administrations investigation of oversight officials, etc." (May 27, 2021) https://file.lacounty.gov/SDSInter/bos/supdocs/LASDInvestigationsofOversightOfficials_SKMemotoCOC_5.27.2021.pdf (accessed February 6, 2025)

[7] ibid at pages 9-10

[8] "Among [Sheriff Luna's] biggest challenges will be […] rebuilding relationships with jilted county leaders and restoring the public's faith in a law enforcement agency in turmoil." Connor, Sheets, "Sheriff-elect Luna on "fractured relationships" and challenges ahead post-Villanueva," Los Angeles Times (December 2, 2022) https://www.latimes.com/california/story/2022-12-02/luna-post-election-story (accessed April 25, 2025). The Los Angeles Times reported that in his first three weeks in office, Sheriff Luna personally reached out to each of the five members of the Board of Supervisors, District Attorney Gascon, Attorney General Bonta, Inspector General Huntsman (a "very positive" meeting), and Chair Kennedy of the Sheriff Civilian Oversight Commission ("his commitment to cooperating with outside agencies is a "good sign".") ibid

embedded in the LASD workforce.[9] Sheriff Luna acknowledges that the LASD "is an incredible Department, but like any organization, we can always do better."[10] And Sheriff Luna specifically recognizes that "doing better" will require a commitment to "repairing a lot of fractured relationships."[11]

In order to "do better," Sheriff Luna has established certain new operational functions to foster collaboration with both oversight bodies and the community at large, including the relatively new Office of Constitutional Policing and various "Community Engagement Efforts." The Office of Constitutional Policing was created in February 2023 for the purpose of providing advice to help "eradicate Deputy gangs, comply with consent decrees, and ensure […] policies, procedures and operations uphold people's constitutional rights,"[12] thereby providing a vehicle for substantive communications and collaboration with the Oversight Commission and Inspector General. Similarly, Sheriff Luna has created an impressive array of "Community Engagement Efforts" for collaboration among LASD stations and their communities,[13] and the CGJ assumes that the spirit of public involvement expressed in these initiatives will be extended to jail operations as well.

The history of the Los Angeles jails has been overwhelmingly negative and confrontational, which reflects only a partial reality that has unfairly monopolized public perception. This has unfortunately overshadowed the deep commitment and effort of many within the County jail system to ensure an environment that is both effective and humane. But Sheriff Luna's new approach, if effectively implemented, should show that the County jails are moving beyond their sordid history, enabling an enhanced public appreciation for LASD's committed staff.

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[9] "When Sheriff Luna was sworn into office in December, he inherited an embattled department prone to scandal and turmoil. There were lawsuits, investigations, consent decrees and deputy "gangs" to contend with – not to mention repairing the discord sown during the tenure of his truculent predecessor." Blakinger, Keri and Sheets, Connor, "Sheriff Robert Luna: "I'm going to be recognized as a sheriff who follows the law," Los Angeles Times (March 24, 2024) https://www.latimes.com/california/story/2023-03-24/sheriff-robert-luna-im-going-to-be-recognized-as-a-sheriff-who-follows-the-law (accessed April 25, 2025)

[10] Los Angeles County Sheriff's Department, "Sheriff Luna creates Office of Constitutional Policing" (February 15, 2023) https://lasd.org/sheriff-luna-creates-office-of-constitutional-policing/ (accessed February 6, 2025)

[11] Reed, Zeek, "LA sheriff vows an end to "us vs them" department mentality", KCRW (May 29, 2023) https://www.kcrw.com/news/shows/greater-la/la-sheriff/robert-luna (accessed February 6, 2025)

[12] Office of Constitutional Policing (n 6)

[13] Los Angeles Sheriff's Department, "Community Engagement Efforts of the Los Angeles County Sheriff's Department," (October 2024) https://lasd.org/wp-content/uploads/2024/12/Transparency_AVDOJ_Community_Engagement_Efforts_Report_October_2024.10.29.24.pdf (accessed February 6, 2025)

B. A Brief History of the Independent Oversight of the County Jail System.

There are a number of oversight bodies responsible for investigating and, as appropriate, challenging jail operations. These include:

- the California Board of State and Community Corrections ("BSCC"), the State oversight body that reviews all detention facilities on at least an annual basis;
- the Sybil Brand Commission for Institutional Inspection; and
- the Oversight Commission.

The Sybil Brand Commission and the Oversight Commission both publish regular reports on the conditions of County jails.

Various activist organizations, especially the ACLU of Southern California; and of course the CGJ itself, also provide oversight. In fact, the CGJ annually tours all of the County jails and publishes occasional reports on selected aspects of the County jail system, including most recently an impactful 2023 report regarding the Inmate Reception Center.[14]

1. History of the Sheriff Civilian Oversight Commission.

The Sybil Brand Commission has provided general inspections of the County jail facilities since its creation in 1959. However, there have been concerns that this Commission did not have sufficient investigative authority, resulting in ongoing discussions favoring a more empowered detention oversight commission. (The Sybil Brand Commission, however, continues to investigate detention facilities, providing important support for the Oversight Commission.)

Given the current public acceptance and recognition of the Oversight Commission, the controversy surrounding its creation may be surprising. Only ten years ago, in August 2014, a divided Board of Supervisors voted down a proposal to create the Oversight Commission. But, with a change in Board membership, the Oversight Commission was then narrowly approved amid continuing controversy in December 2014, with the

[14] 2022-2023 Los Angeles County Civil Grand Jury Final Report, "The Inmate Reception Center: An Outdated Process Imperils Staff, Inmates, and the Justice System" https://www.grandjury.co.la.ca.us/gjreports.html (accessed February 6, 2025)

positive vote being influenced by "growing national controversy about police practices stemming from incidents in Ferguson, Mo."[15]

But it was another two years before the Board, after significant debate on the details of implementation, took the necessary action to activate the Oversight Commission, approving a framework for the Oversight Commission on January 12, 2016, [16] although not passing the governing County Ordinance for another nine months on September 27, 2016.[17]

2. Sheriff Civilian Oversight Commission Activities Regarding County Jails

The Oversight Commission has evolved to be the most rigorous and consequential of the oversight bodies, working closely with and integrating the work of the Sybil Brand Commission and the Inspector General. Although the Oversight Commission has been functioning for less than a decade, it has conducted numerous investigations of the LASD, especially the County jails, issuing reports on an annual basis. The Oversight Commission has established that our jail system has serious long-term problems that would benefit from vastly increased public attention.[18] Thanks to the Oversight Commission's regular reports, with helpful coverage by local media such as the Los Angeles Times, the public is now much better informed regarding what's not working in the County jails, particularly Men's Central Jail, as well as problematic management issues, such as alleged Deputy Gangs.

3. **Vision and Mission of the Sheriff Civilian Oversight Commission**

The Vision and Mission of the Oversight Commission, as referenced on its website, are derived from the County Ordinance authorizing the Oversight

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[15] Sewell, Abby, "County supervisors vote to create sheriff's oversight panel" *Los Angeles Times* (December 9, 2014 https://www.latimes.com/local/lanow/la-me-ln-sheriff-oversight-20141209-story.html (accessed February 6, 2025)

[16] See Sewell, Abby, "L.A. county begins hashing out final sheriff's oversight details," *Los Angeles Times* (January 12, 2016) https://www.latimes.com/local/lanow/la-me-ln-sheriff-oversight-20160112-story.html (accessed February 6, 2025)

[17] Sheriff Civilian Oversight Commission website ("Establishment") https://coc.lacounty.gov/mission-vision-and-values/ (accessed April 24, 2025)

[18] The Sheriff Civilian Oversight Commission was established "with the intent of improving public transparency and accountability with respect to the LASD," and the "Commission's concern with the conditions of confinement in jails operated by the […] LASD dates back to the Commission's first meeting on January 26, 2017." Los Angeles County Sheriff Civilian Oversight Commission Staff Report, "Los Angeles County Sheriff's Department – Conditions of Confinement" January 19, 2023) https://www.latimes.com/california/story/2023-03-24/sheriff-robert-luna-im-going-to-be-recognized-as-a-sheriff-who-follows-the-law (accessed April 24, 2025)

Commission.[19] As referenced on the Oversight Commission's website, "the vision of the Civilian Oversight Commission is to facilitate public transparency and accountability,"[20] and there is of course nothing more transparent than allowing the public to witness for itself the functioning of the County jails. Further, the Commission's Mission Statement commits the Commission to "build bridges between the [Sheriff's] department and the public."[21] We argue, below, that public tours which foster curated conversations between the LASD and the public, especially faith-based and civic organizations, would be an ideal vehicle to "build those bridges."

METHODOLOGY

A. Detention Facility Visits by the Civil Grand Jury

Under Section 919(b) of the California Penal Code, the members of each Civil Grand Jury are required to visit or otherwise review all of the detention facilities in the relevant county.[22] Accordingly, the CGJ visited a total of 56 sites associated with the LASD, including the County's major jails, the various LASD stations scattered throughout the County, detention facilities located in County courthouses for detainees participating in trials, and detention wards in public hospitals. In addition to surveying the physical sites, the CGJ engaged in detailed conversations with LASD deputies and other staff at each site, focusing on the many challenges in effectively and humanely operating the jail system.

The CGJ also met after its weekly tours to discuss findings, impressions and sometimes recommendations for action, and those discussions contributed substantially to this Report, informing both its tenor and substance.

B. Specific Interviews

1. **Los Angeles Sheriff Department**. We had a meeting with leadership and staff from LASD's Custody Services regarding current LASD policies and procedures regarding jail tours.
2. **Sheriff Civilian Oversight Commission.** We had a telephonic meeting with two Commissioners from the Sheriff's Civilian Oversight

[19] Los Angeles County Code of Ordinances ("County Code"), Section 3.79.020. https://library.municode.com/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT3ADCOCO_CH3.79SHCIOVCO (accessed February 6, 2025)
[20] "Mission, Vision and Values," Sheriff Civilian Oversight Commission https://coc.lacounty.gov/mission-vision-and-values/ (accessed February 6, 2025)
[21] ibid
[22] One of the authors originally argued that was not a good use of the CGJ's time to visit all Los Angeles County detention centers. He has subsequently admitted he was wrong.

Commission, along with Commission support staff, to discuss the Vision and Mission of the Commission and its potential alignment with public jail tours.

3. **California Department of Corrections and Rehabilitation (CDCR).** We had numerous conversations and focused correspondence with CDCR staff regarding the State's vision, goals and procedures regarding State prison tours.

C. Documents

1. **Regulations.** We reviewed both the LASD and CDCR regulations and written policies regarding jail and prison tours.
2. **Reports**. We reviewed a number of the Reports published by both the Oversight Commission and the Sybil Brand Commission regarding County jail operations.
3. **LASD Correspondence**. The LASD compiled a report at our request regarding public tours for the months of July through August 2024, for Men's Central Jail, Twin Towers, Pitchess North and The Women's Jail. These reports identified the nature of the tour participants, including government personnel, international representatives, students and job applicants, as well as the number of tours.[23]
4. **California Department of Corrections and Rehabilitation Correspondence.** At our request, the CDCR provided a written summary of its approach to State Prison tours.[24]
5. **News Articles**. We reviewed a variety of news articles regarding the operation of the County jail system, and we found the reporting of Keri Blakinger at the Los Angeles Times to be especially thoughtful and informative.
6. **City of Inmates**. We reviewed "A City of Inmates – Conquest, Rebellion, and the Rise of Human Caging in Los Angeles" by Kelly Lytle Hernandez for a historical view of the Los Angeles jail system. This book provided insights regarding the public's general perception of the Los Angeles jails, especially those held by minority populations. This insightful book was helpful, but is not directly relevant to current County jail operations, since its focus is only on operations through the Watts uprising in 1965.

[23] Correspondence from Custody Support Services Bureau, Office of the Sheriff, County of Los Angeles (November 12, 2024)

[24] Correspondence from Strategic Communications and External Affairs, Office of Public and Employee Communications, California Department of Corrections and Rehabilitation (December 6, 2024)

DISCUSSION

In this Section, we first address the public "duty" to inform itself regarding the nature of the County jail system and the treatment of those incarcerated. Given this duty, we then consider whether the public has historically met that duty, ultimately concluding that the public has in fact been seriously ignorant over the years regarding the County jail system. We then discuss in some detail the specifics of current public ignorance that needs to be dispelled.

Given the broad public ignorance, we address the importance of County jail tours, and related action for the purpose of enabling the public to gather information regarding the jail system, in order to meet its "duty" to oversee the conditions of those we incarcerate. In that regard, we then discuss the current status of County jail tours, and suggest specific improvements.

Finally, we address the opportunity for the LASD and the Oversight Commission to collaborate on developing a more comprehensive approach to public jail tours, not only to improve those tours, but, perhaps more importantly, to create a vehicle for creating common understandings and goals regarding the jail system. We then reiterate that this Report, although identifying topics for discussion, is not generally advocating specific solutions, but, rather, is focused on developing a process involving the LASD, the Oversight Commission, and, importantly, the public itself to identify and resolve jail-related issues.

A. Citizens' Have a Duty To Be Aware of the People Who Are Incarcerated in Their Name

As citizens, we collectively determine that our fellow citizens who violate certain of our laws should be incarcerated, thereby substantially losing their freedom; and we establish, empower and direct institutions, such as the LASD, to incarcerate these individuals safely, securely and humanely. There is arguably nothing more consequential that we do than incarcerate our fellow citizens, and in that regard the State has recognized that we as citizens have a "duty" to be fully aware of the carceral actions taken in our name.[25]

B. Why Citizens Are Largely Ignorant Regarding the County Jails

As discussed above, we conclude that public ignorance largely derives from the sordid long-term history of the Los Angeles jails, followed by decades of refusal to fairly address real problems, culminating with overdue revelations of

[25] When the State speaks of a public "duty" regarding carceral institutions, it is presumably not suggesting that **each** citizen must individually acquire relevant information whether through public tours or otherwise. Rather, that public duty is met by the citizenry assuring that a system of public access is in place, such as public tours, that allows for essential information to enter the public realm in a meaningful way.

unacceptable and often inhumane conditions. Considering this history, public ignorance is not based on a lack of interest, but rather on the historical aversion of LASD leadership to transparency, oversight and criticism, which has made the jail system both opaque and mysterious for most citizens.

The Sheriff's traditional lack of transparency has meant that the occasional information disclosed about the jails has almost always been the result of investigations and litigation that expose seriously negative and even horrifying situations. Unfortunately, this has resulted in the public misperception that such egregious situations are emblematic of the entire jail system, overshadowing the many good intentions and contributions of the vast majority of LASD staff, who are committed to maintaining a safe, secure and humane environment.[26]

C. A Summary of Current Public Misperceptions Regarding the County Jails

There continues to be a substantial lack of public knowledge about basic County jail operations, including many areas where the Civil Grand Jury was itself initially ignorant but subsequently educated through its oversight visits. The following is a brief summary of major areas of continuing public ignorance.

1. Public Misperceptions Regarding the General Nature of the County Jails

a. **Unique and Challenging Demographics.** The public appears not to have a good understanding of jail demographics. The media generally focuses on the incarcerated primarily as "bad" people, and, accordingly, the public seems generally unaware of the incredibly challenging societal co-morbidities that are pervasive in the jail population, compared with the general population, especially homelessness, drug addiction and mental illness. For example, the Oversight Commission issued one of its regular reports on the "Los Angeles County Sheriff's Department: Conditions of Confinement" on February 16, 2023,[27] summarizing the nature of the County jail population as of June 2022. At that time, the overall inmate population was 12,987. Racial minorities made up a disproportionate percentage of the population

[26] This perception stems from the many visits to County jails, and conversations with LASD Deputies made by the CGJ.

[27] Los Angeles County Sheriff Civilian Oversight Commission, "Los Angeles County Sheriff's Department: Conditions of Confinement" (February 16, 2023) https://file.lacounty.gov/SDSInter/bos/supdocs/StaffReport-3bLASDConditionsofConfinement2.16.23_FINAL_.pdf (accessed February 6, 2025)

(55% Hispanic and 29% Black); 43% of the jail population had mental health needs; 26% of the jail population stated they were homeless; and 372 individual inmates qualified for ADA accommodations.[28]

b. **Jails Are Different Than Prisons**. It appears the public generally does not fully understand that the County jails function in a manner that is distinct from State prisons. Traditionally, County jails have been primarily responsible for managing the detention of persons who have allegedly violated criminal laws as they work their way through our court system in anticipation of being sent to State prison in the event they're ultimately found guilty. However, the Public Safety Realignment Act, passed in 2011 (the Realignment Act), requires many of those convicted for relatively minor offences to serve their full sentence in County jail rather than be transferred to State prison.[29] Accordingly, there are three distinct populations in the County jails: those with pretrial status (approximately 45%); those serving their full sentence in a County jail (approximately 45%); and those awaiting transfer to a State prison (approximately 10%).[30] These three different populations, because of their distinct status and needs, present another major challenge for the County jails.

   It's worth noting that, in the case of State prisons, the inmates have been convicted with specified prison terms, thereby facilitating plans for rehabilitation and reintegration into the community. The State is in fact aggressively pursuing in connection with the new "California Model," initiated by Governor Newsom in March 2023.[31] In contrast, given the three different and often fluid populations in County jails, it's much more

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[28] Ibid at pages 1-2

[29] California Department of Corrections and Rehabilitation, "2011 Public Safety Realignment – Fact Sheet" (December 13, 2013) https://oag.ca.gov/sites/all/files/agweb/pdfs/recidivism/realignment-factsheet.pdf (accessed February 6, 2025)

[30] See Los Angeles County Sheriff's Department Custody Division Population Quarterly Report, January-March 2023 https://lasd.org/wp-content/uploads/2023/05/Transparency_Custody_Division_Population_2023_First_Quarter_Report.pdf (accessed February 6, 2025)

[31] Harvey, Fay, "California Model Being Noticed Nationwide," *Correctional News* (October 23, 2024) https://correctionalnews.com/2024/10/23/california-model-being-noticed-nationwide/ (accessed February 6, 2025)

challenging to create and implement comprehensive rehabilitation and reintegration programs for inmates.

2. Public Misperceptions Regarding Specific Jail Operations

a. **General Operations**. There is an understandable media focus on specific negative events in County jails, and to the contrary, little coverage of what is working, particularly in facilities other than Men's Central Jail. Although the Oversight Commission has made the public aware of serious deficiencies in the County jails, there is still a lack of appreciation regarding the details and functional success of many aspects of jail operations, notwithstanding the unique challenges of the jail population and environment.

b. **LASD Responsibility for Problems**. The public too often assumes that the major responsibility for the problems with the County jail system rest primarily (and perhaps exclusively) with the LASD jail staff. The deputies and other staff are too often seen as the problem rather than the source of possible solutions. Specifically, given the long and consistently negative history of the County jail system, there's been a strong tendency for the public to assume that many of the historical horrors continue in full force today, and that, given the history of LASD confrontation and occasional belligerence, LASD leadership is responsible for the perceived ineffective and even malicious management of the jail system. Based on the CGJ's global review of the County jail system, we believe this perspective is misguided. There are certainly unresolved personnel issues at the LASD, such as alleged Deputy Gangs, but the CGJ's impression is that there is an overall deep commitment and effort by the vast majority of deputies and other staff within the County jail system to ensure an environment that is both effective and humane. Notwithstanding that commitment, there are many features of the jail system that are simply beyond the LASD's control. For example, there's a lack of public understanding regarding the political, financial and "building code" challenges associated with replacing or improving Men's Central Jail over which the LASD has limited if any control.

c. **Staffing Shortages.** Finally, there's a lack of appreciation for the serious LASD staffing shortages that limit the number of personnel available to address operational issues in the jails. These staffing shortages result in part from budgetary issues, but also because of recruitment challenges caused by the stigma associated with recurring and negative press regarding the LASD. These shortages in turn require onerous overtime mandates for Sheriff personnel, which then impact recruitment, morale and retention. This vicious cycle of recruitment shortages and onerous overtime poses a major challenge for the LASD.

D. Why the Current Sources of Information Regarding the County Jail Facilities Are Inadequate, and How That Information Gap Can be Filled by Public Tours

Recognizing the public has a duty, as both citizenry and electorate, to aggressively seek out information necessary for an informed understanding of the County jails, the question then arises as to the best vehicles to obtain that information.

1. **Oversight Reports Are Not Enough.** As discussed above, written reports generated by the Oversight Commission and others, while very valuable, cannot fully inform the public regarding County jail operations. The oversight reports typically focus on the episodic and negative, which, while certainly important, provide little if any understanding of overall operations. These reports generally fail to address what's working effectively, and, more importantly, the LASD staff's commitment to improve what's not. In fact, as discussed above, the negative focus of the reports often inappropriately taint the public's overall perspective of the County jails.

2. **Unique Advantages of Tours**.

    a. There's no question that reading about a facility and actually seeing it are qualitatively different experiences. The CGJ would readily attest that no document could replace the visceral experience of an actual tour of Men's Central Jail.[32]

[32] We believe it is unquestionable that the personal experience of a jail tour is qualitatively different than reading a report, and an essential source of public information. But are tours themselves a sufficient remedy for public ignorance? Some have indeed questioned whether a tour over a few hours adequately addresses the public duty to be fully informed. Arguments in fact have been made that the public's duty, like "jury duty," should be expanded to include "incarceration duty," in order for citizens to fully understand our jail system. Specifically, it's been proposed that "all citizens of the United States of America should serve a brief sentence of incarceration in our maximum-security penitentiaries. This service, which would occur for each

b. One of the major purposes of the tours is to provide the public an opportunity to have a deeper understanding of the entire jail ecosystem, andto be an active participant in creating a narrative of common understandings, desired goals and effective actions. One of the major benefits of public tours is that they're participatory, allowing bridges to be built through active listening and personal interaction.
c. The public's erroneous perception that the County jails present intractable problems that the LASD is unable or unwilling to fix should be countered with evidence that the LASD desires to move beyond confrontation and to collaboratively address these problems. And the best way to change this perception is through more active and direct involvement by the public with LASD personnel, with public tours being an important (maybe indispensable) vehicle in that regard.

E. Description of Current County Jail Tours and Recommended Improvements

The CGJ toured four of the major jail facilities together:

- Men's Central Jail,
- Century Regional Detention Facility ("Women's Jail"),
- Pitchess Detention Center North Facility ("Pitchess"), and
- Twin Towers. [33]

Two of the general CGJ jail tours were informative, with knowledgeable and candid tour guides. One of the tours was unsatisfactory as a result of the attitude of the tour guide, who was frequently sarcastic, generally demeaning of the incarcerated and specifically critical of various court-imposed constitutional protections. In the CGJ's experience, the attitude and approach of the LASD tour guides was in most cases professional and candid, but the few negative exceptions undermined the generally favorable impression of LASD personnel.

Even the best of the tours were in some respects shy of ideal, and we contend that the nature of the tours could be substantially enhanced in ways that maximize public engagement, education and political involvement. We believe there are three general areas of potential improvement for the County jail tours,

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person once in a decade, would help ensure that the quality of life within our prisons is sufficient for the keeping of human beings." Ball, Jesse, "Op-Ed: Everyone should go to jail, say, once every ten years," *Los Angeles Times*, June 30, 2017**. https://www.latimes.com/opinion/op-ed/la-oe-ball-incarceration-duty-20170630-story.html** (Accessed February 6, 2025.) Although we briefly considered this recommendation, we reluctantly concluded it was a step too far, and, further, that no County agency over which the CGJ has jurisdiction has the authority to impose such a duty on County citizens.

[33] The entire CGJ did not tour Twin Towers together, but a subset of the CGJ was given a full tour.

focusing on "**LASD Leadership**," "**Specific Jail Tour Improvements**," and "**Encouraging Public Participation**."

1. **LASD Leadership.** LASD leadership has expressed full agreement that that public tours benefit both the public and LASD itself, and committed to make them regularly available.[34] However, we question whether that message is being effectively relayed to the LASD staff, since LASD policies and procedures, unlike LASD leadership, reflect both explicit and implicit skepticism about public access to the jails. This is in sharp contrast to the State's explicit support of appropriate public access.

    a. **In Contrast to the State, LASD's Written Policies Express a Tepid Position on Jail Tours.** Notwithstanding LASD leadership's favorable impression of tours, there are indications embedded in LASD documents that suggest lurking skepticism, at least in some quarters.

    An online statement in the LASD News states that "tours of the facility is a privilege, not a right."[35] In contrast to the State's explicit support, as discussed below, the LASD also posits a very limited "purpose of tours," focusing exclusively on "foster[ing] public confidence by demonstrating the professional jail environment created by the personnel of the Custody Services Divisions."[36] Instilling legitimate public confidence is certainly an appropriate and worthy goal of jail tours, but the absence of any formal mention of the equally important benefits of public transparency and education is telling.

    Further, the general LASD policy regarding tours states that there should be "availability of tours **at least** two times per week."[37] That generosity is, however, upended by the Unit Order regarding Men's Central Jail, which states that "There shall be **no more than** two tours each week."[38] [Emphasis in original.]

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[34] Meeting with representatives of the Custody Support Services Bureau, Office of the Sheriff, County of Los Angeles

[35] Los Angeles County Sheriff's Department, "Information Detail – Jail Tours." http://shq.lasdnews.net/pages/pagedetail.aspx?id=752 (Accessed February 6, 2025)

[36] Custody Division Manual ("CDM"), "Tours of Custody Services Division Facilities, Section 3-11/000.00" https://pars.lasd.org/Viewer/Manuals/14249/Content/12904#! (Accessed February 6, 2025)

[37] ibid

[38] Manual of Policy and Procedures, "General Public Tours of Men's Central Jail," Section 3-12-015 https://pars.lasd.org/Viewer/Manuals/16338#! (Accessed February 6, 2025)

In order for LASD staff and the public to fully appreciate the LASD's commitment to ensuring public access to information generally and jail tours in particular, the LASD should ensure its messaging strongly reflects the position of LASD leadership in a manner that is both positive and robust and is aligned with the spirit of the State's policy on prison tours, as discussed in the next Section.

b. **The State's Contrasting Advocacy of Prison Tours.** In contrast to the LASD's implication that public access to the jails is a "privilege" rather than a "right," whose purpose is primarily to foster public confidence in the LASD, the State strongly states that the public has not only a "right" but a "duty" to be informed about incarceration conditions. "The public has a right and duty to know how such [correctional] facilities and programs are being conducted."[39] In order to exercise that "duty," the State acknowledges the public must have commensurate rights to fully access accurate information regarding incarceration conditions: "The public must be given a true and accurate picture of department institutions."[40]

2. **Suggested Jail Tour Improvements**. Based on the CGJ's experience with County jail tours and in view of the State's more positive approach to prison tours, there are a number of opportunities for tour improvements:

   a. **Ensure a Uniformity of Approach to Tours.** The LASD has very few guidelines in place to ensure the consistent quality of tours. LASD policies outline some very general rules for jail tours, but largely defer to the respective unit commanders for the individual jail facilities: "Custody facility unit commanders shall develop a unit order outlining their facilities' guidelines for public tours."[41] We were informed by the LASD leadership that there are no formal guidelines for the tours. Rather, the current process is for a deputy to learn tour specifics by following along with an existing tour guide – using the basic "see one, do one" approach.

   In contrast, the State explicitly imposes a commitment on tour guides to ensure their tours are effective and accurate: "Employees regularly […] conducting tours […] shall make a particular effort to stay informed in order to make an effective presentation and provide accurate, complete answers to

[39] CCR (n 1) Title 15, Section 3260
[40] ibid
[41] CDM (n 28)

questions."[42] In correspondence, the State further indicates that "Each facility designates a Public Information Officer who oversees tours and is the subject matter expert for the institution. Tours are pre-planned based on the interests and requests of visitors […]The department ensures that tours are informative, **consistent,** and tailored to the needs of the public."[43] [Emphasis added.]

b. **Provide Brief Written Materials (e.g., Tour Brochures) for Tour Participants**. The LASD does not provide a written overview of the County jail system in a brief brochure or otherwise for tour participants, and, similarly, we are unaware of the State having such materials available with respect to prison tours. However, jail tours would be far more effective and educational if they were put into context, and if, as suggested below, the LASD and Oversight Commission are willing to work together to develop an effective tour format, the use of a brochure would be an excellent vehicle to memorialize common understandings and goals. Some of the items that would likely be helpful to include might be: (1) a description of the jail system, especially how the toured facility fits in with other County jail facilities, (2) current challenges (e.g., deputy recruitment) and barriers to their resolution, and (3) long-term goals of the jail system and impediments to their achievement.

c. **Encourage Multiple Site Visits**. By visiting all of the County jails, the CGJ had the advantage of comparing and contrasting the very different facilities. Men's Central Jail, for a variety of historical reasons (especially applicable building codes), has many more structural and operational issues than the other facilities, and, as a result, members of the public who visit only Men's Central Jail will have a warped impression to the extent they extrapolate that experience to the entire jail system. Further, by seeing jails other than Men's Central Jail, important conversations will likely arise as to why so many problematic features of Men's Central Jail have been effectively avoided elsewhere.

d. **Create a Mechanism for Tour Participant Feedback.** The CCDR states in correspondence that it "encourages visitors to provide feedback during tours, and comments and suggestions

[42] California Department Operations Manual ("DOM"), Section 13020.9 https://www.cdcr.ca.gov/regulations/wp-content/uploads/sites/171/2023/05/2023-DOM.pdf (Accessed on February 6, 2025)
[43] CDCR correspondence (n 18)

are collected by staff."[44] Although the CCDR did not provide detailed information regarding its specific approach to feedback, including how it solicits, compiles with and responds to any such feedback, we believe that a uniform, thorough and inviting system regarding public feedback is essential to create public dialogue and desired engagement.

3. **Encouraging Public Participation.** In many respects, our most important recommendations relate to LASD's encouragement of public participation in jail tours, since the best tours are of course meaningless in the absence of engaged participants.

    a. **Current Demographics of County Jail Tour Participants.** LASD retains certain records regarding jail tour participants in its Custody Automated Reporting and Tracking System (CARTS). We asked if the LASD could generate a variety of reports to help us understand who is currently getting the benefit of public tours. Unfortunately, we were informed that CARTS does not facilitate the generation of reports, and most reports have to be produced by hand. Notwithstanding those challenges, the LASD generously agreed to compile reports regarding public tours for the months of July through August for Men's Central Jail, Twin Towers, Pitchess North and The Women's Jail.

    LASD leadership indicated in our discussions a belief that a wide range of public participants regularly toured the jails, but our review of the data did not support that conclusion.

    Probably the most relevant information from the data is the high volume of potential job applicants taking the tours, and the apparent lack of civic organizations. For example, 43% of the Men's Central Jail tours appear to be for job applicants; 60% of the Twin Towers tours appear to be for job applicants; 66% of those taking tours of the Women's Jail were job applicants; and the few persons taking tours of Pitchess (only 5) were all job applicants.[45] (The data indicate there were tours for international organizations and foreign nationals (5 tours); tours for state and federal governmental personnel including the CGJ (5); tours for educational groups (e.g., law schools) (3); tours for the National Alliance on Mental Illness (2); and only four tours with unidentified tour participants.)[46]

[44] ibid
[45] Custody Support Correspondence (n 17)
[46] ibid

Most of the tour participants visited only one facility, although five groups visited two; three of which were international organizations.[47] The LASD contemplates that two tours per week is a manageable number, and approximately that number were conducted at Men's Central Jail and Twin Towers. About half that number were conducted at the Women's Jail. And Pitchess had far fewer than one a week.[48]

Probably the most important piece of information is that none of the participants could be identified as specifically associated with a faith-based or civic organization.[49] To the extent that public engagement with the jail system is, as suggested by the State, substantially enhanced by the participation of faith-based and civic organizations, it seems clear that LASD (perhaps with the involvement of the Oversight Commission) will need to actively connect with and encourage their participation in tours.

b. **Contrast the State's Commitment to Encourage Public Participation using both Prison Tours and Citizen Advisory Committees.** The State explicitly recognizes that it is important for prison facilities and the public to engage with one another, and that "[g]ood community relations cannot exist when the facility is a place of mystery, set apart from the community."[50] Accordingly, the State is committed to encourage citizens to actively engage with the correctional facilities in two ways

First, the State explicitly encourages tours of the prisons, especially by "reputable citizens" and "civic organizations."

i. **"**Reputable citizens of the community shall be encouraged to come to the facility."[51]
ii. **"**Service clubs, trade associations, labor unions, educational groups and other civic organizations shall be encouraged to visit facilities and community correctional centers."[52]

Second, the State mandates that each prison have a Citizen Advisory Committee (CAC), which is required to be largely composed of community leaders, which presumably would largely involve persons involved in "civic organizations."[53]

[47] ibid
[48] ibid
[49] ibid
[50] DOM (n 33) Section 13020.9.
[51] DOM (n 33) Section 13020.9
[52] DOM (n 33) Section13020.10
[53] DOM (n 33) Section 101090.11.3

These CAC's would likely achieve formally what public tours by civic organizations would in an ideal world achieve organically, i.e., create an engaged group of community leaders who commit to familiarize themselves with prison operations so that they can actively engage in the identification of problems and possible solutions. The education of CAC members specifically includes "site visits," and it's contemplated that the CAC members will provide "recommendations" and "influence policy changes."[54]

County jail tours involving leaders of local civic organizations could easily and beneficially evolve into ongoing Citizen Advisory Committees similar to those mandated by the State for prisons. Such Committees would likely, as in the State context, be associated with one County jail with which they would be actively involved in collaboratively understanding and proposing improvements to local jail operations. CACs seem like a salutary vehicle for the LASD and Oversight Committee to consider in connection with the goal of "building bridges" between the community and LASD.

4. Balancing the Public Benefit of Jail Tours with Other Legitimate Concerns.

In making suggestions to improve County jail tours, we of course recognize that it may be appropriate to restrict the scope and conduct of tours because of competing concerns, including facility security, public safety, inmate privacy and possible inmate disruption. For example, the State, although explicitly encouraging tours, also recognizes that these other factors must be considered in structuring tours and other public access.

a. "[D]ue consideration will be given to all factors that might threaten the safety of the facility in any way, or unnecessarily intrude upon the personal privacy of incarcerated persons and staff."[55].
b. "Tours shall be conducted in a manner avoiding embarrassment of incarcerated persons or visitors, and disruption of normal activities."[56].

Another issue that must be recognized is the limited availability of LASD deputies to conduct tours because of general staff shortages.

The outlined concerns are all legitimate and should of course be carefully considered in structuring jail tours and other public access, but they

[54] ibid
[55] CCR (n 1) Title 15, Section 3260
[56] CCR (n 1) Title 15, Section 3263

should be balanced with the public interest in transparency and not be used as an excuse to unduly restrict public access.

F. Public Tours Are a Source of Alignment Between the LASD and Oversight Commission. As discussed, we believe an improving relationship between the LASD and the Oversight Commission provides an opportunity for them to further align their interests through an increased joint focus on jail tours.[57]

1. The Sheriff and Public Tours

We have a new Sheriff in town who is committed to greater transparency and collaboration in addressing the very real issues with the County jail system, and this new attitude seems likely to create an environment where the public can, working with the LASD, fulfill its "duty" to be better informed and active in the operation of the County jails. As discussed above, County jail tours are an effective vehicle in this regard, and LASD leadership's openness to improved jail tours bodes well for this approach.

2. The Oversight Commission and Public Jail Tours

In order to understand why the Oversight Commission should be committed to public jail tours, it's appropriate to quote in full the statement of "Purpose" for the Oversight Commission from the County Code:

"The purpose of the Commission is to **improve public transparency and accountability** with respect to the Los Angeles County Sheriff's Department, by providing **robust opportunities for community engagement**, ongoing analysis and **oversight of […] policies, practices and procedures**, and advice to the […] Sheriff's Department, and the public."[58] (Emphasis added)

This Statement of Purpose, along with the related Vision and Mission of the Oversight Commission, discussed above, commits the Commission to fostering public transparency and accountability, creating robust opportunities for community engagement, and "building

[57] We had a telephonic meeting on December 17, 2024, with two of the Commissioners on the Oversight Commission, along with supporting staff, outlining our arguments that the Oversight Commission should monitor the County's jail tours along with associated policies and procedures; and that active collaboration between the LASD and the Oversight Commission in developing jail tour policies is perfectly aligned with the Oversight Commission's Statement of Purpose. The Commissioners didn't disagree with our proposals, but indicated that County jail tours had not historically been on the agenda for the Oversight Commission. They said they would discuss our perspective with other Commissioners and get back to us with any questions or comments, as appropriate.

[58] County Code (n 13) Section 3.79.020.

bridges" between the public and the LASD, all of which seem uniquely aligned with the benefits of public tours.

The Oversight Commission is specifically required to provide "ongoing review, analysis and oversight of the Sheriff's Department policies, practices and procedures,"[59] and we believe the Oversight Commission should in this regard at the very least monitor County jail tour policies and procedures to ensure the jail tours are consistent with required "transparency" and "accountability." Further, given the potentially positive impact of well-run public jail tours (and the possible public misinformation in the case of theoretically deceptive tours), we believe LASD tour policies should definitely be on the Oversight Commission's active agenda.

Oversight Commission monitoring of County jail tours is clearly required, but we argue that it would be even better, in pursuit of the Oversight Commission's Statement of Purpose, if the Commission is directly involved with the LASD in structuring public tours in order to ensure required "transparency" and "accountability."

3. Topics Regarding Public Tours for the New Collaboration

Given the positive foundation for collaboration laid by Sheriff Luna, especially with the creation of the Office of Constitutional Policing, we believe the LASD and Oversight Commission have a unique opportunity to identify factual understandings and agreements as well as to develop a common vision and goals for the County jails. These common understandings can then be used to collaboratively develop a robust program of public education and especially public tours.

The following are a number of areas for discussion and possible alignment between LASD and the Oversight Commission:

1. Identification of a common Vision for public jail tours, and addressing how that Vision should be broadcast to the public.
2. Consideration of possible improvements to the current jail tours, including those outlined in Section E, above, and seeking agreement on the improvements to be implemented.
3. Consideration of the nature and types of faith-based and civic groups to be encouraged to take jail tours, and together to develop and implement a plan to increase such tours.
4. Consideration of jail-specific Citizen Advisory Committees as an additional vehicle to build bridges between the LASD and the public.

[59] ibid

We anticipate the LASD and Oversight Commission will find abundant common ground, and that fact alone will be extremely informative (and positive) for the public. And if there are occasional areas where there are different perspectives, perhaps in connection with implementation challenges, respectful discussion of such differences will also provide important public information. Finally, if successful, this collaborative education has the potential to establish a strong alignment among the LASD, the Oversight Commission and the involved public, which in turn can be used to generate the political energy and will to assist our political representatives in addressing and potentially resolving major challenges for our carceral system.

G. Focus on Process Rather than Prepackaged Answers

The primary purpose of this Report is not to identify and present solutions for the various problems that plague the County jails. Rather, the goal is to suggest a process, including public tours, to stimulate open and deep conversation among the various stakeholders, especially the public, to generate consensus regarding foundational understandings, recognized problems and proposed solutions, which should serve as an impetus for our political representatives to address essential issues regarding our jails.

Based on our interviews, we believe that all parties, certainly including the LASD, will come to the table with the same goal of operating our jails in an effective, humane and constitutional manner, and that conversations among commonly motivated parties will likely generate powerful consensus that motivates political action**.**

Does it seem overly aggressive to expect that public jail tours will forge alliances among the LASD, Oversight Committee and the citizenry that then energizes aggressive public action to address long overdue problems with the County jail system? We don't think so. However, even if we fall short of those grand ambitions, we'll be obtaining a better informed and engaged public regarding these essential issues which should facilitate better and more effective action over time. And that, in itself, is certainly worthwhile.

FINDINGS

FINDING #1

Although the LASD is committed to public tours and recognizes their benefits, the LASD does not have a consistent approach that maximizes public education regarding the LASD system.

FINDING #2

Although the LASD welcomes faith-based and civic groups to participate in County jail tours, there is little if any participation by such groups in County jail tours.

FINDING #3

The Sheriff Civilian Oversight Commission has not historically reviewed or monitored county jail tour policies and practices. Members of the Commission, however, recognize that jail tours could be a vehicle to “improve public transparency and accountability” by providing “robust opportunities for community engagement,” which are regulatory “purposes” of the Oversight Commission.

RECOMMENDATIONS SECTION

RECOMMENDATION #5.1

The LASD should publicly state its support for jail tours, and review and modify its procedures and practices regarding jail tours in order to maximize public access and education, considering such specific improvements as (1) a consistent approach to tours, (2) development of educational materials for tour participants, and (3) creation of mechanisms for tour participant feedback.

RECOMMENDATION #5.2

The LASD should actively encourage faith-based and civic groups to participate in County jail tours, and keep records to monitor its success in this regard.

RECOMMENDATION #5.3

The LASD and the Sheriff Civilian Oversight Commission should regularly work together to improve the substance of and participation in County jail tours.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60 days) after the CGJ published its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made ninety (90) days after the CGJ published its report and files with Clerk of the Court. Responses shall be made in accord with Penal Code Section 933.05(a) and (b).

All responses to the recommendations of the 2024-2025 Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 West Temple Street, 13t Floor, Room 13-303
Los Angeles, CA 90012

REQUIRED RESPONSES CHART

Agencies	Recommendations
Los Angeles County Sheriff's Department	5.1, 5.2, 5.3
Sheriff Civilian Oversight Commission	5.3

COMMITTEE MEMBERS

Committee Co-Chair – Kenneth Jefferson
Committee Co-Chair – Rick Ellingsen
Committee Member – Victor Lesley

THE LOS ANGELES GENERAL MEDICAL CENTER MAY NOT BE SO "GENERAL" AFTER ALL

2024-2025
Los Angeles County
Civil Grand Jury

THE LOS ANGELES GENERAL MEDICAL CENTER MAY NOT BE SO "GENERAL" AFTER ALL

THE CHALLENGES AND OPPORTUNITIES FOR LA GENERAL IN FIVE PARTS

Erected by the Citizens of the County of Los Angeles to Provide Hospital Care for the Acutely Ill and Suffering to Whom the Doctors of the Attending Staff Give Their Services Without Charge in Order that No Citizen of the County Shall Be Deprived of Health or Life for Lack of Health Care or Services.[1]

GLOBAL EXECUTIVE SUMMARY

Los Angeles General Medical Center (LAGMC) is one of the most important institutions in Los Angeles County, being a provider for our poorest and sickest citizens and an essential linchpin for the entire Los Angeles County health system.[2] Because of the importance of LAGMC, the 2024-2025 Los Angeles County Civil Grand Jury (CGJ) is taking the unusual step of focusing multiple, related investigations on this one entity.[3]

LAGMC is an extraordinarily important player in both the present and future LA County healthcare landscape, so, in our five investigations, we have sought to identify and research issues that could negatively impede or positively promote LAGMC's progress. We have focused in large part on whether LAGMC has the necessary resources and support to be as successful as possible, especially focusing on the operational flexibility needed to maximize resources and make necessary adjustments in an ever-changing world.

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[1] Mission statement inscribed at the entrance of the Los Angeles General Medical Center

[2] The LAGMC Leadership team provided a PowerPoint presentation in connection with the CGJ's tour of LAGMC on October 6, 2024, and, unless otherwise noted, the specific facts referenced in this report are based on that PowerPoint.

[3] Although we are focusing on LAGMC, it's one of many players embedded in the County healthcare ecosystem, and, in particular, it's only one of three public acute care hospitals in Los Angeles County, the other two being Harbor-UCLA Medical Center in Torrance and Olive View Medical Center in Sylmar (collectively, the County Hospitals). Although the CGJ's specific investigations focus on LAGMC, many of the findings and recommendations apply to each of the County Hospitals, which will be noted as appropriate. As the applicable County agencies review our recommendations, we encourage them to seriously consider their general applicability to all three County Hospitals.

In this regard, we have conducted the five investigations briefly summarized below, three of which deal with internal operations, and two of which deal with external community perceptions:

OPERATIONAL FUNCTIONS. Three of our investigations focus on ways in which LAGMC's operations could be made more effective and efficient. These investigations focus on the specifics of internal operations, including the challenge of general compliance requirements imposed by Los Angeles County, especially by the Department of Health Services (DHS) and the Internal Services Department (ISD).

Part One: Hiring of Staff and Labor Issues. LAGMC operates in a competitive, rapidly changing environment, especially with respect to healthcare personnel. We have investigated whether mandated hiring processes undermine its ability to hire essential personnel expeditiously and effectively, and, further, whether there are impediments to the effective management of its staff.

Part Two: The Purchasing of Equipment and Supplies. LAGMC is a complex organization with many unique and unexpected purchasing requirements. We have investigated whether purchasing policies ensure both fiscal prudence and operational efficacy.

Part Three: Security Concerns for Patients, Staff and Visitors. Given the flow of staff, patients and visitors, hospitals are challenging environments in which to ensure security. In particular, patients can be unstable and violent, posing physical risks to caregivers, creating both safety and morale issues. But, at the same time, it's important to be compassionate and caring with patients, even those who pose potential risks. We have investigated the adequacy of LAGMC's security measures and personnel, including both Sheriff Personnel and outside contractors, especially for the purpose of protecting staff and patients.

EXTERNAL RELATIONS. Currently, the overall quality and importance of LAGMC is neither fully understood nor appreciated by the public. We discuss opportunities to ensure the public is aware of LAGMC's extraordinary contributions to our community as well as opportunities for fundraising resulting from an enhanced reputation.

Part Four: LA+USC General Hospital Foundation – Missing an Opportunity to Fill Needed Gaps in LA County Funding

LAGMC has an affiliate Foundation (Foundation), which has been focused on actively connecting with local community members, especially with respect to its Wellness Center, in order to coordinate and provide a wide range of services for the immediate community.

The Foundation also has the ability to solicit grants and funds to support LAGMC, the Wellness Center and other local services; and, further, it functions as a fiscal sponsor for associated entities for independent fundraising.

We have investigated the scope of the Foundation's current fundraising activities and the new structures and processes that could be used to substantially expand fundraising opportunities for LAGMC.

Part Five: Branding and External Communications. In order to generate essential support for LAGMC from both stakeholders and the general public, we have investigated LAGMC's current branding and external communication initiatives, comparing them with exemplars from comparable institutions.

(The Unpredictable Future. The five Parts of this Chapter focus on LAGMC's current operations, but it's also important to ensure the County's healthcare system, including LAGMC, continues to play a pivotal and positive role in a healthcare environment that is rapidly changing in terms of technology, finance and organization. In that regard, the CGJ has pursued two related investigations that are addressed in Chapters 7 and 8.

First, in Chapter 7, the CGJ investigated the opportunities that the LA County healthcare system, and specifically LAGMC, has to promote the overall success of the Statewide California Advancing and Innovating Medi-Cal ("CalAIM") program, which focuses on our most vulnerable citizens, and, if successful, promises to transform healthcare services throughout California.

Second, in Chapter 8, the CGJ investigated organizational models that would enhance LAGMC's success, especially by eliminating bureaucratic impediments to its effective and efficient operation. We specifically investigated the use of a Health Authority to assume responsibility for the County Hospitals, thereby giving them greater autonomy and flexibility.)

GLOBAL BACKGROUND

In order to understand the promise and challenges of LAGMC, it's important to understand the context in which it operates. We therefore, first, provide a snapshot of LAGMC's current operations. We then provide a brief history of LAGMC in order to understand how it arrived at its current state. Next, we acknowledge that LAGMC is, first and foremost, a provider of services for the medically indigent, and we consider the nature and history of that responsibility. Finally, LAGMC, with its focus on the medically indigent, is an essential part of a larger ecosystem of LA County healthcare providers, and we describe LAGMC's crucial role in that larger context.

A. LAGMC TODAY

LAGMC sits on an attractive campus of almost 100 acres, which includes the original Los Angeles General Hospital that itself houses the Foundation and its Wellness Center, along with a number of other community organizations providing support for community members.

LAGMC is one of 88 hospitals in Los Angeles County, only three of which are designated for the highest level of trauma care (LAGMC, Harbor-UCLA and Cedars-Sinai Medical Center), and LAGMC provides over a third of all trauma care in the County. Further, the three County Hospitals provide approximately a third of all lower-level hospital emergency medical care services; and one-third of LA County's indigent residents who require hospital care are admitted to the County Hospitals.

LAGMC is the largest of three County Hospitals, having an annual budget of $2 billion, with the other two County Hospitals each having budgets of approximately $1 billion. Although each of the Hospitals has similarly challenging demographics, with high poverty rates and incredibly diverse populations speaking multiple languages, LAGMC's challenges in this regard are writ large, being located only a few miles from Skid Row, the largest concentration of homeless individuals in the United States. Skid Row inhabitants have immensely challenging medical needs. At a similar distance from LAGMC is Men's Central Jail, holding one of the largest jail populations in the world for which LAGMC provides needed hospital care.

LAGMC provides a unique learning environment, which enables many of its medical specialists to become highly competent professionals in their fields, developing standards of practice that are adopted throughout the medical community. LAGMC is, in fact, a training site for literally hundreds of physicians completing their Graduate Medical Education in nearly every specialty.

B. A BRIEF HISTORY OF LAGMC[4]

LAGMC has been at the center of the LA County healthcare universe from the beginning. LAGMC's predecessor, the Los Angeles County Hospital and Poor Farm, the first public hospital in Los Angeles, was built in 1878. Sixty years later, in 1933, the famous Los Angeles General Hospital (affectionately known as the "Great Stone Mother") was opened with an amazing 3000 beds (expanded to 3800 beds in 1942 to accommodate military personnel returning from World War II). In another 60 years, Los Angeles General Hospital was largely closed

[4] Cousineau, Michael R.; Tranquada, Robert E., "Crisis & Commitment: 150 Years of Service by Los Angeles County Public Hospitals," American Journal of Public Health (April 2007) provides an excellent history of LA General. https://pmc.ncbi.nlm.nih.gov/articles/PMC1829364/ (accessed March 26, 2025)

following the 1994 Northridge earthquake; but, after much discussion, it was replaced in 2010 by LAGMC, with the number of its beds reduced to 600. Throughout this long history, LAGMC, in its many guises, has been a centrally important institution, not only providing essential healthcare services for the medically indigent, but serving as a focal point for its community.

C. LAGMC'S RESPONSIBILITY FOR THE MEDICALLY INDIGENT[5]

The following statement is carved over the majestic entrance to the original Los Angeles General Hospital:

> "Erected by the Citizens of the County of Los Angeles to Provide Hospital Care for the Acutely Ill and Suffering to Whom the Doctors of the Attending Staff Give Their Services Without Charge in Order that No Citizen of the County Shall Be Deprived of Health or Life for Lack of Health Care or Services."

California counties have traditionally been responsible for the healthcare needs of low income and indigent people with no other source of care; and this statutory obligation, in its current form, is set forth in Section 1700 of the California Welfare and Institutions Code, enacted in 1933. Los Angeles County meets these obligations through its Departments of Health Services, Mental Health and Public Health, all of which are essential for the well-being of County residents; but medically indigent residents requiring the most serious emergency and general acute care services most often obtain their care at LAGMC and its sister County Hospitals. These County Hospitals are the ultimate safety net for our compromised citizens with the direst medical needs.

D. LAGMC'S RELATIONSHIP WITH PRIVATE HEALTHCARE ENTITIES IN LOS ANGELES COUNTY

The County Hospitals are essential providers for our most economically challenged and often sickest citizens. But, more than that, they are a crucial "linchpin" for LA County's private hospital system, providing necessary stability for the entire network of community hospitals. The Executive Director of the Hospital Association of Southern California, the trade association for virtually all Los Angeles private hospitals, forcefully made the case as follows:

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[5] Kelch, Deborah Reidy, "Caring for Medically Indigent Adults in California: A History," California Healthcare Foundation (June 2005) provides an excellent summary of the evolution of required care for the medically indigent by California counties since the inception of statehood. https://www.chcf.org/wp-content/uploads/2017/12/PDF-CaringForMedicallyIndigentAdults.pdf (accessed March 25, 2025)

> "While most of us know that we have county hospitals in Los Angeles, we mistakenly believe that these hospitals exist solely to provide medical care to the poor and medically indigent among us. Few understand that three of our county hospitals are the linchpins holding our network of … public and private hospitals together…. Losing even one of these hospitals would trigger a collapse of the entire network…."[6]

While the County Hospitals are an essential source of stability for the entire health care ecosystem, the private healthcare providers in Los Angeles County have, to the contrary, been a major source of instability for the County Hospitals.

Historically, it's been essential for the financial stability of private hospitals that the County Hospitals take responsibility for the medically indigent, since they could not provide substantial care for nominal or no compensation and remain viable. However, when financial payments become available for formerly medically indigent patients, the private sector immediately begins competing for those patients; and the County Hospital's loss of those patients to the private sector has, time and again, put them at significant financial risk.

It's certainly ironic that the creation of government funding programs for the medically indigent often undermines the public safety net historically provided by the County Hospitals, but this was true with the creation of the Medicare and Medicaid (Medi-Cal) programs in 1965, as well as the implementation of Disproportionate Share Payments in 1981 for hospitals that served high volumes of Medi-Cal patients. And, with the passage of the Affordable Care Act, the County Hospitals once again feared for their continuing viability.[7]

(This challenging dynamic for County Hospitals appears to have been somewhat mitigated as a result of an aggressive and creative approach to managed care in Los Angeles County following the passage of the Affordable Care Act, which enabled the County Hospitals to lock in access to a significant volume of Medi-Cal patients. This is discussed in more detail in Chapter 7 regarding CalAIM.)

LAGMC and the other County Hospitals are relatively stable now, but history shows that such stability can rapidly erode (and the risks today are exceptional, with Medicaid funding being at its most fragile in a generation). This history reveals why it's essential to take all necessary action to ensure LAGMC is able to prosper in this fiercely competitive environment, and the importance of addressing LAGMC's challenges and opportunities as outlined in the five Parts of this Chapter.

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[6]Lott, Jim, "Time to Change County Hospital Governance?" Los Angeles Business Journal (June 1, 2008) https://labusinessjournal.com/news/time-to-change-county-hospital-governance/

[7] The effect of government funding programs on the competitive relationships between public and private hospitals is outlined very effectively in "Caring for the Indigent Adults in California: A History" (n 4)

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HIRING OF STAFF AND LABOR RELATIONS

PART 1

EXECUTIVE SUMMARY

As the largest public medical center in Los Angeles County, The Los Angeles General Medical Center (LAGMC) employs an estimated 10,000 people. All of these employees are hired after background checks and approved certifications by the Department of Health Services (DHS), and its Human Resources Division. For the sake of clarity, the Department of Health Services Human Resources Division will be referred to as (DHS-HRD).

This report will discuss what happens when a very bureaucratic civil service and rigid procedural laden employment hiring system interferes with the effectiveness and efficiency of the medical center's operations. In addition this report addresses the creative methods used by the LAGMC Management and county agencies to circumvent these hurdles.

BACKGROUND

In addition to treating all types of patients, this highly recognized teaching medical center in Los Angeles County is dedicated to the education and professional development of many doctors and nurses. After going through the hiring procedural gauntlet that is pretty common with many departments in Los Angeles County, many of these well trained doctors and nurses' end up staying

with LAGMC after graduation. Some however, do opt out for employment in the private medical sector.

METHODOLOGY

The information gathered for this report resulted from interviews of LAGMC Staff, executives at the Department of Health Services (DHS) and (HRD) as well as newspaper reports and multiple websites and The Los Angeles County Internal Services Department (ISD).

DISCUSSION

There are 4 public hospitals in the County of Los Angles that treat the ill, indigent and the uninsured, without question, and they are:

- Los Angeles General Medical Center (formerly known as “The General Hospital”, then “LA + USC General Hospital” currently its present title as “Los Angeles General Medical Center”)
- Harbor –UCLA Medical Center
- Olive View-UCLA Medical Center
- Rancho Los Amigos National Rehabilitation Center (which provides rehabilitation services for all citizens in Los Angeles County).

All of the public medical centers are governed by the Department of Health Services and its Human Resources Department. The Board of Supervisors (BOS), and the County Administrative Officer (CAO), who is responsible for carrying out the BOS’s policies are indirectly involved in the hiring and payment of all hospital and County personnel.

The ISD also plays a major role in all financial expenditures, not only regarding LAGMC but with every department in the entire County. This includes Requests

for Proposal (RFP), receipt and review of bids, maintenance and repairs, all of which will be covered in Part 2 of this report.

For the purpose of this report we have decided to concentrate our efforts on LAGMC because its patient load is greater than all the other public medical centers combined. Whatever positive changes occur as a result of this concentrated report on LAGMC as derived from our findings and recommendations should be afforded to the other three hospitals as well.

As a world renowned teaching medical center, LAGMC is unparalleled in its expert training for its resident doctors, nurses and service to the community, as illustrated by the following: [8]

1. It remains one of the largest public hospitals in the United States
2. A $2.1 Billion annual operating budget
3. A Level 1 trauma center is world renowned, handles 35% of LA County trauma runs
4. 1 of 7 Level 3 NICUs[9] in LA County
5. 1 of 3 burn units in LA County
6. 30,000 inpatient discharges per year
7. Fourth busiest Emergency Department in the United States with one hundred and thirty thousand visits per year
8. Five hundred thousand outpatient visits per year
9. One thousand Resident/Fellow Physicians, which makes LAGMC one of the largest training programs in the United States (0.8% of all trainees in the US)
10. There are sixty-six languages spoken by those who frequent LAGMC for the care that they provide.
11. LAGMC is also a level one training site for the United States Navy

The following are levels of medical training that a pre-med student must complete after he/she graduates from medical school which is provided at LAGMC.

Intern
Junior Resident
Senior Resident

[8] Presentation at Los Angeles General Medical Center, Accessed on October 6, 2024
[9] https://www.neopededu.com/what-is-nicu-definition-people-and-equipment/, Accessed February 24, 2025

No great medical center can be positioned to weather an enormous change without suffering through several major upheavals. LAGMC is no different. The reason that the acronym “USC” was dropped from the title that caused the change in name was a renegotiation and restructuring of the existing contract between USC and the County with LAGMC, DHS, BOS, ISD, and the CEO all being involved in the negotiations.[10]

USC is noted for the theoretical teaching of medicine, whereas LAGMC handles the hands-on teaching of the practice of medicine. With that said, USC is also connected with Keck Medical, a private medical center that offers quality care. LAGMC and USC are responsible for the training of many excellent physicians and nurses who are serving the public throughout the United States.[11]

As a result of the renegotiation of the contract between LAGMC and USC there was a good chance that LAGMC would be losing a lot of USC affiliated physicians, as well as other “doctors in training”. Some of these highly trained men and women were entering their final stages of residency. Others were beginning their practical training stages as interns.[12]

To prevent this loss, the BOS passed a directive mandating[13] that LAGMC and DHS-HRD be allowed to side step the normal medical hiring procedures so that potentially departing medical personnel could be quickly hired by LAGMC and thereby retained. It took 20 months to achieve this extremely challenging goal, which was bolstered by the implicit admonition that such hiring be completed “now” or as soon as possible. The highly ranked, global organizational search firm “Korn Ferry International”[14] was hired to speed up this very serious endeavor.

“Temporary Delegated Authority, (TDA),”[15] is the title of this mandated directive to which DHS and LAGMC were to adhere. This would allow LAGMC to forego much of the bureaucratic and time consuming hiring procedures that public entities normally go through to evaluate and qualify the best person for any particular job in the County. (By the way, “Delegated Authority” already exists in the County’s procedural manual.)

TDA expedited the hiring process and as a result there were 267 doctors hired in only 20 months. The hiring of this many doctors in such a short period of time would not have been possible had the existing County Civil Service Rules and

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[10] https://www.latimes.com/california/story/2022-05-19/acrimony-threats-and-fraud-accusations-l-a-county-and-usc-spar-over-hospital-management, Accessed on February 24, 2025
[11] Interview with hospital administration, December 13, 2024
[12] Ibid (n 10)
[13] LA County BOS Adopted Resolution to approve additional positions - https://file.lacounty.gov/sdsinter/bos/supdocs/181132.pdf
[14] https://www.kornferry.com/ Accessed on March 3, 2025
[15] Ibid (n 13)

Procedures been employed. Temporary Delegated Authority was then and still can be an important enhancement of the LAGMC hiring process.

Temporary Delegated Authority not only resulted in the important new hires referenced above in the field of medicine, the collaborative efforts of LAGMC and the various department and County decision-makers also resulted the hiring of the following:

- 129 Doctors who were employed by USC
- 138 Doctors recruited nationwide
- 20 Nurse Practitioners
- 2 Pathology Assistants
- 6 Dentists
- 3 Radiation Dosimetrists
- 1 Pharmacist

The acquisition of these very talented individuals was mostly due to the LAGMC's management's persuasive and promotional style of engagement. They sold the idea of a "Culture of Care" that emphasized care for the patient that resulted in unparalleled professional satisfaction. Few doctors or nurses would have the opportunity to treat "the very least of us." Many of these doctors and nurses, by contrast, might see this as an opportunity to enhance their medical education by working with an extremely underserved and diverse population while being guided by an exceptional teaching staff of doctors.[16]

These medical practitioners made personal financial sacrifices for the benefit of addressing the extreme needs of a severely at-risk population located only a short distance from LAGMC.[17] Perhaps, for this select group of doctors and nurses, LAGMC's management presented an opportunity too good to pass up. Isn't this what the Hippocratic Oath is really about?

This at-risk patient population is directly related to LAGMC's location: Skid Row is 3.1 miles away, Men's Central Jail, and the County's mental hospital/jail better known as "Twin Towers" is also located within approximately the same distance. The variety of ailments, physical and mental, suffered by these individuals present a multitude of challenges that LAGMC faces every day.

As a medical center with over 10,000 employees, it is no secret that LAGMC is closely monitored and regulated by DHS and the various unions representing the employees.[18] There are certain procedures to which LAGMC must adhere and with a budget of $ 2.109 billion, the doctors, nurses, security staff and service

[16] Ibid (n 11)
[17] Ibid (n 2)
[18] Ibid (n 2)

professionals are certified and closely scrutinized before ever being allowed to enter the doors of this very prestigious facility.[19]

With the exception of discussions involving contract negotiations, LAGMC Doctors, nurses and administrative staff are permitted to discuss relevant union related issues such as operations, patient care and management. (All contract negotiations are handled by DHS managers and other County personnel.)

To illustrate the structure under which LAGMC Personnel and the County must operate, the following are the unions that are represented at LAGMC as well as the other County hospitals:[20]

- SEIU Local 721 (Nurses, Housekeepers, Lab Techs)
- UAPD (Doctors and Dentists
- CIR (Doctors)
- AFSME (Physicians Assistants)

After a practicing resident doctor completes their “rounds” and graduates, they are now ready to apply for work. Of course, while being trained at LAGMC, the medical center director, teaching doctors and nurses all know who the “stars of the program” are. They can provide these names to the DHS-HRD which now must verify and certify the status of these newly trained medical professionals.

This is where the serious negotiations between LAGMC and the County Departments begin. It is quite common for government entities to utilize various tools to determine the qualifications of an individual that they wish to employ. One of these methods is called “Hiring Bands”.[21]

This is how Hiring Bands work in all Los Angeles County departments:[22]

1. All interested parties must apply to the County website for the relevant application (which the County refers to as an ‘Examination” or “Exam”). However, applicants can only apply if the “Exam” is open – for physicians it is always open.

2. A civil service examiner scores the application to determine if they meet the minimum job requirements of the position. They then add the person’s name to a “certified hiring list”. The so-called “cert list” is then stored by a different group within the HR Department called the Certification Team. If

[19] Ibid (n 2)
[20] Hospital Administration – Accessed on December 13, 2024

[21] Ibid https://www.indeed.com/career-advice/pay-salary/what-is-grade-pay

[22] Hospital Administration – December 13, 2025

one wants to know if someone has made the cert list, one must submit a request to the certification team to “publish” the cert list. The cert list is then published on a website. The scoring process can take 1-2 weeks because 1 examiner is assigned many different types of positions. The publication of the cert list can take 1-2 business days.

3. The applicant is offered a job.

4. Once the cert list is published one must then go to the cert list and electronically mark that the candidate has been hired. The Certification Team will send a list stating that the person has been hired. This takes another 1-2 business days.
5. The Personnel Authorization Request (PAR) to hire the person is then initiated. An email is sent to HR marked that the person has been hired. The Certification Team will send LAGMC the list stating that the person had been hired. This step takes another 1-2 business days.
6. LAGMC Administrators initiate the Personnel Authorization Request (PAR) to hire the person. The PAR form asks if a Special Step Placement (SSP) needs to be submitted. This SSP form is submitted for anyone who has existing job experience and therefore ideally would not start at the lowest pay schedule for that job classification. The SSP allows their salary to be determined. **Therefore LAGMC Management cannot tell people what their salaries will be when they are offered the job**. **The new doctor or employee can only be given a range while being told that their actual salary will be determined after they accept the job.**

7. Before submitting the SSP, LAGMC’s Management is required to submit a copy of the published cert list from DHS/HRD showing the person marked as hired, and then fill out an SSP form, and append to the cert list with the candidate’s name on it, the candidate’s Curriculum Vitae (CV), a job duty description for the candidate, an organization (org), chart showing where that candidate is on the org chart. All of this is done in document files that are emailed to a different part of HR. This process is done for each individual hire. **It can take weeks for the SSP’s to be returned and in the meantime the person that has been hired has no idea what their salary will be.**

8. Once the SSP is returned, or if it is a hire with limited prior experience, no SSP is required, the PAR form is completed. If an SSP was required, the SSP form, the PAR, the org chart and the duty statement are submitted.
9. The PAR gets routed to the (1) administrator or chief officer, then (2) the County Controller at DHS. From there it goes to (3) the County Chief Executive’s Office (CEO), and then to (4) the “HR Item Control” team to identify the correct County item to use for the hire.
10. Although it appears that the LAGMC staff, Department of Health Services and its Human Resources Department, the CEO and even the BOS are all

working to resolve this very lengthy process for hiring, the PAR routing frequently takes 2-3 months which includes the SSP process. Without the SSP the process takes from 1-2 months.

11. After the PAR is approved at all levels, the hired person will need to get a live scan. (criminal background check)
12. After the live scan, they need to go to Employee Health to get a health screening.
13. If they survive this gauntlet, they finally get hired by the HR hiring unit.

We refer back to the Delegated Authority that was granted to hire two hundred ninety-seven medical professionals in 20 months. This could not have happened if the above Banding procedures were used.

An additional hiring obstacle may be a failure to recognize familiar terms used in the medical profession. Common words, with similar meanings, can sometimes be misunderstood by a case manager at DHS-HRD, which can cause some embarrassing and drawn out errors.

For example, as one of the top trauma centers in the country, LAGMC treats all kinds of traumatic injuries. But when LAGMC requests hiring approval for an oral surgeon to address, for example, automobile accident victims, shooting victims, victims of falls or severe cuts to the mouth, DHS-HRD case managers have classified such a practitioner as a general practice “Dentist,” ignoring the years of additional training which leads to the type of oral surgery to be performed.

A dentist cannot perform the needed reconstructive surgery required for such patients, and a DHS-HRD Case Manager may be unaware of the requirements in such a situation. The doctors will need an expert to perform reconstructive surgeries on a patient’s severely injured mouth, teeth and gums perhaps resulting from an automobile accident, shooting, or a near fatal cut, or fall.. During the banding process, a Dentist may be chosen instead of an oral surgeon, which delays the acquisition of the right person for the job.

Another method for employee evaluations and promotions as performed by DHS-HRD in its management of LAGMC’s personnel is the “With-in Grade Increases” (WGI) [23] These with-in grade advances are referred to as “Steps, the requirements of which include the following:

1. The employee’s performance must be at an acceptable level of compliance
2. The employee must have completed the required waiting period for advancement
3. The employee must not have received an “equivalent increase” in pay during the waiting period.

[23] hthttps://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/fact-sheets/within-grade-increases/ Accessed on February 28, 2025

The United States Governments' Office of Personnel Management[24] describes these positions as follows;

The Within-Grade Increases apply only to those in the medical field as Civil Servants who occupy permanent positions. "Permanent positions" means a position filled by an employee whose appointment is not designated as temporary and does not have a definite time limitation of 1 year or less. "Permanent Position" includes a position to which an employee is promoted on a temporary or term basis for at least 1 year.

Required Waiting Periods[25]

For employees with a permanent position, the required waiting periods established by law for advancement to the next higher level are as follows:

Advancement From….	**Requires……**
Step 1 to Step 2	52 weeks of creditable service in step 1
Step 2 to Step 3	52 weeks of creditable service in step 2
Step 3 to Step 4	52 weeks of creditable service in step 3
Step 4 to Step 5	104 weeks of creditable service in step 4
Step 5 to Step 6	104 weeks of creditable service in step 5
Step 6 to Step 7	104 weeks of creditable service in step 6
Step 7 to Step 8	156 weeks of creditable service in step 7
Step 8 to Step 9	156 weeks of creditable service in Step 8
Step 9 to Step 10	156 weeks of creditable service in step 9

[24] Ibid
[25] Ibid

The following stories provide a very poignant example of the bureaucratic predicament that LAGMC and DHS-HRD must endure just to hire an experienced person without going through the above-referenced steps.

To meet the demands of the USC MSAA[26] conversion in which the County hired 275 Doctors/Dentists/PHD's, one of the positions is for a high level laboratory position. A clinical laboratory machinery that is operated by a highly trained personnel. The position ends in the next few months.

The County Department of Human Resources and not DHS has been unable or unwilling to open the exam portion of the application process. So, the application portal remains closed and the expert has been unable to apply, the person in question is now out of work and if the exam cannot be opened in the next month, this highly trained professional will not be able to complete the hiring process in July and will maybe have to look for employment somewhere else.[27]

The Committee became aware of other similar circumstances where the County Department of Human Resources, not the County Department of Health Services Human Resources Department, was unable or unwilling to open an exam.[28] Because the application was not open qualified person could not apply despite the departments need. These types of procedural issues prevent many qualified individuals from being transferred from a USC employed position to a LAGMC employee.[29]

In one instance, there was a specific position that had to be converted from a USC paid position to a LAGMC paid position but due to one department's inability to open the position to allow an individual to apply, the positioned stayed closed for approximately 6 months.[30]

As the LAGMC, the County Department of Human Resources, and the DHS-HRD staff worked diligently together to resolve this rather cumbersome procedural issue, they finally came up with a solution that in the end satisfied all parties.[31]

The employee got the job that they wanted and deserved and all County department personnel felt relieved that they could come up with a satisfactory

[26] Ibid (n 13)
[27] County Employee – April 4, 2025
[28] Interview with hospital administration, February 19, 2025
[29] Ibid
[30] Ibid
[31] Ibid

solution to what was a rather simple situation that was complicated by uncompromising procedural issues.[32]

There is no doubt that the talented individuals that made this happen should be commended but, there has to be a less stressful method of making decisions that are obviously very easy.

As one hospital official stated to us and we quote:

“The end result was that the qualified individual was hired, but it was a terrible process for that person, who was left unemployed without health benefits for many weeks while we tried to figure out how to work around the many obstacles in the process.”

This Committee understands the dilemma that The Los Angeles General Medical Center and the Department of Health Services face when it comes to the hiring and keeping the very talented people that they have trained. The methods of evaluating and hiring County workers, should not apply to medical personnel whose business is saving lives every day.

FINDINGS

1. This bureaucratic process has real world and long lasting negative consequences to the morale of the affected employee and their co-workers.
2. The “Banding” and “Steps” processes that the County and the Department of Health Services uses to evaluate and hire medical professionals is a deterrent to the timely and efficient operations of all County managed public hospitals.

[32] Ibid

RECOMMENDATIONS

6.1 The Banding/Certification and Steps processes used in hiring those in the medical profession by the County should be eliminated and permanently institute the Delegated Authority that is already in the system for giving LAGMC and all county owned public hospitals more freedom in personnel matters. The Delegated Authority can be monitored with minimal County oversight.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County Officials and agency heads shall be made no later than sixty (60) days after the CGJ publishes its report and files with the Clerk of the Court. Responses by the governing body of the court shall be made ninety (90) days after the CGJ publishes its report and files with the Clerk of the Court. Responses shall be made in accord with Penal Code Section 933.05(a) and (b)

All responses to the recommendations of the 2024-2025 Los Angeles County Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 W. Temple Street, Thirteenth Floor, Room 13-303
Los Angeles, CA 90012

REQUIRED RESPONSES

Responses to the recommendations above are requested from the following:

REQUIRED AGENCIES	RECOMMENDATIONS
Los Angeles County Board of Supervisors	6.1
Department of Health Services	6.1
Office of the CEO Los Angeles Medical Center	6.1

ACRONYMS

Acronym	Meaning
BOS	Board of Supervisors
CAO	County Administrative Office
CEO	Chief Executive Office
CV	Curriculum Vitae
DHS	Department of Health Services
HRD	Human Resources Division of the Department of Health
ISD	Internal Services Division
LAGMC	Los Angeles General Medical Center
PAR	Personal Authorization Request
RFP	Request for pricing
SSP	Special Step Placement
NICU	Neonatal Intensive Care Unit

COMMITTEE

Victor H. Lesley, Chairperson
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THE PURCHASING OF EQUIPMENT, MEDICINES AND SUPPLIES

PART 2

EXECUTIVE SUMMARY

Based on discussions with members of County departments that work with and monitor the operations of all public hospitals, the relationships between the Department of Health Services and its Human Resource Division (DHS-HRD), Los Angeles General Medical Center (LAGMC), Internal Services Division (ISD), and the Board of Supervisors (BOS), appears to be respectable, cordial and exhibits a team concept.

The intention of all of these reports on LAGMC and its relationship with the various departments is to share with the public how well this venerable Medical Center, which has stood the test of time, is functioning under restrictive regulations that require its doctors and nurses to make unorthodox medical decisions while trying to save lives.

There are nearly ten million people residing in the County, 1% of whom comprise the civil services required to keep it running for the rest of us.[33] [34]

[33] https://lacounty.gov/bu-the-numbers/ Accessed April 10, 2025
[34] https://www.california-demographics.com/counties_by_population, Accessed April 10, 2025

BACKGROUND

The Los Angeles General Medical Center, with its 10,000 employees who diligently work every day making quick decisions while taking even quicker actions with regard to the treatment of patients and the saving of lives. This public hospital, governed by various County departments, is the only "department" that has an emergency room.

The Department of Health Services and its Human Resources Department are carrying out procedures that are approved by the Board of Supervisors and many other county agencies that have a hand in the management of LAGMC's purchasing procedures. However, the procedures and oversight required for bureaucratic oversight of normal government operations often impede the agility that LAGMC requires to provide effective medical care. The same is true for all of the County acute public medical centers.

The desire to make this system work is professional and genuine across all concerned parties; though it can be extremely frustrating for one employed at LAGMC, or one of the other public hospitals. To be clear, frustration was openly expressed by County employees that the Jury interviewed as well.

The intentions of the 2024-2025 Los Angeles Civil Grand Jury (CGJ, or Jury) are *not* to diminish the importance of the various County departments that oversee LAGMC, but to determine if there is a solution to the bureaucratic overhead of forms and procedures that prolong the time it takes LAGMC to purchase anything over $5,000. It is a truism that, to the majority of those in the medical profession, time is the real enemy.

As it stands now LAGMC, as well as the other County-run public hospitals are doing what many great medical centers in America are doing: they are saving lives under adverse conditions, though not all of these conditions are created by the County bureaucracy in which it must function. At present the procedural effects, which LAGMC must endure in order to operate, could best be described as cumbersome, though we do know how to rectify them.

METHODOLOGY

The information gathered for this report was acquired by interviews of hospital staff, executives at the Department of Health Services, The Department of Health Services Human Resources Division and the Internal Services Department.

Our inquiries included searches on the internet and other sources regarding the purchasing agreements in which the BOS, DHS and ISD are involved, including but not limited to all equipment, medicine, supplies, security and all other services involving medical care. All new and remodel construction must be approved by these departments.

DISCUSSION

As discussed in Part 1 of this report, all 4 public hospitals are monitored and governed by the previously mentioned departments that carry the mandates of the BOS regarding operational procedures.

The ISD serves as the procurement department for the entire county.[35] It can sometimes conflict with the needs of LAGMC which, as stated earlier, is a $2.109 billion medical enterprise. The ordinary constraint on day-to-day purchasing is $1,500, but that limit has been temporarily increased to $5,000, since LAGMC was delegated the authority to do so.

In fairness to all parties involved, this report is not an indictment of any County department. This is an investigation of rules and regulations that are designed to facilitate oversight of government expenditures which have become too unwieldy for the effective practice of medicine.

In Chapter 1 of our report we discussed why this kind of oversight is counterproductive in the rapidly changing environment of a medical center. At medical centers everywhere, hiring decisions are competitive, and must be completed expeditiously. We also understand that any medical center with a $2 billion spending budget requires scrutiny by a public department that has financial oversight. But in the case of LAGMC, official scrutiny can be streamlined.

When it was time to become extremely active in the hiring of doctors, nurses, and staff, the BOS issued a temporary delegated authority to LAGMC's Medical Center Directors and Board. On receipt of the delegated authority the hospital's management was able to re-hire many of the residents that had been practicing medicine there, and was able to add new medical talent as well.

Because of the success of the use of delegated authority in the hiring process, we wondered if this delegated authority could be used for purchasing as well.

[35] https://isd.lacounty.gov/services/purchasing-and-contracts-services/, Accessed May 6, 2025

In our quest for information, this committee found that the County of Los Angeles Purchasing Manual is 137 pages long, with an additional 23 pages of forms and checklists. In reality, all of the information enclosed in the manual is pertinent to the well-supervised governmental entity, but is a hindrance to medical centers and hospitals.[36]

The financial managers of the County of Los Angeles have done a formidable job of managing taxpayer dollars by entering into agreements that empower them to maximize the medical centers' purchasing powers. The following is one of the major agreements into which the County entered and is still participating.

On November 18, 1998, the Board of Supervisors adopted a recommendation made by DHS, with support of the LA County Auditor Controller and ISD to authorize DHS to participate in a Healthcare Group Purchasing Organization. (GPO)[37]

The basis for effectuating this action was to sanction the use of the GPO's purchasing power, in cases where the county would achieve cost savings by purchasing medical, surgical, laboratory, and pharmaceutical equipment and supplies through University Health System Consortium (UHC)[38] on commodity agreements established by Novation[39]. On December 27, 2016, the Board of Supervisors accepted the assessment and delegation from Novation to its subsidiary, Vivient.[40]

As a result of this decision, and at present in lieu of the meager $1,500 purchasing cap that is presently imposed on LAGMC, the Medical Center has been granted delegated authority to purchase up to $5,000 in goods and services with minimal oversight. [41]

Article 14.2 Simplified Acquisition Process (SAP)[42]

On October 1, 2016, the Los Angeles County Purchasing Agent established a Simplified Acquisition Process (SAP) which affects some departmental

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[36] https://doingbusiness.lacounty.gov/wp-content/uploads/2019/04/Purchasing-Policy-and-Procedure-Manual.pdf - Accessed on February 2, 2025

[37] https://www.definitivehc.com/resources/glossary/group-purchasing-organization - Accessed on April 2, 2025

[38] https://journals.lww.com/ajmqonline/citation/2010/03001/overview_of_the_university_healthsystem_consortium.1.aspx - Accessed on March 11, 2025

[39] https://www.legalbriefai.com/legal-terms/novation - Accessed on March 11, 2025

[40] https://www.vizientinc.com/about-us - Accessed on March 11, 2025

[41] Meeting with LAGMC administrator, April 25, 2025

[42] https://www.sap.com/products/spend-management/procurement.html – Accessed on March 15, 202517, 2025

purchases from $5,001 up to $24,999. It applies only to spot purchases made from certified local Small Business Enterprise (LSBC)[43] , a certified Disabled Veteran Business Enterprise (DVBE)[44] or a certified Social Enterprise (SE)[45]; any of these will be referred to hereafter as a "Preference Program Entity (PPE).[46]

Even though LAGMC has a limit of $5,000 on purchases via its delegated authority, there are still a few strings attached. The Process Elements section of the purchasing manual tells a more intriguing story.**14.2.1 Process Elements**

Under delegated authority and subject to the exclusions and restrictions stated in Section 14.2.2, county departments are authorized to acquire goods and services from $5,001 to $24,999 directly from a PPE by using a two bid process.

Departments must obtain a valid bid from at least 2 PPE's in order to process an award. In this process a "No Bid" is not a valid bid. Even the delegated authority-driven $5,000 spending limit has a few strings attached as evidenced by the following:

14.2.2 Exclusions and Restrictions

The following exclusions and restrictions shall apply to the SAP Program.

- Personal services agreements for medical or health related patient care service are excluded from the SAP.
- Social Service contracts that require department specific monitoring efforts and measurable outcomes are excluded from SAP
- Any service that is or will be ongoing and over $25,000 in the aggregate is excluded from the SAP

To simplify these statements, LAGMC has a $1,500 spending limit on what it can purchase but has been given delegated authority to spend up to $5,000 without

[43] https://opportunity.lacounty.gov/how-we-help/office-of-small-business/ - Accessed on March 18, 2025
[44] https://www.calvet.ca.gov/VetServices/Pages/Disabled-Veteran-Business-Enterprise-Program.aspx- Accessed on March18,2025
[45] Social Enterprise - https://corporatefinanceinstitute.com/resources/esg/social-enterprise/ - Accessed on March 18, 2025,
[46] https://dcba.lacounty.gov/wp-content/uploads/2018/01/Preference_Programs_Implementation_Guidelines.pdf - Accessed on March 18, 2025

going through the extended purchasing processes as mandated by the departments that oversee public hospital operations.

The following charts illustrate the time required for County departments to get approval of purchases and bids. While generally acceptable for most county departments, and though we know that some concessions can be made for emergencies, greater expediency should be given to medical centers that operate in a near-constant environment of immediate action.

14.1.2 Routine Bids/Solicitations[47]

Generally, a routine acquisition includes simple descriptive non-technical specifications along with boilerplate and specific terms and conditions for the procurement of commodities where a short paragraph of description will suffice.

Purchasing Agent task	Average Timeframe (Work Days)
Receive & Review Requisitions/Specifications	2 Days
Prepare Solicitation	1 Day
Receive/Review Solicitation Draft and Post Solicitation	1 Day
Solicitation of local bids (Out to Bid)	10 Days
Vendor Bid/Proposals Received and Recorded by Purchasing Programs Sections	2 Days
Bid Evaluation	1 Day
Generate Purchase Order; Release Order to Purchasing Programs Section	1 Day
Total Purchasing Time	**18 Days*** **

***Note: 18 working days equate to 30 calendar days minimum for routine bids

16.1.3 Complex Bid/Solicitations [48]

These acquisitions include those bids where the County is seeking highly technical or complex solutions. These solicitations normally will require a vendor job walk and/or bidder's conference, bid referral letter, "T" Specifications or Request for Proposal (RFP), and/or product testing.

[47] https://doingbusiness.lacounty.gov/wp-content/uploads/2019/04/Purchasing-Policy-and-Procedure-Manual.pdf - Accessed on April 2, 2025 – Page 98
[48] IBID – Accessed on April 2, 2025 – Page 99

Purchasing Agent Task	Average Timeframe (Work Days)
Receive and Review Requisitions/Specifications	2 Days
Prepare Solicitations	1 Day
Receive/Review Solicitation Draft; and Release /Post Solicitation	1 Day
Solicitation on the Street, Including Job Walk(s) and or Bidders Conference, As Appropriate	15 Days
Receive Technical Questions from Bidders; Draft, Finalize, and Release Solicitation Amendment Responding to Vendor's Questions	3 Days
Vendor Bids/Proposals Received and Recorded by Purchasing Programs Section	2 Days
Bid Evaluation	2 Days
Bid Results Referred to Client Department	9 Days
Receive and Evaluate Department Response	1 Day
Generate Purchase Order: Release Purchase Order to Purchasing Program Section	1 Day
Total Purchasing Time	**37 Days**

Note: 37 working days equates to 60 calendar Days minimum for complex bids

16.1.4 Factors Which May Extend Processing Timeframes[49]

While the above would represent the normal timeframe for processing requisitions, there are several factors that may extend these timeframes, which include:

- Departments availability and scheduling of bidders' conferences and/or job walks
- Extended or extending the bid due date for highly complex solicitations to provide bidders with sufficient time to prepare and submit a response
- Department delays in evaluating and or responding to the Purchasing Agent
- Formal protest of bid award by a non-awarded bidder
- Incomplete or no specifications provided with the requisition
- Inquiry by the Board of Supervisors
- Written justification not provided or acceptable in content
- Required approvals not obtained by customer department
- Requisition does not have the authorized signature

16.1.5 Exceptions

[49] IBID Accessed on April 3, 2025-Page 9

Exceptions to the above referenced standard timeframes require written justification by the requisitioning department and approval by the Purchasing Agent

The preceding charts represent the time required to make what appear to be standard purchases, but those purchases may be critical to saving lives.

As this Jury continued to hold interviews, we heard a wide variety of cases that revealed some of the obstacles that hindered LA Medical from taking quick action. The following case spoke volumes about how the existing purchasing guidelines as enforced by BOS, ISD, DHS and other Departments that are involved, do not fit the efficiency expected of a medical facility.

LAGMC Leadership has weekly "Executive Walk Rounds" where the "C Suite" [50] visits different individual areas of the hospital to hear how things are going and how they can help. At a recent visit to the "Surgical Observation Unit", it was discovered that a purchasing problem existed. The SOU is where patients who are having urgent or emergent conditions requiring surgery are housed before and after surgery.

Patients are typically unable to eat before surgery, or for hours to days after, depending on the type of surgery. Ice chips are provided, since patients can't drink water. The ice chips are produced in a medical grade ice machine that has to meet regulatory standards. This machine is therefore more expensive than a commercial grade ice machine.

The machine in the SOU was broken and the Nurse Manager tried to order a new one. The machine that she wanted to order sells for $5,100 which exceed the expenditures permitted by the delegated authority by $100. Therefore, this ice machine could not be purchased via a local purchase order.

Per the guidelines that are in the ISD Purchasing Manual the purchase of this ice machine must go through a formal capital asset purchase process through the County ISD. This required the solicitation of multiple bids and then submitting them to the Capital Asset Purchase process.

It took more than 6 months for the nurse in the SOU to requisition the purchase of a new ice machine. As a result, for these 6 months and more, the nursing staff in the SOU had to regularly run to other units that had functioning ice machines so that they could give their patients ice chips.

[50] Chiefs of Various Medical Departments" – Accessed on April 1, 2025

The Jury is comprised of citizens from all over the County who have purchased refrigerators and other large appliances. The Jury also understands that those individuals in charge of purchasing in the County are adhering to procedure, but the care and welfare of sick people should take precedence. Without demeaning these dedicated individuals we respectfully submit the following.

A. For $100 more, the ice machine should have been purchased immediately
B. Those in ISD could have selected 3 ice machines and compared quality and specifications with hospital management to determine which one fit their needs and purchased that machine. At most, this could have taken 3 days.

The countywide purchasing procedures/guidelines are indeed necessary for fiscal control. However, an ice machine in a medical center is equipment that must be regarded as critical: in addition to providing comfort to patients before surgery, ice is used in the treatment of those with dangerously high fevers,[51] as well as for the comfort and treatment of muscle, tendon, and ligament injuries, as well as burns[52] – in short, a wide range of conditions. If broken, an ice machine needs to be replaced as quickly as possible.

FINDINGS

1. The Delegated purchase limit of $5,000 is substantially less than it should be for a $2.109 billion dollar operation such as Los Angeles General Medical Center.
2. The Medical Center management are directed by too many departments when it comes to purchases and other issues that delay proper care for patients.
3. The existing delegated authority is still not enough to give the hospital the freedom that it needs to make quick decisions, especially those decisions that affect patient health.

[51] https://www.mayoclinic.org/diseases-conditions/fever/in-depth/fever/art-20050997, Accessed May 6, 2025

[52] LA General is one of only four burn centers in Los Angeles County. The others are Torrance Memorial Hospital, UCLA West Valley Medical Center, and the Grossman Burn Center.

RECOMMENDATIONS

6.2 All departments involved in the creation of the purchase limits on LAGMC should substantially increase these purchase limits.

6.3 The number of County departments that control LAGMC Medical Center's purchasing strategy should be reduced.

6.4 The Delegated Authority that is already a part of the ISD and County's purchasing guidelines should be increased and expanded.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60) days after the CGJ publishes its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made no later than ninety (90) days after the CGJ publishes its report and files with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

All responses to the recommendations of the 2024-2025 County of Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 W Temple Street, Thirteenth Floor, Room 13-303
Los Angeles, CA 90012

Responses to the recommendations of this report are requested from the following:

REQUIRED AGENCIES	RECOMMENDATIONS
Los Angeles County Board of Supervisors	6.2, 6.3, 6.4
CEO Los Angeles General Medical Center	6.2, 6.3, 6.4
Internal Services Department	6.2, 6.3, 6.4
Department of Health Services	6.2, 6.3, 6.4

ACRONYMS

CGJ, or Jury	2024-2025 Los Angeles County Civil Grand Jury
DHS-HRD	Department of Health Services Human Resource Division
BOS	Board of Supervisors
LAGMC	Los Angeles General Medical Center
ISD	Internal Services Division
DHS	Department of Health Services
LSBC	Local Small Business Enterprise
DVBE	Disabled Veteran Business Enterprise
SE	Social Enterprise
PPE	Preference Program Entity
SOU	Surgical Observation Unit

COMMITTEE MEMBERS

Victor H. Lesley – Chairperson
Margaret Hatfield – Co-Chairperson
Linda Esparza – Secretary
George Davis
Rick Ellingsen

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SECURITY CONCERNS AT LOS ANGELES GENERAL MEDICAL CENTER

PART 3

EXECUTIVE SUMMARY

This report evaluates existing security protocols and possible gaps in the intervention capabilities of Private Security personnel and the Los Angeles County Sheriff's Department (LASD) deputies during challenging situations. It highlights growing concerns over the safety of Los Angeles General Medical Center (LAGMC) staff, stemming from reported physical assaults. These concerns emphasize the need for enhanced security measures to address the vulnerabilities and restore a sense of safety among Medical Center personnel.

BACKGROUND

LAGMC is located in a densely populated urban location near the center of the City of Los Angeles and charged with treating the medically indigent population at little or no charge to the patient. It is a highly regarded medical institution that employs 10,000 people and visited by approximately 665,000 patients and visitors per month. [53]The Medical Center is located very near to Skid Row, where the largest concentration of homeless people in the country are found, many of these people suffer with substance abuse and mental health issues. In addition, a considerable amount of gang activity takes place within the local area. LAGMC provides medical services to inmates within the Los Angeles County jails. All of these circumstances combined make security on the Medical Center Campus a pressing problem.

Los Angeles General Medical Center serves a large and diverse population within Los Angeles County. The overall crime rate in the area is approximately 39.55 incidents per 1,000 residents annually, which is higher than the national average. Violent crime specifically has a rate of 7.11 incidents per 1,000

[53] Presentation at Los Angeles General Medical Center, Accessed on October 6, 2024

residents annually, placing the area in the 23rd percentile for safety compared to other U.S. neighborhoods.[54]

Healthcare workers are five times more likely to experience workplace violence than any other worker. [55] [56] The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as

"violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty."[57]

There are many reasons why such a large percentage of workplace assaults occur in the hospital setting. People seeking medical care can suffer pain, diagnosis of serious illness, long wait times, medications that alter a person's behavior, and fear. All of these factors can cause normally reasonable people to lash out, and, unfortunately, the closest target is usually a healthcare worker.

There have been major incidents in and near LAGMC. For example, a nurse was stabbed and killed by a homeless person while waiting for a bus to her job.[58] This is only one example of the violence perpetrated by patients or visitors to the hospital.

The constant threat of being assaulted at work or the after effects can have a profound effect on the healthcare workers' mental health and morale. After suffering assault(s), the affected worker is subject to feelings of fatigue, sleep disturbance, grief, lack of confidence and feelings of inadequacy.[59] Unless treated, these emotions can cause the victim to leave healthcare field all together. Alarmingly, 73% of non-fatal workplace violence victims in the United States are doctors, nurses and other healthcare workers,[60] underscoring the urgent need for adequate security in a healthcare setting.

The convergence of high patient volume, the need to serve individuals from high-crime areas, and the complexities of caring for the mentally ill and unhoused

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[54] https://crimegrade.org/violent-crime-boyle-heights-los-angeles-ca/; Accessed April 22, 2025

[55] Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers - https://www.osha.gov/sites/default/files/publications/osha3148.pdf; Accessed April 22, 2025

[56] U. CDC/NIOSH. Violence. Occupational Hazards in Hospitals. 2002.S. Bureau of labor Statistics

[57] ibid

[58] https://abc7.com/los-angeles-bus-stop-attack/14185564

[59] Workplace violence in healthcare settings: The risk factors, implications and collaborative preventive measures - PMC - https://pmc.ncbi.nlm.nih.gov/articles/PMC9206999/. Accessed April 22, 2025

[60] U.S. Bureau of Labor Statistics

populations creates a uniquely challenging security environment at LAGMC. The confluence of these factors contributes to a challenging security environment. High patient volume can strain resources and potentially lead to increased wait times and frustration, which can escalate into aggressive behavior. Serving individuals from high-crime and gang infested areas may increase the likelihood of encounters with individuals who have a history of violence or are involved in criminal activity. The medical care of the mentally ill and unhoused populations can present unique security considerations due to potential behavioral health crises or unmet social needs.

METHODOLOGY

The Jury gathered specific data on the frequency, nature, and location of reported assaults on personnel.

The Jury conducted confidential interviews with medical staff, security personnel, law enforcement agencies and relevant community organizations.

The Jury also conducted a review of existing protocols, staffing levels, infrastructure, e.g., surveillance systems, access controls, and incident response procedures.

The jury examined the contract between the Department of Health services (DHS) and the private security company for LAGMC.

DISCUSSION

Medical Center personnel report a shortage of suitable, trained, and robust security leaving them feeling vulnerable to potential harm. In the event of an incident, medical center personnel can contact the private security for assistance by dialing 3333. In situations requiring law enforcement intervention, Private Security dispatch would contact the on-duty Sheriff's deputies. Incidents occurring outside the medical center's boundaries are referred to the Los Angeles Police Department (LAPD).

Security is provided by both private and public means. Per 8 hour shift, four sheriff's deputies cover the 99 acre campus, two patrolling on foot and two patrolling the grounds in a vehicle. In addition, decoy radio are situated in strategic locations to deter criminal activity. Private security provides 205 civilian,

unarmed security personnel to conduct weapon screening at all entrances to the buildings.

They also staff the security dispatch center, and provide concierge services.

Theoretically, Private Security receives a considerable amount of training before they start working at LAGMC. Once assigned to LAGMC they received on site, location specific instructions.

Training by Private Security includes but is not limited to, conflict management on how to handle difficult people, emergencies and which first responder to contact, first aid, including use of a defibrillator, baton training, legal issues regarding trespassing, monitoring all CCTV cameras located around the campus, restraint techniques, evacuation procedures and public relations.[61]

Despite all the training received, their work has been described as 'atrocious' by medical center administration.[62] They feel security is not trained effectively, especially when an incident needs to be reported to law enforcement. There have been many times when Private Security could not provide enough needed information to the first responders, causing a delay in response time, or worse, no response.

One of the issues is security guards sit for an extensive number of hours staring at the security monitor's rotating feeds of several hundreds of cameras that cover the campus. [63] As a result, Private Security tends to assign the newest security personnel to that location.

Another crucial component regarding security is to verify the identities of everyone entering any of the buildings on the Medical Center campus. To this end, Security patrols in pairs, and is posted in the lobby and restricted areas of the Medical Center. Each pair is assigned to an x-ray machine with a hand held metal detector to examine contents of bags/purses. They also have a wand, the ruler shaped object that beeps when it senses metal. The lobby is so busy that it warrants two teams of security to process the visitors into the facility.

The only location in the Medical Center that does not have the metal detector, etc., is the entrance to the emergency room. Patients are often rushed to the ER and require immediate medical attention. Medical care always supersedes security so the patient bypasses the usual security check. Instead, security personnel is assigned to follow the patient and to wait outside the exam room

[61] Interview with security personnel, February 17, 2025
[62] Ibid
[63] Ibid

until the physician or other health care worker assesses the situation and identifies which areas of the patient's body for a scan. Security then uses the wand to make sure the patient is not carrying anything dangerous.

In a situation where a more direct intervention from law enforcement or security appeared necessary involved a patient who was treated and discharged, and required no further medical care. Despite this, the individual refused to leave the Medical Center, even while screaming and threatening Medical Center staff. This person remained on the premises for an additional month until they were somehow able to coax the person away, using food as an enticement. This situation highlights the challenges posed by individuals who may be experiencing a mental health crisis but do not meet the criteria for forceful intervention under current protocols.[64]

Conclusion:

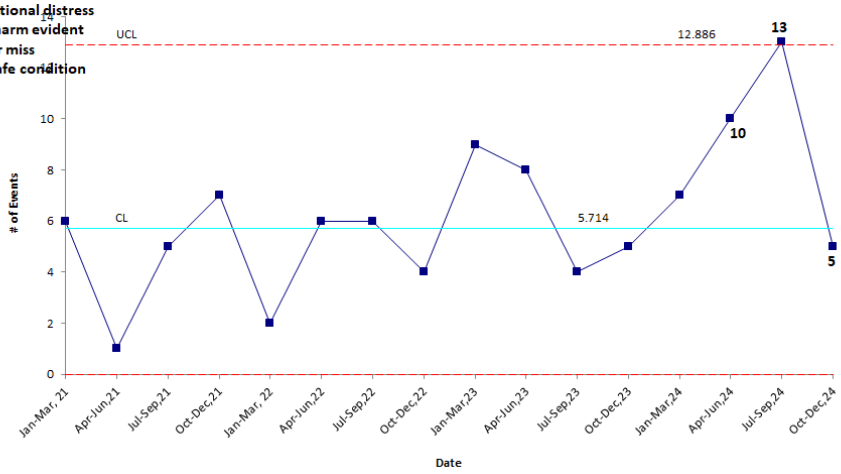
The safety concerns reported by personnel at Los Angeles General Medical Center are multifaceted and deeply rooted in the unique challenges presented by the Medical Center's patient demographics and its role within the broader Los Angeles County healthcare system. The current limitations on intervention in potential mental health crises, while perhaps intended to promote a therapeutic environment, appear to compromise staff safety. Continued review of security protocols is essential to ensure the well-being of Medical Center personnel while continuing to provide necessary care to a vulnerable patient population.

The following charts[65] reflect the trends of violent incidents at the Medical Center as of 2024.

[64] Conversation with hospital personnel 3/7/2025
[65] Obtain from LAGMC

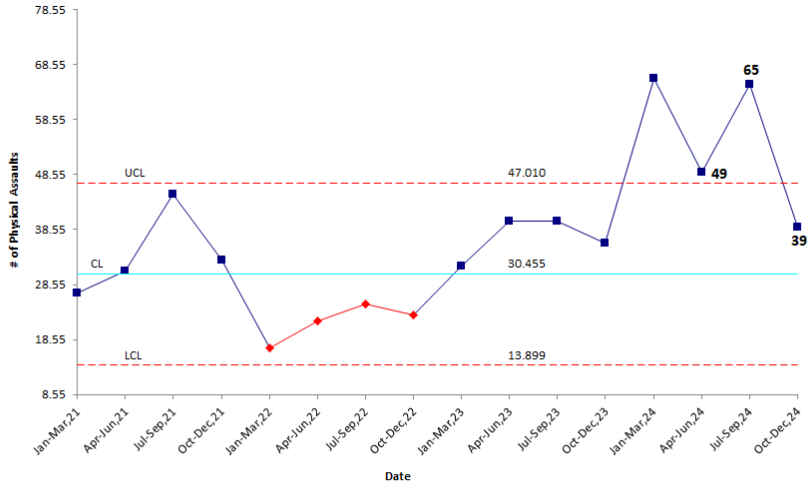
Harm Score Scale
9 = Death
8 = Severe permanent harm
7 = Permanent harm
6 = Temporary harm
5 = Additional treatment needed
4 = Emotional distress
3 = No harm evident
2 = Near miss
1 = Unsafe condition

Patient Assaults on Staff - Harm Score 6 & Higher

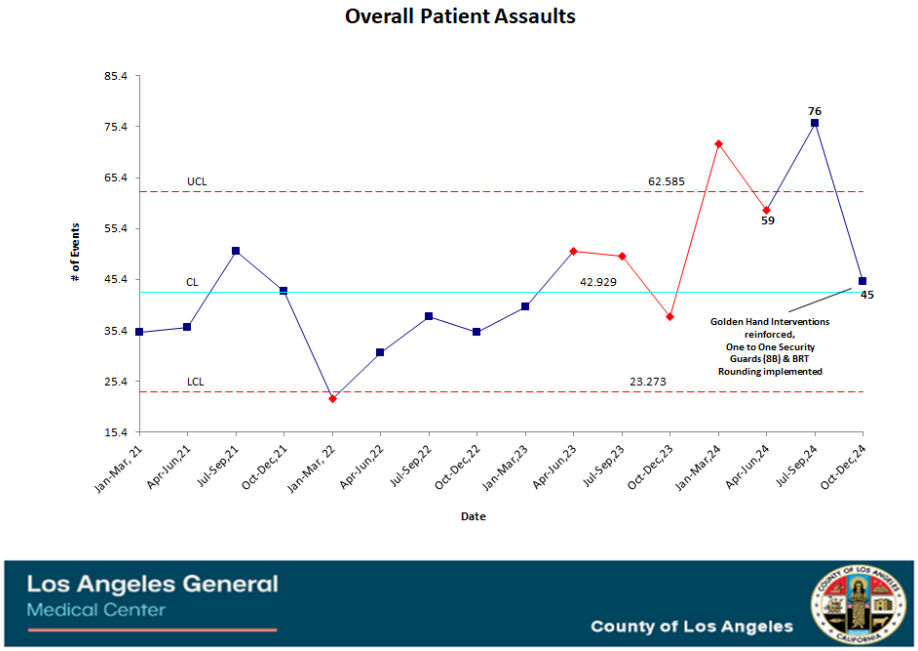


Los Angeles General Medical Center — County of Los Angeles

Physical Assaults



Los Angeles General Medical Center — County of Los Angeles



The above charts demonstrate the three areas most concerning with regard to the safety at the medical center:

- State Law (hands off policy) [66]prevents officer intervention in a potential violent situation.
- LASD's perceived political pressure prevents intervention
- LASD fear of litigation prevents intervention

The above three areas, State Law, political pressure and litigation interact to foster violence in the Medical Center.

FINDINGS

FINDING #1

Neither the Sheriff's Department nor private security will intervene and remove someone who is potentially violent, perhaps because of a mental health crisis, unless that person possesses a weapon or has already committed an assault. This policy, while likely intended to be sensitive to the needs of individuals

[66] https://www.ojp.gov/ncjrs/virtual-library/abstracts/hands-hands-hands-semi-discussion-current-legal-test-used-united. Accessed April 30, 2025

experiencing mental health challenges, leaves Medical Center personnel feeling vulnerable when faced with disruptive or threatening behavior but does not meet the threshold for immediate law enforcement intervention.

FINDING #2

The comprehensive security plan in place for 2024-2025, is a collaboration with the LASD, contracted security, Los Angeles General Medical Center Environment of Care (EOC), medical staff and Medical Center Administration. The plan focuses on deterring and managing aggressive or violent patients or visitors and providing a forum to discuss critical incidents and create joint policies.[67]

FINDING #3

LASD holds regular classes to fine-tune the skills of the deputies and to introduce new techniques. They have invited contracted security to join them and give them the opportunity to increase their knowledge of law enforcement.

RECOMMENDATIONS

To address the significant security concerns at Los Angeles General Medical Center and ensure the safety of its personnel, the following recommendations are proposed:

RECOMMENDATION 6.5

Improve communication and coordination between Medical Center staff, security personnel, and the Sheriff's Department to ensure a consistent and effective response.

RECOMMENDATION 6.6

Rotate the dispatch duty from full time to four-hour shifts.

[67] https://apps.dhs.lacounty.gov/Content/CEF/LACUSCHandbook.pdf, Accessed May 6, 2025

RECOMMENDATION 6.7

Continue to upgrade CCTV coverage throughout the Medical Center, ensuring clear visibility in all patient care areas, waiting rooms, and entrances/exits and outdoor spaces. Continue regular security risk assessments to identify emerging threats and vulnerabilities and to evaluate the effectiveness of existing security measures. These assessments should involve input from LASD and all relevant medical center personal.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60) days after the CGJ publishes its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made no later than ninety (90) days after the CGJ publishes its report and files with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

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Responses to the recommendations of this report are requested from the following:

Agency	Recommendation
LA General Medical Center CEO	6.5, 6.6, 6.7
Depart of Health Services	6.5, 6.6, 6.7
Los Angeles Sheriff Department	6.5, 6.6, 6.7

ACRONYMS

DHS	Department of Health Services
CCTV	Closed Circuit Television
EOC	Environment of Care
ER	Emergency Room
LAGMC	LA General Medical Center
LASD	Los Angeles Sheriff Department
PTSD	Post-Traumatic Stress Disorder

COMMITTEE MEMBERS

Linda Esparza Chairperson
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George Davis
Rick Ellingsen
Victor Lesley

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LAC+USC GENERAL HOSPITAL FOUNDATION

PART 4

MISSING AN OPPORTUNITY TO INCREASE PRIVATE FINANCIAL SUPPORT

Photo by CGJ committee member on January 15, 2025.

EXECUTIVE SUMMARY

The LAC+USC General Hospital Foundation's (Foundation) name implies that USC is directly involved in the fundraising efforts for the Medical Center. This is not the case. The hospital changed its name (dropping USC) in May 2023 to Los Angeles General Medical Center (LAGMC) but didn't change the name of the Foundation.[68] This creates ongoing confusion for potential donors and patients that may want to donate to the medical center.

As noted in earlier chapters of this report, the County of Los Angeles (County) has tight controls on purchasing, staffing and HR practices at the four public hospitals. For example, if the hospital wants to attract a doctor with special knowledge and skills, they can't use County funds to offer relocation or temporary housing to the candidate. In terms of continuing education and career development, industry related conventions and 3rd party training are also not covered by the County. The current Foundation is able to cover some of these costs but could do much more with a restructured, private focused foundation.

The primary fundraising focus at LAGMC is for the Wellness Center (located on the 99 acre campus).[69] The Wellness Center is laser focused on serving the families in the surrounding Boyle Heights area. The committee of the Civil Grand jury was impressed with the mission and services offered by the Wellness Center but felt it's more of a non-profit service provider versus a standalone foundation (whose sole mission is to raise money). For example, a majority of the Wellness Center's revenue is Government funded (primarily by the County of LA). Less than 10% comes from private contributions**.**

To increase private fundraising efforts at LAGMC, we are recommending the Wellness Center's name is changed to Los Angeles General Wellness Center (government funding focused) and a new non-profit is formed called Los Angeles General Medical Center (private fundraising focused).

The LAGMC is located in a region that has a long history supporting philanthropy in the community. This includes foundations and wealthy individuals with the capacity to give. It's a great opportunity but needs a new structure, more focus, and urgency by the senior management of LAGMC.

[68] https://dailytrojan.com/2023/05/03/LACUSC-MEDICAL-CENTER-RENAMED-TO-L-A-GENERAL-MEDICAL-CENTER/. Accessed: March 13, 2025
[69] Meeting with the Wellness Center fundraising staff, December 18, 2024

BACKGROUND

The LAC+USC Medical Center Foundation, Inc. is a 501(c)(3) nonprofit established in 1988 to support LAGMC and ensure its status as a leader in health and medicine, community care, education and research. LAGMC is one of the largest public hospitals in the country, providing full spectrum emergency, inpatient, and outpatient services from its campus in Boyle Heights to more than 200,000 patients a year. [70]

The initial fundraising agreement between the County of Los Angeles and the Los Angeles County University of Southern California Medical Center Foundation was executed in August 1994. This allowed the Foundation to seek private financial support for certain projects at LAGMC needed for the provision of health care delivery, medical research, and education. The agreement is renewed annually. [71]

The Foundation supports the LAGMC through fund development, public service, community leadership, and patient care and education, achieved through coordinated commitment from funders, community partners, residents and stakeholders to benefit the LAGMC campus and the community it serves.

The Foundation serves the most vulnerable of Los Angeles County, with particular focus on LAGMC patients, nearby residents of Los Angeles, Eastside neighborhoods, and the larger community of the County that relies on the LAGMC and the Los Angeles County Integrated Health Agency for care.[72] Many in our community experience complex barriers to good health that cannot be addressed in the doctor's office or emergency room. The Foundation activities are focused on developing systems and services that enable these individuals to achieve and maintain good health by minimizing the many barriers impeding their way.

The current Foundation provides funding for some costs not approved by the County of Los Angeles

- Travel expenses for recruitment of key employees (doctors, nurses, specialists)
- Moving expenses for new employees
- Business meals not covered by the county.
- Management team and medical professionals attending out-of-state national conventions.

[70] https://www.lacuscfoundation.org/ Accessed January 7, 2025
[71] Document provided by interviewee from Wellness Center, April 8, 2025
[72] https://www.lacuscfoundation.org/about_us. Accessed on January 7, 2025

The Foundation also achieves its mission by serving the needs of the health system and the community-at-large through efforts including patient navigation and education; connecting health agency patients to community-based services; community engagement; advocacy and capacity-building; and creating partnership opportunities for community and County leadership to deliver responsive services to meet community needs.[73]

Programs supported by the current Foundation:[74]

- The Wellness Center (located on the campus of the LAGMC)
- Health Innovation Community Partnership (HICP)
- Community Engagement for LAGMC capital and community projects
- Patient enrichment and engagement initiatives
- Filming and event venue management
- Los Angeles General Arts Council Fund – The Los Angeles General Arts Council maintains and curates donated art to create peaceful, healing, comforting, and inspirational spaces throughout the LAGMC.
- Los Angeles General Hospital Facilities Fund – The Facilities Fund provides support for the Facilities team members including service recognition and professional development.

Overview of the Wellness Center[75]

- Located on the campus of the LAGMC.
- 41,782 space leased from the County in the old General Hospital building.
- The Mission is prevention and early intervention
- Community advocacy for the 10,000 residents (5 mile radius) in Boyle Heights.
- (40) Staff members
- Part-time staff member for Press/Communications
- 1.1k followers on Facebook (low engagement-likes and comments)
- 3.9k followers on Instagram (low engagement-likes and comments)
- $6m annual budget
- Provides support for services and costs not easily covered by LA County.
- Also serve as a fiscal sponsor for other non-profit entities/requests from the hospital.
- Internship program with Cal State LA.
- A majority of the fundraising efforts are for the Wellness Center (LA County funding).

[73] https://trustees.aha.org/articles/1173-reinventing-the-health-care-foundation-board. Accessed: February 3, 2025
[74] https://www.lacuscfoundation.org/donate-today. March 3, 2025
[75] https://www.thewellnesscenterla.org/aboutus. March 4, 2025

Fiscal Sponsorship and Management Services[76]

The Foundation is a non-profit 501(c)(3) organization that can accept funding and grants from most public and private sources on behalf of sponsored projects. Using a fiscal sponsorship arrangement[77] offers a way for a cause to attract donors even when it is not yet recognized as tax-exempt under Internal Revenue Code Section 501(c)(3). *In essence the fiscal sponsor serves as the administrative "home" of the cause. Charitable contributions are given to the fiscal sponsor, which then grants them to support the cause.*

For qualified partners, the Foundation Inc. (via the Wellness Center) provides fiscal sponsorship and management services in the following core areas:

- Grant and contract management
- Finance and accounting
- Tax and audit
- General liability insurance
- Human resources and payroll
- Administrative support
- Backbone organization
- Office, meeting and event space
- Community outreach and engagement
- Advocacy and media technical assistance and training
- Project management
- Research
- Collaborative convener
- Coordination of health-promoting, community facing activities

LAC+USC General Hospital, Board of Directors (April 2025)[78]

(8) Directors serve on the Board (including open seats).

- Jorge Orozco, Board Chair and CEO of LAGMC
- Tony Kuo, MD, MSHS, Board Co-Chair
  Director, Division of Chronic Disease and Injury Prevention and Office of Senior Health, Los Angeles County DPH
- Kathleen Salazar, MBA, Board Treasurer
  Chief Financial Officer/Treasurer, UniHealth Foundation
- Teresa Nuno, Board Secretary, First 5 LA (Ret.)
- Allen Miler, Board Co-Chair, Chief Executive Officer, COPE Health Solutions

[76] Ibid
[77] https://www.councilofnonprofits.org/running-nonprofit/administration-and-financial-management/fiscal-sponsorship-nonprofits. Accessed: March 1, 2025
[78] https://www.thewellnesscenterla.org/aboutus. March 4, 2025

METHODOLOGY

- The Jury met with senior members of the leadership of the LAGMC on December 18, 2024.
- Internet research on best practices for Hospital foundations serving large, low income, urban communities.
- Internet research on best practices for non-profit boards.
- The Jury met with senior leadership of the County Department of Human Resources assigned to the County Department of Health Services on December 12, 2024.
- The Jury met with leadership of LAGMC on February 19, 2025. The Jury met with the senior management of the LA County Department of Health Services
- Tour of the Wellness Center and meeting with the senior fundraising and community relations staff on December 18, 2024.
- The Jury met with the Foundation management on April 9. 2025.
- The Jury met with the doctors and an Emergency room physician on April 25, 2025.

DISCUSSION

A foundation board's primary purpose is to raise funds to support the organization in fulfilling its mission. Board members individually and collectively partner with the philanthropy team, executives, clinicians and other allies to identify, engage, solicit and steward current and potential donors. They serve as ambassadors in the community, telling the hospital's story and promoting the organization's vision for impact with potential supporters.[79]

A foundation connects the hospital to the community.

Those of affluence and influence can participate in a foundation by serving on the board or on committees, but the affiliation doesn't stop there. All walks of life can participate through fundraisers, which are aimed at a broader swath of the population. From galas, auctions, golf tournaments, runs, walks, and community events are as important for the people they engage as the dollars that are raised. The events identify the hospital as a charity in need of community support and

[79] https://www.forbes.com/sites/krisputnamwalkerly/2024/02/16/a-roadmap-to-creating-and-launching-a-health-conversion-foundation/. January 17, 2025

allow grateful patients and families to express their gratitude tangibly through giving.[80] [81]

Typical roles for a health care foundation board member[82]

Outside roles

- Connect others to the organization's mission.
- Make introductions and open doors.
- Advocate for the organization; share the case for support.
- Provide information to guide effective outreach.
- Invite others to participate through giving.
- Thank and steward donors.
- Give personally at a level commensurate with ability and interest.

Inside roles

- Set financial and programmatic goals for development.
- Ensure strategically aligned project selection.
- Foster an environment to support physician and patient engagement.
- Vet which projects have community appeal.
- Evaluate progress toward development goals.
- Set or shape organizational strategy.
- Shape the case for support.
- Make allocation decisions.
- Ensure financial stewardship.
- Support the development executive.

Importance of Board Members[83]

Board members set an example as advocates in both word and deed by:

- Utilizing personal stature, credibility and networks to be effective and credible advocates for the health care organization.
- Advancing relationships with prospects and donors by making introductions, establishing affinity, cultivating relationships, sharing the case for support, soliciting gifts and providing stewardship.

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[80] https://trustees.aha.org/when-hospitalhealth-system-and-foundation-boards-intersect#:~:text=The%20foundation%20board's%20primary%20purpose,steward%20current%20and%20potential%20donors. Accessed: January 17, 2025

[81] https://fundraisingcounsel.com/news-views/fundraising-blog/five-principles-to-keep-in-mind-when-running-a-hospital-foundation/. January 17, 2025

[82] https://trustees.aha.org/articles/1173-reinventing-the-health-care-foundation-board. January 17, 2025

[83] Ibid

- Assisting in the engagement of physicians and other key allies in advancing the organization's work.
- Making an annual personal financial gift commensurate with their ability.
- Board members set an example as advocates in both word and deed by:

    - Utilizing personal stature, credibility and networks to be effective and credible advocates for the health care organization:

- Advancing relationships with prospects and donors by making introductions, establishing affinity, cultivating relationships, sharing the case for support, soliciting gifts and providing stewardship.
- Assisting in the engagement of physicians and other key allies in advancing the organization's work.
- Making an annual personal financial gift commensurate with their ability.

Health care fund development is organized under multiple models:[84]

1. A development department of a health care organization uses the supported health care organization's 501(c)(3) nonprofit status to raise money. In this case, a "board" is not a legal governing board but a body to provide leadership for philanthropic efforts. While a board does not have the responsibilities of a legal board, it typically functions similarly by having board meetings, providing counsel on the direction of the organization and fulfilling allocated responsibilities.
2. A separate 501(c)(3) charitable foundation can be organized as either a public charity or a supporting organization. While there are nuances to a foundation's structure and function under both of these models, work is guided and advanced by a board with legal governance responsibilities in either model.[85]

Case Study One: Riverside University Health System Foundation (RUHS Foundation)[86]

The mission of RUHS Foundation is to foster friends and inspire philanthropic support for the needs of Riverside University Health System. They serve a similar patient group as LAGMC (also a public health and teaching hospital).

- Founded in 1989
- (21) Board Members
- Easy to navigate website

[84] Ibid
[85] https://www.tgci.com/funding-sources/ca/top. Accessed: February 26, 2025
[86] https://ruhsfoundation.org/. Accessed: March 4, 2025

- 2.6k followers on Facebook
- 1.2 followers on Instagram
- Public Teaching hospital and safety net provider (Similar to LAGMC)
- Serves 2.3m residents in Riverside County
- Annual Fundraising Events
- KB Home Golf Classic (started in 2006: Raised $230,000 in 2022)
- Festival of Trees (600 guests, raised $785,000 in 2024)
- Pinwheels for Prevention
- (8) Staff members
- Director
- Senior Director of Development
- Director of Development
- Development Officer
- Community Relations
- Secretary
- Administrative Assistant
- Administrative Assistant

Case Study Two: Natural History Museum of Los Angeles[87]

The Natural History Museums of Los Angeles County (NHMLAC) is a public-private partnership between the non-profit Los Angeles County Museum of Natural History Foundation (LACMNHF) and the County of Los Angeles. The LACMNHF Board of Trustees appoints (25) of its own members, and the Board of Supervisors appoints (15) members. This allows NHMLAC to provide unified museum oversight, policy, and governance. The museum's operational revenue base is derived from public funding, secured by a contractual agreement with the County, as well as private funding, in the form of gifts, grants, and museum enterprise.

Top 25 California Philanthropic Foundations by Total Giving Amount[88]

TOP 25 CALIFORNIA FOUNDATIONS	TOTAL GIVING
Silicon Valley Community Foundation	$1,894,973,634
The William and Flora Hewlett Foundation	$431,219,377

[87] https://nhmlac.org/about-us/leadership-board-trustees, Accessed April 24, 2025
[88] https://www.instrumentl.com/foundations/california/. Accessed: February 27, 2025

TOP 25 CALIFORNIA FOUNDATIONS	TOTAL GIVING
The David and Lucile Packard Foundation	$325,249,144
Tides Foundation	$222,278,451
California Community Foundation	$170,444,478
The California Endowment	$155,964,525
Lucille Packard Foundation for Children's Health	$150,331,099
The San Francisco Foundation	$149,649,862
The Eli and Edythe Broad Foundation	$141,325,999
The Asia Foundation	$112,922,291
Conrad N. Hilton Foundation	$111,767,014
The James Irvine Foundation	$87,377,604
The Annenberg Foundation	$85,610,590
The Energy Foundation	$79,304,017
Orange County Community Foundation	$79,236,154
Jewish Community Foundation of Los Angeles	$78,459,655
William K. Bowes, Jr. Foundation	$70,446,615
The Trust for Public Land	$63,758,148
The Sierra Club Foundation	$63,236,588
W. M. Keck Foundation	$55,332,420
Entertainment Industry Foundation	$50,245,085
Marin Community Foundation	$49,175,108
The Ahmanson Foundation	$49,059,341
Jim Joseph Foundation	$46,921,141
The Safeway Foundation	$44,618,115

Top 25 LA Foundations offering Healthcare Grants (Total Giving Amount)[89]

Funder Name	Total Giving
University Of Southern California	$775,730,369
The UCLA Foundation	$417,277,556
California Community Foundation	$343,204,466
The California Endowment	$193,569,729
Farmlink Project	$159,648,747
Jewish Community Foundation	$135,631,017
The David Geffen Foundation	$129,741,899
Broad Foundation	$123,553,531
Dart L Foundation	$75,180,000
Resnick Foundation	$71,576,535
Entertainment Industry Foundation	$70,518,180
Anderson Stewart Family Foundation	$65,445,000
W M Keck Foundation	$64,486,669
The California Wellness Foundation	$56,990,667
Occidental College	$50,663,063
Ufw Foundation	$50,111,793
Essential Access Health	$41,357,468
Community Partners	$38,647,495
Weingart Foundation	$35,280,689

[89] www.instrumentl.com/foundations/california/los-angeles/health-care?page=1. Accessed February 27, 2025

Funder Name	Total Giving
Baby2baby	$30,936,889
Special Service For Groups Inc.	$28,705,383
United Way Inc.	$27,551,024
J Paul Getty Trust	$26,289,033
Daughters Of Charity Foundation	$23,935,487
Legal Aid Foundation Of Los Angeles	$23,416,062

Fundraising Strategy for Hospital Foundations[90]

1. Major Gifts - Top Revenue source. Integration of annual giving and major giving drives
2. Digital Channels - Personalized engagement is key to on-line donor retention and a great pathway to major giving. A digital-first approach to timely, personalized communications helps retain existing donors and increase lifetime value.
3. Donor Pipeline - Foundations with digital grateful patient programs were 2X more likely to report increases in new donors than those without.

Donor Communication Strategy[91]

1. Share impact stories
2. Check in often
3. Educate donors about legacy giving
4. Promote matching gift opportunities
5. Hone your approach to donor recognition

[90] https://www.digitalhealthstrategies.com/benchmark24/#microsite-main. Accessed: March 18, 2025

[91] https://www.donorsearch.net/resources/health-fundraising/#:~:text=Overall%2C%20a%20grateful%20patient%20or,excellent%20foundation%20for%20meaningful%20fundraising. Accessed: March 18, 2025

On-Line Gift Shop Revenue[92]

The site of the old General Hospital building is known throughout the United States from the long running ABC Soap opera. In Los Angeles, we have another well-known hospital.

Cedars Sinai receives significant international press coverage from providing medical treatment to celebrity patients. This hospital leverages this media and brand recognition to generate significant on-line revenue from their gift shop. The products offered are extensive and the site is easy to navigate.

Non-profit hospitals saw an annual growth in average online gift revenue of 110% to $373 (per customer purchase) in 2023.[93]

FINDINGS

FINDING #1

The current name and focus of the Foundation is confusing to potential donors and sponsors.

- The name is “LAC+USC General Hospital Foundation” but “USC” is no longer a part of the Foundation.
- The Foundation’s primary focus is on the Wellness Center but the name doesn’t reference the center.
- This confusion directly impacts the potential flow of financial support from funders, former patients and the overall community.

[92] https://giftshop.cedars-sinai.org. Accessed: March 18, 2025
[93] https://www.digitalhealthstrategies.com/benchmark24/#microsite-main. Accessed: March 18, 2025

FINDING #2

Senior management of LAGMC plans to restructure the current Foundation and place the Wellness Center under the same umbrella organization. [94]

- Management doesn't foresee a problem with an overlap in fundraising efforts (targeting different donors).
- Wants to insure that the Wellness Center continues to receive support for the excellent work they are doing in the local Boyle Heights community.

FINDING #3

Senior management of LAGMC forecasts that it would take up to (5) years to transition to highly functioning fundraising board.

- The current Foundation board's composition is similar to a government/fiduciary/advisory board vs a fundraising focused board.
- The County of Los Angeles has added significant terms and conditions that are uncommon in a private, non-profit foundation.
- It may be challenging to recruit new, wealthy, and well connected donors (given the County's restrictions to the Wellness Center) to the proposed LAGMC Foundation.

FINDING #4

The current Foundation must receive County approval before accepting any financial contributions over $5,000.[95]

FINDING #5

The original Fund-Raising Services Agreement between the County and the Foundation was executed on August 9, 1994.[96] This agreement allowed the Foundation to seek private financial support for certain projects at LAGMC.

- The agreement is renewed annually.

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[94] Meeting with LA General Medical Center management, February 19, 2025
[95] Meeting with the high level doctor, April 25, 2025
[96] Fund-Raising Services Agreement between the County of Los Angeles and Los Angeles County University of Southern California Medical Center Foundation #H203916 on August 9, 1994

- On page 2, item 2 of the agreement: *there should be no monetary payment by the County to the Foundation under this agreement*.

FINDING #6

The Fund-Raising Services Agreement was Amended (#3) on December 12, 2018

Executed between the County of Los Angeles and the Foundation

The Board of Supervisors provided delegated authority[97] to amend the agreement to add new service programs-the costs associated for patient education/support for annual funding not to exceed $300,000.

- Foundation should provide a 24/7 call center for callers requesting information and assistance for medications for addiction treatment.[98]
- Amendment #3 dramatically increased the terms, conditions and oversight (similar to a County Agency) to the Wellness Center after the services offered were expanded to include activities that promote and integrate the health delivery system at the LAGMC for a broad range of health and wellness initiatives:[99]
  - Zero Tolerance for Human Trafficking
  - Compliance with Fair Chance Employment Practices
  - Compliance with the County Policy on Equity
  - Compliance with the County's Jury Service Program
  - Written Employee Jury Service Policy
  - Consideration of Hiring County Employees Targeted for Layoffs/or RE-Employment List.
  - Consideration of Hiring Gain/Grow Participants
  - Contractor's Acknowledgment of County's Commitment to the Safely Surrendered Baby Law
  - Contractors Warranty of Adherence to County's Child Support Compliance Program.

The Jury assumes the addition of County Terms and Conditions to the Fund-Raising Service agreement was due to the increase in paid County grants received by the Wellness Center. Unfortunately, this creates substantial challenges to receive unrestricted private donations (corporate, private foundations and from wealthy donors).

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[97] https://library.municode.com/ca/la_county_-_bos/codes/board_policy?nodeId=LOS_ANGELES_COBODEAUMA, Accessed: April 28, 2025
[98] Fund raising Agreement, page 2, par 3, sub F
[99] Fund raising Agreement, page 17, Amendment 3

FINDING #7

The Foundation earns annual revenue from providing consulting advice on training doctors/nurses to an organization in China.[100]

- The demographics of the patients (in a major urban environment) is a great case study for other hospitals and medical centers around the world. There is an opportunity to increase consulting/training revenue (that would be routed to the Foundation).

FINDING #8

The high profile surgeons, doctors and nursing professionals are not requested (or expected) to assist in fundraising efforts for the Foundation.

- Many of the current doctors were formerly with USC and were expected to participate in development/fundraising initiatives at the University of Southern California. They have experience in nurturing relationships and deep connections with potential donors.

FINDING #9

Numerous entity names on Facebook: “Los Angeles General Medical Center,” “LAC+USC General Hospital Foundation,” and the “Wellness Center.” For Instagram, there is “lageneralmed”, “LA General Medical Center Services,” and “LA General Medical Center Hospital Medicine.”

The various names on social media platforms makes it difficult to align donor outreach strategies with social media branding.

FINDING #10

The LA General Medical Center has an on-line Gift Shop but it’s on a separate website from the main LAGMC website. We also noted minimum external marketing of the on-line gift shop to non-visitors, staff or patients.[101]

[100] Meeting with LA General Medical Center management, February 19, 2025
[101] https://dhs.lacounty.gov/lageneral/patient-and-visitor-information/gift-shop/. March 18, 2025

FINDING #11

Over 90% of the Wellness Center budget come from the County and other Government grants. The primary focus is primarily raising money for programs and services in the Boyle Heights community. They do a great job but are not structured (or staffed) to raise private funding (corporations, private foundations and wealthy individuals).[102]

FINDING #12

The Foundation lacks a pipeline effort to attract younger, diverse board members for future board service. Board members of large non-profit organizations are usually older than 50 years old and have the financial capacity to donate to the organization.[103]

FINDING #13

Large risk to current LAGMC funding with pending Federal cuts to Medicaid and Medicare.[104] Of the $2.1 Billion budget, 89% of the budget comes from Medicaid and Medicare funding.[105] [106]

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[102] Ibid

[103] https://law.stanford.edu/2022/01/10/recruiting-young-people-to-nonprofit-boards/#:~:text=To%20keep%20younger%20board%20members,non%2Dboard%20opportunities%20for%20involvement. Accessed April 10, 2025

[104] https://calmatters.org/health/2025/03/medi-cal-shortfall-worsens/. Accessed April 11, 2025

[105] https://www.ahd.com/free_profile/050373/Los_Angeles_General_Medical_Center/Los_Angeles/California/. Accessed April 11, 2025

[106] https://lapublicpress.org/2025/03/medi-cal-cuts-la-california-health-centers/. Accessed April 11, 2025

RECOMMENDATIONS

RECOMMENDATION 6.8

This recommendation addresses Finding #1

To prevent further confusion by potential donors, change the name of the "LAC+USC Medical Center Foundation" to the "Los Angeles General Medical Center Foundation (LAGMC Foundation)."

- USC is still currently listed in the name (although the University's relationship with the medical center has transitioned to a partnership for training nurses and doctors).
-
- The current Foundation is focused on the Wellness Center but the name implies a bigger role and footprint.

RECOMMENDATION 6.9

This recommendation addresses Finding #2, Finding #3 and Finding #4

Continue under the new name (i.e., LAGMC Foundation) and increase the efforts and focus to receive more private funding. Additionally, the LAGMC Foundation should request removal of the $5,000 pre-approval requirement from the County in the Fund Raising Agreement.[107]

Pros

- You wouldn't need to create a separate, new, private only foundation (separate from the Wellness Center).
- The Wellness Center and the LAGMC Foundation could continue to serve under one board.
- You wouldn't have to wait 3-5 years to create a new (private only) fundraising organization.

[107] Fund raising Agreement, page 17, Amendment 3

Cons

- The Wellness Center has strict County of LA controls on the grants received.[108] This would be a challenge for private foundations and wealthy individuals.
- The current Fund Raising Agreement[109] states that the Foundation has to first hire a laid off County employee before recruiting from the general public. *However, the hiring manager could avoid this contractual provision by showing that the laid off County employee doesn't have the specific skill level and experience for the job opening*.
    - Private fundraising is a very specific skill that is not a common skill set for government employees.
- The Wellness Center has a very specific mission to serve the residents of Boyle Heights. They do an excellent job but have not been successful in private fundraising.
- There could be a challenge establishing a demarcation between development efforts between the Wellness Center and the Foundation.
- Private donors generally want to donate money and be honored for their donation. Adding additional bureaucracy or conditions will hurt fundraising.
- It will be hard to recruit private fundraising professionals to work under a combined Wellness Center (Government funded culture) and a private effort to support the broader needs of LAGMC.

<table>
<tr><td colspan="3"><u>(21) Members of the Board</u>

(7) Appointed by the Board of Supervisors
(3) Wellness Center Appointees (Community Leaders, Subject Matter experts on the services offered at the Wellness Center)
(11) at large appointees, selected from a Board Nominating Committee (need to establish a “give or get” $$ amount for each board member)</td></tr>
<tr><td><u>Wellness Center</u>

• County/State Grants
• Private Fundraising for WC
• Private donations for WC
• Happy Client donations</td><td>← Fiscal Sponsor for both organizations →</td><td><u>Private Fundraising-LAGMC</u>

• Staffed with new Development Professionals (w/Private Healthcare fundraising experience).
• Gift shop revenue
• Film Rental revenue
• Medical Training revenue (e.g. China)
• Annual Gala
• Golf tournaments
• Happy patient donations</td></tr>
</table>

[108] Fund raising Agreement, page 17, Amendment 3
[109] Ibid

RECOMMENDATION 6.10

This recommendation addresses Finding #2, Finding #4, Finding #5, Finding #7, Finding #8 and Finding #11.

1. **We recommend that the Wellness Center is renamed the Los Angeles General Wellness Center**.
    a. The Wellness Center handles government grants, government funding and government audits of the grants.
    b. These County grants have significant restrictions (mentioned in Findings #4 and #5) that would make it difficult to recruit a private oriented fundraising foundation.
    c. They currently raise a very small amount of private donations.
    d. The Wellness Center should continue to serve as a Fiscal Sponsor (already providing this service for LAGMC).
    e. We recommend a new Board of Trustees is formed for the Wellness Center. Their composition would be more governance and Los Angeles County expertise related (vs private philanthropy)
2. **We recommend that a new non-profit, private fundraising organization is created with the name "Los Angeles General Medical Center Foundation**."
    a. This organization's primary focus would be to raise private funding (original intention of 1994 Fundraising Service Agreement between the County of LA and the Foundation) to support for the provision of health care delivery, medical research, education and retention of key staff.
    b. Important to have clear lines of demarcation between the two organizations to prevent overlap in development efforts (and confusion from donors).
    c. The fundraising strategy for large gifts (e.g., adding floors to LAGMC) is very different than fundraising to serve the needs of the Boyle Heights residents (mission of the Wellness Center).

Categories	LA General Wellness Center	LAGMC Foundation
Board Director Focus	Governance	Fund Raising
Fundraising Focus	Government	Private
Targeted Programs-Boyle Heights	X	
Fiscal Sponsor	X	
Capital Fundraising		X
LA City/County Grants	X	
California State Grants	X	
Federal Grants	X	
Corporate Donations		X
Private Foundation Donations		X
Individual Donations	X	X
China Training Revenue		X
Facility Rental Revenue		X
Revenue from the Gift shop		X
Revenue from Location Filming		X
Board Director Annual Donations	X	X
YouTube TV Revenue		X
Doctor/Nurse Alumni Donations	X	X
Happy Patient Donations	X	X
Doctor/Nurse initiated Fundraising		X
Note: There will be some overlap between entities. Chart intended to show focus.		

RECOMMENDATION 6.11

This recommendation addresses Finding #3

Shorten the timeline to build a stronger fundraising Board of Directors.

- The Committee feels that senior management should place more urgency in building a high capacity, fundraising board.
- The board should establish a "give or get" (annual set amount) that each board member is expected to donate or solicit from friends.
- Recommend the newly created board starts with (21) members that includes the following structure and skill sets:
    - (7) Members appointed by the Los Angeles County Board of Supervisors. *This model is currently in place at the Natural History Museum[110] and insures that the County has a fiduciary interest in the new LAGMC Foundation.*
    - (14) Members that can meet an annual financial "give or get"(yet to be determined) commitment
        - Recommend one CPA or Finance professional.
        - Recommend one senior level sales experience or high profile fundraising experience.
        - Recommend one lawyer familiar with non-profit governance experience.
        - Recommend one members that has served in senior leadership role at a large urban hospital or medical center.

RECOMMENDATION 6.12

This recommendation addresses Finding #4

Explore methods to expand your relationships and training expertise in China

- Assign a staff member or consultant to nurture the existing relationship and to explore new opportunities that could increase revenue to the current Foundation.[111]
        - Leverage what the LAGMC is best known for (training doctors and nurses and managing a Level I trauma center).

[110] https://nhmlac.org/about-us/leadership-board-trustees, Accessed April 24, 2025
[111] https://in-training.org/how-its-made-doctors-edition-comparing-american-and-chinese-medical-education-20963. Accessed March 3, 2025

- Community based care (through the Wellness Center)
- Serving patients from lower income and educational backgrounds.

RECOMMENDATION 6.13

This recommendation addresses Finding #5

Leverage the expertise and experience of the former USC Doctors and Surgeons that formerly supported the development efforts of the University of Southern California.

- Emphasize the benefit of non-governmental funding to the mission of the hospital.
- Allow them to serve as mentors to newly minted doctors (how to nurture external relationships on behalf of the LAGMC).
- Feature the doctors and nurses (who are good on camera) in branding videos, and marketing brochures for potential funders.

RECOMMENDATION 6.14

This recommendation addresses Finding #6

LAGMC and the Wellness Center need to better align (and differentiate) their social media strategies to increase impact and to improve nurturing of donors. Each social media site should have a specific audience in mind (e.g., general public, healthcare community, potential donors). Highlight the excellent work of doctors, nurses and staff in supporting the mission.

RECOMMENDATION 6.15

This recommendation addresses Finding #7

Link the online gift shop[112] to the primary LAGMC website. Also, due to the association with the long running "General Hospital" soap opera (since 1963) on the ABC Television Network, there's an opportunity to raise more 3rd party revenue (assuming no licensing issues with ABC) for T-Shirts, Coffee Mugs, and

[112] https://lageneralmerchandise.com/

Hats. Additionally, the on-line gift shop should be more prominently featured in social media posts.

RECOMMENDATION 6.16

This recommendation addresses Finding #9

Form a separate “Spring Board” for younger professionals who lack the experience (and financial capacity) to serve on the larger Foundation board. These members could be mentored by individual Foundation board members and eventually nominated to serve on the Foundation board. This initiative is a creative way to recruit future talent and meet board diversity goals. The members could arrange their own fundraising efforts.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60) days after the CGJ publishes its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made no later than ninety (90) days after the CGJ publishes its report and files with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

All responses to the recommendations of the 2024-2025 County of Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 W Temple Street, Thirteenth Floor, Room 13-303
Los Angeles, CA 90012

Responses to the recommendations of this report are requested from the following:

REQUIRED AGENCIES	RECOMMENDATIONS
Los Angeles General Medical Center	Recommendations 6.8 to 6.16

ACRONYMS

Foundation	LAC+USC General Hospital Foundation
LACMNHF	Los Angeles County Museum of Natural History Foundation
LAGMC	Los Angeles General Medical Center

LAGMC Foundation	Los Angeles General Medical Center Foundation
Jury	2024 -2025 Los Angeles County Civil Grand Jury
NHMLAC	Natural History Museums of Los Angeles County
RUHS	Riverside University Health System

COMMITTEE MEMBERS

George Davis Committee Chairman
Victor Lesley Committee Co-chair
Rick Ellingsen
Linda Esparza
Margaret Hatfield

LOS ANGELES GENERAL MEDICAL CENTER: BRANDING AND PUBLIC RELATIONS

The great work and dedication by the staff needs better recognition by the public

PART 5

EXECUTIVE SUMMARY

The Los Angeles General Medical Center (LAGMC) is an amazing community resource that's not fully known or appreciated by the residents of LA County.

The Civil Grand Jury met with leadership of LAGMC followed by a tour of the campus in November of 2024. Many of us knew little about the big "hospital on the hill." We left with a strong feeling that the great work of LAGMC needs to be better recognized and appreciated by the public, media and philanthropic organizations.

In 2024, LAGMC received the prestigious Leap Frog Award. This national accolade underscores LAGMC's unwavering dedication to patient safety and exemplary healthcare standards, reaffirming its position as a trusted healthcare provider within the Los Angeles County Department of Health Services.[113] Accordingly, we felt it was important to highlight the breadth of services and programs provided by LAGMC, along with offering recommendations to provide better public awareness that could lead to increased public and private funding.

Additionally, generating more proactive "good news" stories and increased social media engagement could assist in future staff recruitment for the LAC+USC General Hospital Foundation and the Wellness Center

[113] https://lacounty.gov/2024/05/01/los-angeles-general-medical-center-receives-prestigious-a-safety-grade-from-the-leapfrog-group-nationally-recognized-for-excellence/. Accessed: April 1, 2025

Postcard of Los Angeles County General Hospital, 1933, published by Western Publishing & Novelty Co, Los Angeles, California

From a branding perspective, many of us know the old building from the General Hospital soap opera.

The show started in 1963 on the ABC Television Network.[114] It's one of the longest-running series produced in Hollywood. Viewers believe it's in Port Charles, New York but the REAL General Hospital is in East Los Angeles.

Before the soap opera was televised, General Hospital had a direct history with Hollywood.[115] On December 7, 1930, Hollywood actress Mary Pickford dedicated the 8-ton cornerstone for a modern Los Angeles County General Hospital on State Street. The 1 million-square-foot concrete building opened in 1933.

[114] https://general-hospital.fandom.com/wiki/History_of_General_Hospital. Accessed: March 20, 2025
[115] https://www.laalmanac.com/health/he01.php. Accessed: March 20, 2025

Following damage to the historic hospital building from the 1994 Northridge earthquake a 600-bed replacement hospital opened in 2008.[116] The former General Hospital building is currently a registered historic landmark that houses a Wellness Center offering a variety of health resources to community residents.

The Current Medical Center

Located in the Boyle Heights area of Los Angeles, it is one of the nation's largest public hospitals and the nation's largest medical training center.[117] (Note: the following information has the same citation). In one year, the hospital serves 39,000 inpatients, delivers 10,000 babies, treats more than 140,000 people in its emergency room, treats about half of all AIDS and Sickle Cell patients in Southern California, and handles 750,000 outpatient visitors per year. As the largest single provider of health care in Los Angeles County, it provides more than 28 percent of the County's trauma care and provides medical services for the inmates in LA County jails and detention facilities. Its Emergency Department ranks among the 10 busiest in the nation. Many of its patients are severely injured and almost half of them are poor and uninsured. It operates one of the three burn centers in Los Angeles County and one of the few Level III Neonatal Intensive Care Units in Southern California. Its medical staff includes more than 500 full time faculty physicians from the Keck School of Medicine, 900 residents in training, and 1,600 other physicians. It also serves as a training site for U.S. Navy physicians.

[116] https://en.wikipedia.org/wiki/Los_Angeles_General_Medical_Center. Accessed: December 10, 2024
[117] https://www.laalmanac.com/health/he01.php. Accessed: March 18, 2025

2025 photo of the former General Hospital building

Demographics of the Patients of LAGMC[118]

- 66% Latino
- 10% Black-African American
- 5% Asian
- 12% Other

[118] Based on documents provided by Interviewee from LA General Medical Center, October 22, 2024

Traditional Media Coverage of LAGMC

Being a large urban, public health hospital, the Public information staff frequently responds to media inquiries for crime related media stories (suspects receiving medical treatment or gunshot victims being treated).[119]

The Medical Center also uses the media to identify patients that were admitted without any identification.[120]

Name Change of the Medical Center

The hospital was renamed in 2023 to a name resembling its original name (due to confusion with the privately operated Keck Hospital of USC located a half mile away).[121]

"After months of consulting and collaborating with community members, staff, and patients, we are officially now the Los Angeles General Medical Center. We are incredibly proud to unveil our new name and brand, bringing us one more step into our future, while recognizing our past," said Jorge Orozco, CEO of Los Angeles General Medical Center. "With this announcement, we're celebrating a new chapter for the medical center, which includes the expansion of our award-winning 'Safer at Home' program designed to help keep vital bed availability at LA County's flagship hospital. The new name and new brand are all part of what it means to be the flagship public medical center in the nation's largest county. We are proud to be LA General Medical Center."[122]

[119] https://www.cbsnews.com/losangeles/news/metro-ambassador-saves-stabbing-victim-near-los-angeles-general-medical-center/. Accessed: October 7, 2024
[120] https://ktla.com/news/local-news/woman-unidentified-after-being-found-in-monterey-park-over-a-week-ago/. Accessed: October 7, 2024
[121] https://abc7.com/los-angeles-county-hospitals-boyle-heights-lacusc-medical-center-name-change/13210163/. January 29, 2025
[122] https://www.prnewswire.com/news-releases/introducing-los-angeles-general-medical-center-lacusc-medical-center-unveils-new-name-and-brand-301814256. Accessed: January 29, 2025

New Branding

The hospital changed its branding (and graphics style) in conjunction with the new name[123] after USC was dropped from the name of the County General Hospital Medical Center in May 2023.

1. **New Name Template**: As a prominent visual representation of the medical center, the new name template was designed to represent progress and the facility's focus on the future.
2. **New Font & Brand Colors:** The medical center's brand now features shades of blue, soft white, and salmon. The vibrant, fresh colors underscore the community's desire for a modern, forward looking medical center.
3. **New Motto:** Exceptional Care. Healthy Communities.
4. **Flexibility for Multiple Languages**: Given the rich cultural and ethnic diversity that defines the County of Los Angeles, it was also important to ensure that the new brand is accessible across different languages.
5. **In Spanish**, the facility is known as Los Angeles General Centro Médico.
6. **New Motto** (Spanish): Cuidado Excepcional. Bienestar Comunitario.

METHODOLOGY

The LAGMC committee of the Civil Grand Jury held a number of meetings with key members of the executive management team along with LA County Department of Health officials.

<u>This includes</u>:

- Hospital General Management
- PR and Marketing leadership
- Security Management
- The Wellness Foundation
- LA County Department that oversees recruitment and staffing for the public hospitals.
- County Department that handles the procurement and purchasing for the Public Health Hospitals.
- Internet research on branding and marketing at Urban public health hospitals

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123 https://file.lacounty.gov/SDSInter/dhs/1141547_FINAL_PressRelease_LAC_USCRenamingFinal215pm5.2CLEAN.pdf. February 4, 2025

- Internet research on best practices in forming hospital and healthcare foundations.
- Internet research on the roles of non-profit board members

DISCUSSION

Healthcare Branding

Healthcare branding is the development of a recognizable identity for your healthcare organization that helps to shape perception by current and prospective patients and the wider world.[124] (Note: unless otherwise noted or cited, all succeeding descriptions within this subsection are from the same citation).

Healthcare branding is all about giving a personality and identity to healthcare organizations, like hospitals, clinics, or even individual doctors. Just like any other brand, healthcare providers want to stand out, create a positive reputation, and connect with their patients on a deeper level.

Branding for hospitals isn't just about having a fancy logo or a catchy slogan (though those can be helpful). It's about creating a holistic experience for patients.

Branding establishes a relationship with current and future patients. Once you've determined how you're different and what sets your organization apart from others offering the same medical services, you'll be able to take steps toward creating your messages and designs.

Your logo, tagline, and a line or two about what patients can expect at your practice – your elevator pitch – are often the first touchpoints of the patient experience. How that branding makes them feel is important, such as:

- Establishing trust
- Conveying a partnership
- Expressing warmth
- Showing expertise
- Conveying years of experience
- Advertising cutting-edge treatments

[124] https://tenadams.com/blog/approach-health-system-rebrand. Accessed: March 3, 2025

- Expressing a patient-centric focus

Public Relations Departments at Public Health Hospitals

- Media Inquiries/Public Information Office
- Elected officials (that have oversight of the hospitals)
- County Health Department
- Union and Non-Union Employees
- Government Regulatory Agencies
- Patients and the Public
- Other internal and external factors, which gives a whole brand image.

Services offered by Public Relations Firms for Hospitals

1. Reputation Management
2. Public Education
3. Crisis Communications
4. Stakeholder Engagement
5. Lead Generation
6. Disaster Preparation

Five C's of General Branding

1. Clarity
2. Consistency
3. Content
4. Connection
5. Confidence

Hospital Public Relations and Branding

- Brand Identity Services
- Campaign Development
- Web Design
- Video Production
- Motion Graphics and Animation

- Media Training
- Consistent Messaging
- SEO (Search Engine Optimization)

Marketing and Branding tools used by Hospitals

Social Media in Healthcare

Physicians in particular are a valuable asset in social media.[125] Often, physician and patient interactions, especially in an emergency situation, are characterized as quick and cold. But when a physician is able to take the time to communicate and expose his or her personality in a digital setting, a patient and family will be able to make a stronger, more trustworthy connection with the doctor.

A literature review of numerous studies regarding healthcare providers' use of social media was published in the Journal of Internet Research in 2021. That review identified a number of ways in which healthcare professionals have incorporated social media into their work.[126]

For example, they are using social media to:

1. **Attract and hire employees**: Recruitment in healthcare is taking advantage of social media to appeal to prospective employees and assess applicants for residencies.
2. **Conduct research**: Researchers in healthcare are using social media to build research communities and enhance the sharing of research information.
3. **Market their practices**: Healthcare professionals are using social media to promote and market their practices to new patients.
4. **Promote health:** Healthcare organizations are using social media to promote messages about public health and disseminate health information.
5. **Healthcare professionals and medical students** are using social media to network and communicate with their peers.
6. **Study medicine**: both new trainees and experienced healthcare professionals are using social media to further their education in healthcare.

[125] https://pmc.ncbi.nlm.nih.gov/articles/PMC9707397/. Accessed: March 19, 2025
[126] https://www.jmir.org/2021/5/e17917/. Accessed: March 26, 2025

7. **Treat patients via telemedicine:** some healthcare organizations have used social media to provide telemedicine to patients, expanding their reach and improving the convenience of obtaining healthcare for some patients.

You Tube Channel

In January 2024, YouTube had more than 2.7 billion monthly active users, who collectively watched more than one billion hours of videos every day.[127] As of May 2019, videos were being uploaded to the platform at a rate of more than 500 hours of content per minute, and as of 2023, there were approximately 14 billion videos in total. YouTube is often called YouTube University. You can find information on pretty much any subject or instructions on how to operate any product.

YouTube is certifying channels of licensed health professionals like doctors, nurses or therapists who produce health-related content.[128] Last year, the company introduced a label noting that the info on the channel is from a certified healthcare professional. Plus, it showed videos from these approved channels in a new carousel called “From health sources” that shows up atop search results.

While these features were available to select institutions like educational institutions, public health departments, hospitals and government entities at launch, the company is now expanding the program and inviting U.S.-based health creators to apply for this program.

[127] https://en.wikipedia.org/wiki/YouTube_TV. Accessed: March 6, 2025
[128] https://www.phi.org/thought-leadership/how-advocates-can-create-pitches-that-lead-to-media-coverage-5-tips-from-journalists. Accessed: March 6, 2025

LA General Medical Center holds a Farmers Market every Wednesday from 9am-2pm for the Boyle Heights community. The vendors accept SNAP/EBT benefits.

Positive Press Coverage "The Hook"

Any story covered by the traditional media (radio, TV and newspaper) needs to have an angle to get assigned to a reporter.[129] Why should we cover this story? There is also pressure to get ratings or increase subscribers. This is why controversial topics or breaking news (shootings, investigations etc.) get more

[129] https://www.phi.org/thought-leadership/how-advocates-can-create-pitches-that-lead-to-media-coverage-5-tips-from-journalists/. Accessed: March 26, 2025

coverage than good news stories. The public criticizes the media for negative stories but (unfortunately) that's what viewers watch or click on.

Benefits of Positive News Coverage

- Patient information
- Brand Awareness
- Patient Trust
- Virtual tours
- Cost effective
- Data Driven
- Fund raising

FINDINGS

FINDING #1

LAGMC's Public Information Office handles too many functions and duties for one department. [130]

- Office of Media Relations
- Office of Public Relations
- Office of Government Relations
- Office of Community Relations
- Office of Marketing and Brand Management
- Digital Media Team
- Volunteers Department
- Office of Spiritual Care
- Office of Decedent Affairs

[130] Meeting with interviewee from LA General, November 8, 2024

Additional Duties of the Department

- High-Profile (celebrities, elected officials) Patient Management
- Media Relations for Incarcerated Patients
- Oversee Media Studio and Virtual Communications Operations
- Digital and Social Media Management
- Commercial filming requests
- Executive Communication and Strategic Advising
- Quality Control and Brand Management
- Notices of unidentified patients in the hospital (via their website)
- Notices of unidentified citizens in the County Morgue
- Internal production studio

FINDING #2

Lack of public awareness of the patients served and services offered at the Medical Center:[131]

- Medical care for the homeless and with individuals from Skid Row
- Medical care for inmates in the LA County Jail system
- Medical services for the undocumented and indigent members of our community.
- Most of the patients served don't have private health insurance.
- Very few media articles or TV news coverage of the Medical Center's care for the most underserved members of our community.

FINDING #3

LA General Medical Center's communications efforts are primarily internally focused:[132]

- Morning video broadcasts to staff (updates, policies etc.)
- Reports to LA County Department of Health and the LA County Board of Supervisors

[131] Ibid
[132] Ibid

FINDING #4

LA General mainly *reacts* to press coverage (patient issues, gunshot victims, complaints from interest groups). *The internal staff is overwhelmed with other duties and thus unable to proactively seek positive media coverage for the valuable services and contribution to the community.*[133]

- Staff handles booking of Doctors for TV and Media interviews
- Staff provides media training to doctors and key executives
- Send external communications in both English and Spanish
- Internal TV studio and associated equipment is maintained by the LAGMC IT group.

[133] Ibid

FINDING #5

Los Angeles General Medical Center has an extensive historic photo and art collection. Some of it is displayed in the entry lobby and near the executive offices. Art displayed in public spaces of a hospital can improve a patient's mood, stress, and comfort.[134]

RECOMMENDATIONS

RECOMMENDATION 6.17

This recommendation addresses Finding #1

Recommend that the Public Relations Department of the Hospital is restructured to add a senior leader focused on External Media and Press Relations. If adding staff is a challenge, we recommend that some of the duties are outsourced to firms with subject matter expertise. The Director of the department serves too many roles to focus on brand management, external communications, social media engagement, and garnering positive press relations for LAGMC.

RECOMMENDATION 6.18

This recommendation addresses Finding #2

Continue to differentiate the new brand of the hospital (post USC). Don't assume that the public is aware of the new organization.

Incorporate branding strategies to include corporate and foundation fundraising. Currently the development efforts are mainly focused on the Wellness Center.

[134] https://consultqd.clevelandclinic.org/much-hospital-art-collection-improve-patient-experience. Accessed: April 22, 2025

Considering the public is unaware of the medical services provided to residents of Skid Row and the incarcerated individuals at the County Jails, explore creative ways to include this valuable public service in your external communications.

RECOMMENDATION 6.19

This recommendation addresses Finding #3

Start a YouTube Channel featuring licensed health care professionals. Highlight the doctors and nurses that have great communication skills to share weekly produced videos on a LAGMC produced YouTube Channel.[135]

RECOMMENDATION 6.20

This recommendation addresses Findings #1, #2, #3, and #4

For the LAGMC to improve its public profile and branding, it will involve a number of actions:

1. Either reduce the duties of the Public Information Officer or add additional staff.
2. Improving your social media strategy (different content for different platforms and audiences).
3. Start a YouTube Channel featuring prominent doctors and nurses.
4. Utilize the internal television production equipment to also create external content for external audiences (currently focused internally for staff communications efforts).
5. Acknowledge that most of the public knows LAGMC from news coverage (crime, gunshot victims taken to ER). Share the operation of the professional staff, medical equipment and training (via videos) to offset the negative coverage.

[135] https://www.phi.org/thought-leadership/how-advocates-can-create-pitches-that-lead-to-media-coverage-5-tips-from-journalists/. Accessed: March 26, 2025

RECOMMENDATION 6.21

This recommendation addresses Finding #5

Cedars Sinai Hospital in Los Angeles successfully utilizes their art collection for branding and fundraising initiatives. The LAGMC has a historic photo and art collection. They should highlight the collection more via social media. They can also access additional art from the Los Angeles County art collection for loans.

Artwork in the lobby of LA General Medical Center. Artist: Alan Albert

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60) days after the CGJ publishes its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made no later than ninety (90) days after the CGJ publishes its report and files with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

All responses to the recommendations of the 2024-2025 County of Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 W Temple Street, Thirteenth Floor, Room 13-303
Los Angeles, CA 90012

Responses to the recommendations of this report are requested from the following:

REQUIRED AGENCIES	RECOMMENDATIONS
Los Angeles General Medical Center	Recommendations 6.17 to 6.21

ACRONYMS

LAGMC Los Angeles General Medical Center

COMMITTEE MEMBERS

George Davis, Chair
Victor Lesley, Co-Chair
Rick Ellingsen
Linda Esparza
Margaret Hatfield

LA GENERAL IS POISED TO ENERGIZE CAL-AIM AND CREATE A HEALTHY LOS ANGELES (AND WHILE WE'RE AT IT, LET'S ERADICATE HOMELESSNESS)

"I MEAN MAN, THIS IS IT"

2024-2025
Los Angeles County
Civil Grand Jury

LA GENERAL IS POISED TO ENERGIZE CAL-AIM AND CREATE A HEALTHY LOS ANGELES (AND, WHILE WE'RE AT IT, LET'S ERADICATE HOMELESSNESS)

"I MEAN, MAN, THIS IS IT"

EXECUTIVE SUMMARY

The 2024-2025 Los Angeles Civil Grand Jury (CGJ) is taking the unusual step of issuing this Report on an interim basis. The Board of Supervisors (BOS) voted on April 1, 2025 to embark on a major reorganization of the provision of services for the homeless by the County of Los Angeles (LA County or County), and, given the importance of this initiative, it is proceeding on a very aggressive timeline. The County's assessment of the problems of our current system of services for the homeless and its proposed solutions has been both thorough and thoughtful as reflected in the February 28, 2025 Memorandum from the Chief Executive Officer to the BOS entitled "Feasibility of Implementing the Blue Ribbon Commission on Homelessness Report Recommendations." [1] We believe, however, that the County's approach could be significantly improved if it addresses and incorporates two additional elements:

First, there are major obstacles to the integration of homeless services and related healthcare services within the County system. We believe these are not adequately addressed in the current plan, and, as a result, there is a substantial risk that many of the endemic issues of fragmentation and inefficiency at the Los Angeles Homeless Services Authority (LAHSA) will resurface.

[1] February 28, 2025 Memorandum from the Chief Executive Officer to the Board of Supervisors entitled "Feasibility of Implementing the Blue Ribbon Commission on Homelessness Report Recommendations.https://file.lacounty.gov/SDSInter/bos/bc/1178494_FesabilityofImplementingtheBRCHonHomelessnessRecommendationsNo1and3-SIGNEDBOARDMEMO.pdf (accessed March 21, 2025)

Second, the State CalAIM[2] program provides a powerful framework for addressing homelessness that should be (but apparently is not) a major focus of the County's restructuring. The County has both the experts and the opportunities (especially in connection with the County's Hospitals and Ambulatory Care Network) to utilize CalAIM as a major weapon in addressing homelessness, and this unique opportunity should not be squandered.

In that regard, it's important to note that many (but not all) of this Report's recommendations focus on an expanded use of the exceptional CalAIM program. We acknowledge that, unless renewed, the federal waiver for the CalAIM program expires on December 31, 2026.[3] Accordingly, there might be a question whether it's appropriate to invest heavily in a program that's possibly in danger of disappearing. In fact, in a presentation by Dr. Ghaly, the Director of the Department of Health Services (DHS), to the Hospitals and Health Care Delivery Commission at its February meeting, she specifically noted that "the CalAIM Waiver is sunsetting in 2026, and it is possible that it may not be renewed."

How is the federal government likely to assess CalAIM, especially since Medicaid is clearly in the cross-hairs, given the current government's desire to slash expensive programs? It's hard to know, but, notwithstanding the federal government's apparent targeting of Medicaid,[4] there are strong arguments that CalAIM should be spared and extended because of its promise to significantly reduce healthcare cost.

The County should avoid a weak-kneed abandonment of CalAIM, letting a fearful anticipation of CalAIM's demise become a self-fulfilling prophecy. To the contrary, the County should mount the strongest possible arguments that CalAIM should continue because it's the financially smart thing to do. Specifically, rather than lament CalAIM being a possible victim of federal funding reductions, the County, working with fellow CalAIM stakeholders, should spend the next year expanding CalAIM's transformative program and generating "outcome studies"

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[2] CalAIM is an acronym for California Advancing and Innovating Medi-Cal. The CalAIM program is a central component of California's Medi-Cal program, whose primary focus has historically been access to healthcare services for the poor, and, as such, the general perception has been that CalAIM is primarily a healthcare program. It is indeed an essential healthcare program that promises to promote the many benefits of integrated healthcare, but it is also a major weapon in the war against homelessness.

[3] CalAIM 1115 Demonstration & 1915(b) Waiver, Department of Health Care Services website https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-1115-and-1915b-Waiver-Renewals.aspx (accessed April 11, 2025

[4] Williams, Elizabeth; Burns, Alice; Rudowitz, Robin, "Putting $880 Billion in Potential Federal Medicaid Cuts in Context of State Budgets and Coverage," KFF (March 24, 2025) (accessed April 11, 2025) https://www.kff.org/medicaid/issue-brief/putting-880-billion-in-potential-federal-medicaid-cuts-in-context-of-state-budgets-and-coverage/
https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-1115-and-1915b-Waiver-Renewals.aspx (accessed April 11, 2025

that will compel the federal waiver renewal and a continuation of this essential program.

The County must decide now whether to "lie down" or "double down." This Report's most important recommendation to the County is simple: make the right choice.

……..

This investigation was initiated months ago based on a quite narrow (but important) concerns expressed by the physician leadership at Los Angeles General Medical Center (LA General) [5] regarding the apparent inability to enroll LA General Emergency Department (ED) patients in the Enhanced Care Program (ECM) under CalAIM.

From LA General's perspective, CalAIM provides services that would greatly enhance the overall care for a variety of LA General's most vulnerable patients, and it was frankly frustrating that such services seemed, for unknown reasons, to be inaccessible. These CalAIM benefits include the following:

First, CalAIM's Enhanced Care Management (ECM) program provides Lead Care Managers (Care Managers) for qualified beneficiaries[6] to assist them in identifying and accessing needed medical and social services, which is particularly valuable for patients with co-morbidities and insecure living environments who truly need an integrated approach to their healthcare needs. LA General's ED patients have extremely high comorbidity rates, including chronic illnesses, mental health issues and addictions, and the impact of this is seen in the high number of return visits to the ED, with over 40% of the ED patients returning within 30 days and over 10% visiting the ED more than ten times over a 12 month period.[7]

Second, CalAIM's Community Supports program provides access to more than a dozen types of coordinated shelter and housing services for the

[5] This Report focuses on LA General and its participation in the CalAIM program. There are some aspects of LA General's operations, such as proximity to Skid Row, which make it a particularly valuable participant in CalAIM. However, we believe many of the proposals in this Report are equally applicable to the other LA County general acute care hospitals, Harbor-UCLA Medical Center (Harbor UCLA) and Olive View Medical Center (Olive View) (collectively referred to as County Hospitals), and we recommend that each of them also seriously consider active participation in CalAIM, especially as ECM providers.

[6] This Report will for the most part refer to the persons who are the focus of CalAIM as "beneficiaries." We are intentionally using the term "beneficiaries" rather than patients (except where the context requires otherwise), since many CalAIM services are not directly related to patient care.

[7] LA General ED-ECM Table (See Methodology Documents # 9)

homeless.[8] Given LA General's location within a few miles of Skid Row, the largest concentration of homeless in the country, it's not surprising that almost 15% of its ED patients are homeless.[9]

LA General's ED patients could clearly benefit substantially from access to CalAIM's unique services, so why are they unavailable?

We solved that mystery in short order (See Part 4), and the simple answer is funding. Basically, the payments available under the Medi-Cal program for ECM and Community Supports services fall far short of the costs incurred by the County (specifically, DHS) in providing those services,[10] and, as a result, DHS had decided to limit its CalAIM services and associated subsidies, with some minor exceptions, to those patients who are empaneled with DHS under a managed care relationship.[11]

DHS's position is certainly rational and fiscally prudent, but it seems tragic that highly vulnerable LA General patients who qualify for potentially transformative services are unable to access them. Accordingly, we considered various justifications for providing those services as well as potential funding sources. We concluded that DHS's approach is too narrowly focused, and that DHS should seriously consider expanding ECM and Community Supports services to LA General ED patients for two reasons:

First, given the immense potential value of CalAIM services for patients, we believe the County should consider absorbing related costs in connection with its general obligation to provide healthcare services for the medically indigent. We believe these CalAIM services are as essential to the well-being of our citizens as many of the healthcare services the County already provides. And, whether or not it's statutorily required, it's the right thing to do.

Second, providing such services is also the economically smart thing to do. The effective use of CalAIM services with these vulnerable patients should greatly decrease their healthcare utilization and costs, directly reducing the future costs incurred by the County healthcare system, including LA General. (The State estimates that approximately 50% of Medi-Cal costs are generated by just

[8] Transformation of Medi-Cal: Community Supports, DHCS webpage https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf (accessed April 11, 2025)
[9] ibid
[10] Interview with DHS Leadership
[11] ibid

5% of Medi-Cal beneficiaries, most of whom qualify for CalAIM.[12] And, 20% of Medi-Cal costs are generated by just 1% of Medi-Cal beneficiaries.)[13]

It would of course be even better if sources of direct funding could be identified. In that regard, we have the BOS's recent decision to begin retaining the $300 million in annual funding it has provided to LAHSA, which the County intends to use to provide services directly for the County's homeless.[14]

In addition, the benefits of reduced healthcare costs under CalAIM will accrue not only to the County, but also the State (by reducing overall Medi-Cal expenditures), and the relevant managed care plans, such as LA Care, [15] which incur significant financial risk for the care of enrolled patients. Accordingly, we believe DHS would likely have significant opportunities to coordinate with both the State and managed care plans.

Regardless of the funding source, we have concluded that the County Hospitals' expanded participation in CalAIM would benefit its most vulnerable patients, and, accordingly, we have investigated how the County can improve its processes to most effectively participate in CalAIM.

Although our investigation started with a narrow focus on the specific enrollment of LA General ED patients in CalAIM, we came to the exciting realization, as a result of thoughtful and inspiring conversations with LA General's leadership, that, with a major commitment to CalAIM, it would be possible to achieve two major, long-term goals of the BOS as reflected in the 2024-2030 County Strategic Plan:

> (1) Creating a fully integrated healthcare system for the general benefit of patients, and
>
> (2) Using that integrated healthcare system to effectively address homelessness.

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[12] Medi-Cal Transformation: Enhanced Managed Care. DHCS website https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdfState ECM report (accessed February 13, 2024)

[13] Petek, Gabriel, "The 2025-26 Budget: CalAIM Enhanced Care Management and Community Supports Implementation Update," Legislative Analyst's Office (March 2025) https://lao.ca.gov/Publications/Report/5003 (accessed March 14, 2025)

[14] Zahniser, David; Ellis, Rebecca, "County supervisors create new homeless agency, despite warnings from LA mayor," Los Angeles Times (April 1, 2025) https://www.latimes.com/california/story/2025-04-01/county-votes-to-pull-money-from-homeless-agency-despite-mayors-opposition (accessed April 11, 2025)

[15] In this Report, we focus on LA Care as the managed care plan that enrolls the most Medi-Cal beneficiaries in LA County. But many of our recommendations regarding LA Care also apply to the other Medi-Cal managed care plans operating in LA County, especially HealthNet and also more recent participants such as Molina Healthcare (which commenced participation in 2024)

The 2024-2030 Strategic Plan contains nine BOS "Directed Priorities," with "each of these Priorities representing the Board's responsive action to a complex issue that can negatively impact the health, safety, and well-being of individuals who reside in LA County."[16] One of those Priorities is "Health Integration," with the BOS stating that "this priority seeks to streamline and integrate access to high-quality services across the departments of Health Services, Mental Health, and Public Health":[17] and another Priority is "Homelessness," with the BOS stating that its "Homeless Initiative is the central coordinating body for Los Angeles County's ongoing effort - unprecedented in scale – to expand and enhance services for people experiencing homelessness or at risk of losing their homes."[18]

Let's briefly summarize the scope of our inquiry accordingly:

Healthcare Integration

LA County has established an exceptional array of hospital, non-hospital clinical and social services for the benefit of its citizens, especially those who are most vulnerable, but it has not been able to link these various services into an integrated healthcare system that provides, on the one hand, high quality medical care, and, on the other, effective social services that reduce as much as possible the need for that medical care, especially inpatient services. Simply put, LA County has created an amazing variety of health and social services that includes substantially all of the essential pieces for integrated care, but it has failed to provide the integration of those pieces necessary to enhance overall care and well-being. We have concluded that the CalAIM program, and the ECM benefit in particular, provides a catalyst to achieve that integration.

Addressing Homelessness

Homelessness is one of the foremost social (and political) issues in Los Angeles County, and we seem to be unable to identify effective solutions. We believe CalAIM is that solution, having been created "to provide robust, statewide housing services for Medi-Cal members who are affected by homelessness and housing instability." [19]

We have investigated LA County's processes regarding healthcare integration and, as detailed in this Report, identified many examples where the County's processes seem to run counter to the BOS's Priority to "streamline and integrate

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[16] "Read the 2024-2030 Los Angeles County Strategic Plan," Los Angeles County Chief Executive Office websitte https://file.lacounty.gov/SDSInter/bos/bc/1178715_2.06.25HHCDMeetingMinutes-APPROVED.pdf (accessed April 2, 2025)

[17] ibid

[18] ibid

[19] "CalAIM's Commitment to Addressing California's Homelessness Crisis, California Department of Health Care Services (with cover letter from Jacey Cooper, State Medicaid Director (April 9, 2021)) https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Role-in-Addressing-Homelessness-Fact-Sheet-%26-Letter-4-9-21.pdf (accessed March 21, 2025)

access to high-quality services across" all healthcare related Departments. In order to address those procedural deficiencies, we are making one major recommendation in this Report: utilize a consolidated Health Agency (a la Mitch Katz)[20] which establishes procedures that streamline and integrate" services in order to achieve the extraordinary benefits of healthcare integration, and then use that Health Agency to combine the tools of CalAIM and healthcare integration to defeat homelessness.

We know we are recommending extraordinary and massive changes in governmental operations in order to foster essential County policies, but the County, with its impending withdrawal from LAHSA, recognizes the need for bold action, and the times are indeed ripe for a bureaucratic revolution. [21]

[20]Mitchell H. Katz, M.D., Memorandum to Board of Supervisors entitled "Proposal to Integrate the Departments of Health Services, Mental Health, and Public Health (January 2, 2015) https://californiahealthline.org/wp-content/uploads/sites/3/2016/01/la-health-services-memo.pdf (accessed March 5, 2025)

[21] "The revolution is not an apple that falls when it is ripe. You have to make it fall." CG

BACKGROUND

LA County is responsible for ensuring that those who are medically indigent receive necessary and appropriate care,[22] and there have been long-running questions how to accomplish this in the most caring, effective and comprehensive way possible. As described in the Global Executive Summary preceding the CGJ's series of reports focused on LA General, the history of LA County's provision of services for the medically indigent has evolved over the years into a relatively new system of managed care that is substantially funded by the Medi-Cal program. Under this system, most payments for services are made pursuant to contracts between managed care plans (MCPs) and healthcare providers, especially hospitals, with those providers assuming financial risk in the form of capitation payments for assigned beneficiaries. The theory has been that managed care incentives would compel providers to rationalize their services through integrated healthcare systems, thereby expanding a narrow focus on treating sick individuals to fostering the community's overall health. We've had fifty years of stumbles and false starts in meeting that promise, but we contend that LA General, using the tools of CalAIM, is on the road to making that long-ago promise a reality.

A. The Optimistic Hope and Delayed Promise of Managed Care

Dr. Paul Ellwood coined the phrase Health Maintenance Organization (HMO) in a 1970 article in Fortune magazine, in which he advocated a new system of managed care that provides financial incentives to keep citizens healthy, encouraging the provision of basic nutrition and housing needs, ensuring effective public health initiatives, and recognizing the importance of both mental health and traditional medical services.[23] Dr. Ellwood's proposals got political traction, and only two years later, Congress passed the Health Maintenance Act of 1973.[24]

What went wrong? Health maintenance organizations and managed care are pervasively present in our current healthcare system, but we have not seen the anticipated increases in overall community health and well-being envisioned by Dr. Ellwood. In a 2010 interview, Dr. Ellwood continued to

[22] LA County's obligation to care for the medically indigent is established in Section 17000 of the California Welfare & Institutions Code, which reads as follows: "Every county … shall relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident therein, when such persons are not supported and relieved by their relatives or friends, by their own means, or by state hospitals or other state or private institutions."
[23] Ellwood, Paul, M.D., "Our Ailing Medical System: It's Time to Operate," Fortune Magazine (January 1970); McFadden, Robert D., "Dr. Paul M. Ellwood, Jr., Architect of the HMO, Is Dead at 95," New York Times (June 29, 2022) https://www.nytimes.com/2022/06/20/us/dr-paul-m-ellwood-jr-dead.html (accessed February 14, 2025)
[24] 42 USC, Section 300e

be optimistic about the potential of managed care, but identified three mistakes that undermined the potential of managed care that would need to be corrected before that potential could be fully realized: "Political expediency in the initial plan designed for HMO growth led to the inclusion of three mistakes: for profit plans, independent practice associations, and the failure to include outcome accountability."[25]

As discussed in this Report, LA General and LA Care, working together to implement the CalAIM program, promise to address all three of those problems, with LA General being instrumental in providing a framework for "outcome accountability" and putting us on the path to realizing Dr. Ellwood's original vision of an integrated system that effectively promotes "healthy citizens."

B. A Brief History of LA County's Involvement With Managed Care

We contend that CalAIM is the culmination of LA County's commitment to the ideals of managed care, and this Section is a brief description of the managed care foundations that have been laid for CalAIM.

1. LA County made an early commitment to managed care, creating the Community Health Plan in 1983, one of the very first public health plans in the nation.[26]

2. The Local Initiative Health Authority for Los Angeles County, commonly referred to as LA Care, was established as a public health plan in 1997 in response to the State's desire to manage burgeoning healthcare costs through the promotion of managed care for Medi-Cal beneficiaries.[27] The State created a number of options for California counties, and LA County adopted the so-called Two Plan Option to ensure some competition among plans and choice for Medi-Cal beneficiaries.[28] In addition to LA

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[25]. Kovner, Anthony R., "Paul M. Ellwood, Jr., M.D., in the First Person: An Oral History," American Hospital Association Center, page 16 (September 16, 2010) https://www.aha.org/system/files/2018-03/Ellwood-FINAL-050211.pdf (accessed February 13, 2025)

[26] Memorandum regarding Community Health Plan from Thomas Garthwaite, M.D., to the LA County Board of Supervisors (March 11, 2003) https://file.lacounty.gov/SDSInter/bos/bc/005444_breport031103.pdf (accessed February 13, 2025)

[27] Fact Sheet, LA Care Health Plan website https://www.lacare.org/news/fact-sheet (accessed February 13, 2025)

[28] Tartar, Margaret, "Medi-Cal Managed Care: And Overview and Key Issues," KFF (March2, 2016) https://www.kff.org/report-section/medi-cal-managed-care-an-overview-and-key-issues-issue-brief/ (accessed April 11, 2025)

Care, the other major Medi-Cal health plan in LA County is HealthNet

3. LA County's Community Health Plan was absorbed into LA Care in 2012.[29] (As a result, representatives of LA General, including its Chief Executive Officer, participate as LA Care board members, closely linking the two institutions.)

4. The passage and implementation of the Affordable Care Act in 2014 ("Obamacare") substantially expanded Medi-Cal coverage, which had a significant impact on the managed care landscape in LA County. In particular, there was significant concern that the "county would lose patients en mass to the private healthcare system under Obamacare,"[30] jeopardizing its stability; but the DHS Director at the time, Dr. Mitch Katz, has been credited with taking two actions to stabilize the County Hospital system by fully committing the County to managed care. Specifically, Dr. "Katz set about strengthening the county's outpatient care system and preemptively enrolling roughly 300,000 people in the county medical care program to the run-up to the launch of" Obamacare.[31] The substantial expansion of the County ambulatory care network allowed the County to better serve and manage the medical needs of the Medi-Cal beneficiaries newly enrolled in managed care; and the significant influx of Medi-Cal beneficiaries into the County managed care system meant the County Hospitals had a stabilizing flow of capitation revenues with a concomitant long-term commitment to creatively manage the medical needs of those beneficiaries. This is the true "ground zero" of managed care in LA County, when LA County and the County Hospitals irreversibly shifted from a narrow focus on treating the sick to an expansive commitment to community health.

5. In 2016, just two years later, LA County initiated the Whole Person Care program, a County-wide initiative that laid the groundwork for integrated managed care, focusing on "breaking down silos in physical health, behavioral health, justice, and social services systems, and addressing health equity through

[29] "New Health Plan, Same Doctor," Communication from Community Health Plan and LA Care Health Plan (January 1, 2012) https://www.lacare.org/sites/default/files/files/CHP-LAC%20Medi-Cal_Same%20PCP_Joint.pdf (accessed February 13, 2025)
[30] Sewell, Abby, "Mitch Katz poised to lead L.A. County's consolidated healthcare agency," Los Angeles Times, page 5 (September 9, 2015 https://www.latimes.com/local/countygovernment/la-me-mitch-katz-20150929-story.html (accessed February 13, 2025)
[31] ibid

holistic, person-centered programming."[32] The Whole Person Care program continued in operation until superseded by its first cousin, CalAIM.[33] The Whole Person Care interventions in CalAIM are directly visible in many of the initiatives, including an emphasis on recuperative care and various enhanced payments for supports and services, to keep people with higher needs in the community.[34]

C. CalAIM – A Transformational Experiment that Energizes Medi-Cal Managed Care in Order to Improve Community Health and Aggressively Address Homelessness

This Report will discuss in detail the various components of the revolutionary CalAIM program being deployed to address the overall health and well-being of at-risk Medi-Cal beneficiaries, especially the homeless, but from a high-level perspective there are two words that sum it up: "comprehensive" and "transforming."

> "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."[35]

> "Bigger Picture: DHCS is **transforming** Medi-Cal to ensure Californians can get comprehensive care to improve their health and well-being."[36] [Emphasis added]

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[32] Whole Person Care Los Angeles - Impact Report June 2022 https://file.lacounty.gov/SDSInter/dhs/1126196_WPC-LAImpactReport6.15.22_FINAL.pdf (accessed February 13, 2025)

[33] Given the close alignment between the Los Angeles Whole Person Care program and CalAIM, the State allowed the more than 7000 participants in the Whole Person Care program to automatically enroll in CalAIM. (Interview with DHS leadership.)

[34] Diaz, Dalma, "Knitting Together Health and Social Services in Los Angeles: An interview with Dr. Clemens Hong at the Department of Health Services," California Health Care Foundation (January 25, 2023) https://www.chcf.org/blog/knitting-together-health-and-social-services-in-los-angeles/ (accessed February 13, 2025)

[35] Los Angeles County Hospitals and Health Care Delivery Commission – Annual Report June 2023 – May 2024, page 5 https://file.lacounty.gov/SDSInter/dhs/1167404_2024HospitalsandHealthCareDeliveryAnnualReport_V03.pdf (accessed February 13, 2025)

[36] State Department of Health Care Services News Release, "Success of Medi-Cal Transformation Continues as Latest Enhanced Care Management and Community Supports Data Report Shows Progress," (August 2, 2024) https://file.lacounty.gov/SDSInter/dhs/1167404_2024HospitalsandHealthCareDeliveryAnnualReport_V03.pdf (accessed February 13, 2025)

CalAIM's transformative role in addressing the homelessness crisis is nicely summarized in a memorandum from the State Department of Health Care Services entitled "CalAIM's Commitment to Addressing California's Homeless Crisis":

> "CalAIM is designed to provide robust, statewide housing services for Medi-Cal members who are affected by homelessness and housing instability"[37] by "meaningfully and sustainably address[ing] California's housing crisis."[38]

D. A Brief History Regarding the Independence and Coordination of the County Departments

The promise of CalAIM is dependent on the ability of the County Departments primarily focused on healthcare – DHS, the Department of Mental Health (DMH) and the Department of Public Health (DPH) – to coordinate and even integrate their services, which has not been their natural tendency. In fact, in the past DMH and DPH have objected vehemently to giving DHS a strong leadership role for purposes of mandating healthcare integration. As background, we provide the following history of the coordination and integration of these County Departments, which has been marked by unfortunate backsliding over the past decade.

Historically, there have usually been three County Departments that focus on healthcare related services: DHS, DMH and DPH. Relatively recently, the new Department of Aging and Disabilities was created, which will also presumably be directly involved with County healthcare related issues.

The County has frequently and creatively addressed the relationships among the three healthcare-related County Departments, balancing often conflicting needs for coordination and independence. Before 1972, DHS, DMH and DPH were separate Departments, ensuring their individual independence while encouraging coordination.[39] Between 1972 and 1978, the County went in the opposite direction, consolidating all three Departments into one Department of Health Services.[40] Then in 1978,

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[37] State Department of Health Care Services, "CalAIM's Commitment to Addressing California's Homeless Crisis" https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Role-in-Addressing-Homelessness-Fact-Sheet-%26-Letter-4-9-21.pdf (accessed March 21, 2025)

[38] ibid

[39] Li, Alexander, Deputy Director, Linkages and Systems Integration, LA County Health Agency – PowerPoint (April 20, 2016) https://file.lacounty.gov/SDSInter/bos/supdocs/103090.pdf (accessed February 6, 2025)

[40] ibid

addressing concerns that mental health deserved increased attention, DMH was carved out as an independent Department.[41] Then in 2006, with an increased emphasis on preventive care, DPH became independent from DHS (although some existing clinics were aligned with DHS and others with DPH).[42]

There were ongoing discussions regarding how best to balance the coordination and independence of the County Departments, and in September 2015 the BOS unanimously approved a compromise that retained the Departments' independent identities and budgets, but embedded them into a new Health Agency that had ultimate control, especially for purposes of coordinating and integrating healthcare services. Dr. Mitch Katz, who outlined the new structure and its justifications in a foundational Memorandum to the Board of Supervisors (see Exhibit A),[43] became the Director of the Health Agency.

Dr. Katz was committed to integrating the activities of the health-related Departments, and made significant strides in that regard, but he unfortunately left the Department just two years later in September 2017.[44]

The consolidation of the Departments into the Health Agency was controversial, especially among those who feared it would deemphasize both public and mental health services, and, in the absence of Dr. Katz's championing of healthcare integration, there was an apparent push to reassert the Departments' independence. This resulted in the Board of Supervisors replacing the consolidated Health Agency with the Alliance for Health Integration (AHI) in November 2019.[45] Rather than having one person with ultimate authority over the healthcare-related Departments, the Directors of those Departments "propose[d] that they, as a shared governance team (consensus decision-making) […] assume primary responsibility and accountability […]."[46] The Directors indicated they would "strive for consensus on all decisions related to issues that involve or

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[41] ibid
[42] ibid
[43] Dr. Katz Memo (N 20)
[44]Nina Agrawal, "Head of L.A. County's health system, one of the largest in the country, announced departure," Los Angeles Times (September 23, 2017) https://www.latimes.com/local/lanow/la-me-ln-health-agency-director-20170923-story.html (accessed March 5, 2025)
[45] County of Los Angeles 2024-2030 Strategic Plan, Attachment III "County of Los Angeles Board Directed Priority Report – 2023 (March 6, 2024) https://file.lacounty.gov/SDSInter/bos/supdocs/189036.pdf#page=60 (accessed April 11, 2025)
[46] "The Los Angeles County Alliance for Health Integration: A Proposal with Sample Objectives and Metrics" (February 12, 2020) (https://file.lacounty.gov/SDSInter/bos/supdocs/144099.pdf (accessed March 5, 2025)

impact more than one Department."[47] And, to further the commitment to consensus, the Directors agreed to "annually rotate an Alliance chair" among them.[48]

In 2020, AHI hired its first Chief Operating Officer, and by 2021 AHI had a staff of five. It was, however, quickly concluded that the voluntary commitment to integration was ineffective,[49] and, presumably in recognition of this fact, the Board of Supervisors transferred AHI's entire staff to DMH in March 2023, leaving AHI an empty shell.[50] Notwithstanding the dismantlement of AHI, the Board of Supervisors has voiced an ongoing commitment to integration, although it has provided few if any tools to convert principle into reality.[51]

[47] ibid
[48] ibid
[49] In our interviews with DHS leadership, it was acknowledged in two separate conversations that AHI's lack of authority resulted in its ineffectiveness.
[50] See "Alliance for Health Integration," Board Directed Priority Report – County of Los Angeles, page 9 (2023) (Attachment III to the Strategic Plan – Los Angeles County (2024-2030) https://file.lacounty.gov/SDSInter/lac/1156577_Strat.Plan.Jan.2024.final.pdf (Accessed February 6, 2025)
[51] 2024-2030 LAC Strategic Plan (n 15)

METHODOLOGY

The focus of this Report is on using the CalAIM program to foster an integrated healthcare system that can effectively address homelessness, with a specific focus on enhancing LA General's interaction with the CalAIM program. In this regard, our research has focused on (1) understanding the basics of the CalAIM program and its potential for promoting an integrated healthcare system that effectively addresses homelessness, (2) understanding the current interaction of LA General with LA Care in connection with CalAIM, and (3) identifying and reviewing the experience that other hospitals have had with CalAIM that might be informative (with Children's Hospital of Los Angeles (CHLA) being identified as the hospital with the most relevant experience).

We also identified the Restorative Care Village located on the LA General campus as a potentially powerful CalAIM partner, and accordingly researched its organization, structure and connections with CalAIM.

The following are the core documents and interviews that contributed to this Report:

DOCUMENTS

1. The State Department of Health Care Services (DHCS) has created detailed outlines of the CalAIM program and its various services, including ECM and Community Supports, which are referenced throughout this Report, with the DHCS Implementation Report being especially informative.[52]
2. The Standing Committee on CalAIM of the County Hospitals and Health Care Delivery Commission has generated annual reports as well as minutes of discussions that have been helpful in identifying CalAIM's implementation challenges. The Commission's June 2023 – May 2024 Annual Report is particularly helpful.[53]
3. The Los Angeles County Department of Health Services, Whole Person Care Los Angeles – Impact Report (June 2022)[54] provides an excellent summary of this important precursor to CalAIM.

[52] ECM and Community Supports Quarterly Implementation Report – Data from January 1, 2022 – June 30, 2024/updated December 2024, State Department of Health Care Services website https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117 (accessed February 13, 2025)
[53] Hospitals Commission (n 35)
[54] Whole Person Care (n 32)

4. The “Final Evaluation of California’s Whole Person Care (WPC) Program,” UCLA Center for Health Policy Research, (December 2022)[55] provides a helpful supplement to the Whole Person Care Impact Report.
5. The Blue Ribbon Commission on Homelessness Governance Report (March 20, 2022) [56] provided valuable insights regarding potential improvements to the County’s management of services for the homeless.
6. The “CalAIM Enhanced Care Management and Community Supports Implementation Update” published by the Legislative Analyst’s Office in March 2025[57] provides an exceptional overview of the current state of the CalAIM program.
7. The Chief Executive Officer’s Memorandum to the BOS entitled “Feasibility of Implementing the Blue Ribbon Commission on Homelessness Report Recommendations” provides an excellent roadmap for the implementation of the Homeless Services Department recently approved by the BOS.[58]
8. The 2023 survey regarding homelessness in California entitled “Toward a New Understanding – the California Statewide Study of People Experiencing Homelessness,” provides a good description of the challenges faced by our homeless population. [59]
9. LA General prepared a table regarding 2023-2024 emergency department visits by beneficiaries sorted by both ECM criteria and the responsible managed care plan (the “LA General ED-ECM Table”), which Table highlights LA General’s potential as an active participant in CalAIM.

INTERVIEWS

We had one or more interviews with each of the following:

1. LA General leadership
2. LA Care executives responsible for CalAIM implementation and operation

[55] “Final Evaluation of California’s Whole Person Care (WPC) Program” UCLA Center for Health Policy Research (December 2022) https://healthpolicy.ucla.edu/sites/default/files/2024-03/whole-person-care-final-evaluation-report-approved-with-signature_03_11_24.pdf (accessed February 13, 2025)
[56] Blue Ribbon Commission on Homelessness Governance Report (March 20, 2022) https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/c15b378d-d10e-46aa-a6cc-7102043aa708/BRCH%20Homelessness%20Report%20%28033022%20Adopted%29%20%28Final%29.pdf (accessed March 20, 2025)
[57] Legislative Analyst (n 13)
[58] CEO Report (n 1)
[59]Toward a New Understanding – The California Statewide Study of People Experiencing Homelessness, Benioff Homelessness and Housing Initiative, University of California San Francisco (June 2023) https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Report_62023.pdf (accessed March 13, 2025)

3. Representatives of the Standing Committee on CalAIM under the County Hospitals and Health Care Delivery Commission
4. Representatives of the Integrative Delivery Services Department responsible for CalAIM coordination at Children's Hospital of Los Angeles
5. Members of Supervisor Hilda Solis's office responsible for overseeing the Restorative Care Village located on the LA General campus
6. Representatives of DHS responsible for the oversight of Population Health, Enhanced Care Management and Community Supports

DISCUSSION

In our background discussion, we briefly outlined the evolution of managed care in LA County as it ultimately culminated in CalAIM. And we will now address how CalAIM can be harnessed to integrate the full array of health and social services for our most vulnerable population, and then be expanded to address homelessness. We develop and address the promises and challenges of using CalAIM to achieve healthcare integration and address homelessness in Nine Parts, as follows:

Part 1: The Promise of "Healthcare Integration" and CalAIM's Role in Keeping That Promise

This Part reviews the three essential pieces of an integrated healthcare system: comprehensive **services**, a regulatory **framework** that integrates those services, and, finally, effective vehicles to **empower individuals** to access necessary health and social services. Many of the necessary pieces have already been put in place by LA County, and CalAIM is now available to provide the finishing touches.

Part 2: CalAIM and the Homeless

This Part describes CalAIM's important role in establishing integrated care as the essential solution for homelessness.

Part 3: Where Is CalAIM Falling Short?

We have highlighted the exceptional promise of CalAIM, but it's also important to acknowledge its current deficiencies. The success of CalAIM is dependent on both enrolling ECM eligible beneficiaries and then creating a stable network of Community Supports for those who are enrolled, and there continue to be major shortfalls on both counts.

Part 4: DHS and CalAIM: Thinking Small (but Brilliantly)

In this Part, we focus on DHS's successful commitment to creating and stabilizing a strong Community Supports network, which is a major achievement. DHS, however, is not pursuing a solution for inadequate ECM enrollment, but rather has limited its focus to Medi-Cal beneficiaries who are empaneled with DHS.

Part 5: LA General and CalAIM: THINKING BIG!

In this Part, we turn to LA General as the source of potential solutions for many of the remaining CalAIM deficiencies, especially inadequate ECM enrollment. In addition to being a potential vehicle to substantially increase ECM enrollment, we describe how LA General is positioned to address two other major issues under CalAIM: (1) reducing overall healthcare costs, and (2) facilitating "outcome assessments" of the CalAIM program.

Part 6: Thinking Together – Finding Funding for the Comprehensive CalAIM Solution

In this Part, we note that current CalAIM funding is inadequate and acknowledge that achieving CalAIM's far reaching goals will require a major investment. There are a number of potential solutions in this regard. First, we emphasize the County's recent decision to recapture the $300 million it annually provides to LAHSA for homeless services, Second, it's also important to recognize that a major investment in CalAIM should generate substantial financial returns because of reduced healthcare costs. Therefore, a potentially important funding avenue would be to link these cost-savings with the benefitted parties and consider working with those parties to develop a mutually acceptable plan of coordination.

Part 7: Thinking Collectively - Integrating the County Departments' Healthcare and Homeless Initiatives

In this Part, we describe the lack of coordination among the County's departments regarding certain essential healthcare related services. We then argue that the promise of an integrated healthcare system can only be achieved if the County Departments' relevant health and social services are also appropriately integrated, and, accordingly, we recommend a major but necessary restructuring of the healthcare-related County Departments to achieve that integration by consolidating them into a new Health Agency. (As noted above, the County has actually had a history of exceptional success with this model during the period from 2015-2017.)

Part 8: Thinking Creatively – Replacing the Proposed "Homeless Services Department" with a "Health Agency" that has "Full" Authority to Lead on Homeless Policy

This Part investigates the County's current plans to restructure the provision of homeless services. We address the inherent problems with the currently contemplated plan, and strongly advocate that the County refocus on the use of

a rejuvenated Health Agency to provide a fully integrated approach to homeless services in accordance with the principles of CalAIM.

Part 9: Children's Hospital of Los Angeles – Thinking Big with Small People

For the purposes of inspiration, we conclude with a description of Children's Hospital of Los Angeles's extraordinary experience with CalAIM, which has enabled it to vastly improve the well-being of its equally vulnerable population.

PART 1

THE PROMISE OF "HEALTHCARE INTEGRATION" AND CalAIM'S ROLE IN KEEPING THAT PROMISE

As we discussed above, the "holy grail" of health care delivery has been an integrated healthcare system where there is both

(1) a comprehensive network of healthcare and social service providers addressing acute inpatient care, ambulatory care, mental health, substance addiction, and the so-called social determinants of health, including such things as housing and nutrition, and

(2) a payment system that rewards (and thereby incentivizes) providers and others who address immediate medical needs and take actions to prevent illness and generally improve individual and community health.[60]

Achieving this "holy grail" of integrated care is especially important for the medically indigent, many of whom have unique needs arising from challenging living conditions, including homelessness, that seriously compromise their health.

The many opportunities under CalAIM to improve health and reduce costs all hinge on the creation of an integrated health system, which, as discussed below, has three essential components – Services, Framework and Activation – all of which, thanks to essential players like LA General and LA Care, are on the verge of coming together in LA County.

SERVICES (thanks to LA County). On the positive side, LA County has created a vast array of services that potentially address the full continuum of both immediate and preventive care needs. In this regard, it's important to note that LA County provides the three layers of services necessary for integrated care: (1) hospitals, where the most serious medical issues are addressed, (2) other essential clinical services, including primary care (which LA County largely addresses through its Ambulatory Care Network) and substance abuse and

[60] Paul Ellwood HMO Architect (n 23)

mental health services (for which LA County has embarked on the creation of unique service hubs in its Restorative Care Villages), and (3) supportive services addressing the social determinants of health, which are a focus of Community Supports under the CalAIM program.

LA County has established an exceptional collection of health and social services for the benefit of its citizens, especially those who are most vulnerable. It has not,, however, been able to link these various services into an integrated healthcare system that provides, on the one hand, high quality medical care, and, on the other, effective social services that reduce as much as possible the need for that medical care, especially expensive inpatient services. Simply put, LA County has created a comprehensive array of health and social services that includes substantially all of the pieces essential for integrated care, but it has failed to provide the necessary integration of those pieces.

FRAMEWORK (thanks to the State and LA Care). There have been understandable challenges in fully deploying and coordinating the three layers of care; and, historically, there has never been a comprehensive payment mechanism that rewards (and thereby incentivizes) the long-term public benefits of collectively coordinated healthcare delivery. It was hoped by many that the integrated healthcare puzzle would be solved with the implementation of a managed care system using capitation payments to create incentives to coordinate the many services necessary for a healthy population. This hope was justified in theory, but, for a variety of reasons, it did not play out in reality.

However, CalAIM now provides that link between theory and reality. Specifically, the State and managed care plans (especially LA Care) provide an architectural framework for CalAIM, connecting individual services into an integrated system. This CalAIM framework has two essential components: First, and most important, an ECM program, under which a Lead Care Manager (Care Manager) is assigned to each ECM beneficiary in order to coordinate all health and social service needs.[61] Second, a Community Supports program that provides funding for defined services to address the social needs of those ECM beneficiaries, with a special focus on homelessness.[62]

There are a number of players required to populate the CalAIM framework. The State is of course needed to provide funding (although there are significant issues, as discussed below, regarding the adequacy of current funding); MCPs, such as LA Care, are needed to establish a network of ECM and Community Supports providers; and, most important, specific ECM providers are needed to enroll at-risk Medi-Cal beneficiaries and provide effective Care Managers and

[61] "Enhanced Care Management Providers," LA Care Health Plan website https://www.lacare.org/providers/ecm/providers (accessed February 13, 2025)
[62] Transformation of Medi-Cal: Community Supports, DHCS webpage https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf (accessed April 11, 2025)

Community Health Workers[63] to assist those beneficiaries in accessing health and social services.

ACTIVATION (anticipated thanks to LA General and other ECM providers). With the State, MCPs, and ECM providers supporting CalAIM, we have the essential pieces in place for an integrated health system, but one additional piece is required to complete the integrated healthcare puzzle: patient agency. In order for the system to work, you need to educate and empower patients so they can identify and access healthcare and other services that best meet their needs, and thereby pursue and achieve long-term health benefits. Patients of course have the desire to increase their overall health, but the challenge (for all of us) is understanding, accessing and fully utilizing an extraordinarily complex healthcare system and related social services; and this is especially true for those plagued with co-morbidities and social challenges, such as homelessness and addiction. In order to become both knowledgeable and empowered, patients need guides to help them navigate the healthcare maze, and CalAIM's ECM initiative provides those guides in the form of Care Managers and Community Health Workers.

In order to activate an integrated healthcare system, you specifically need beneficiaries who are empowered to make informed healthcare decisions; and CalAIM operates on the common sense assumption that if ECM Care Managers provide at-risk beneficiaries with education, guidance and encouragement regarding available health and social services, those beneficiaries will have the motivation and new-found ability to access appropriate care. They will, accordingly, make linkages that benefit their personal health, and, over time, collectively transform healthcare delivery for the overall community.

Let's now turn to CalAIM's specific functions, goals and aspirations regarding healthcare integration.

A. A Brief Summary of Medi-Cal and CalAIM

> "Medi-Cal provides health care coverage to almost 40 percent of Californians, but the program's complexity makes it difficult for some individuals to access appropriate care. The state received federal approval for […] funding two new benefits: Enhanced Care Management (ECM) and Community Supports. These benefits are provided by managed care plans (MCPs) and are intended to provide cost-effective services to high-cost, high need Medi-Cal members to improve health outcomes and reduce reliance on more costly medical services. The ECM benefit provides personalized care management to eligible members and Community Supports services – largely of a social services nature – are substitutes to traditional, often more costly medical services."[64]

[63] ECM Providers (n 61)
[64] Legislative Analyst (n 13) page 1

B. The Special Needs of Medi-Cal Beneficiaries and the CalAIM Tools That Have Been Created to Address Those Needs

The State recognizes that "Medi-Cal members typically have **several complex health conditions** involving physical, behavioral, and social needs, [and that] members with complex needs must often engage **several delivery systems to access care**, including primary and specialty care, dental, mental health, substance use disorder treatment, and long-term services and supports."[65] In order to address these complex needs effectively, "CalAIM has several initiatives […]. 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 […]."[66] Under ECM, "enrolled members receive comprehensive care management from a single lead care manager who coordinates all their health-related care […]."[67]

C. What are the Social Goals under CalAIM? CalAIM's broad goals are those common to all integrated care systems: substantially better health accompanied by reduced costs:

1. Enhancing the Health and Well-Being of Medi-Cal Beneficiaries

The primary goal of CalAIM is very simple: enhancing the well-being of Medi-Cal beneficiaries, especially those high-risk persons qualifying for ECM**:** "[CalAIM's] goal is to enhance the quality of life and health outcomes for Medi-Cal members." [68]

2. Reducing Healthcare Costs

There are major concerns that Medi-Cal funding by the federal government may, in the near future, be substantially reduced,[69] especially since "Federal funds typically make up one-third of the state budget. Medi-Cal relies on $107.5 billion in federal funds in the current budget year, nearly two-thirds of all federal dollars received by the state.".[70]

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[65] ECM Transformation (n 12
[66] Hospitals Commission (n 35) page 5
[67] ECM Transformation (n 12)
[68] Hospitals Commission (n 35) page 5
[69] Luna, Taryn, "Newsom to ask California legislature for another $2.8 billion to cover Medi-Cal cost overruns" Los Angeles Times (March 17, 2025) https://www.latimes.com/california/story/2025-03-17/newsom-to-ask-california-legislature-for-another-2-8b-to-cover-medi-cal-cost-overruns (accessed March 21, 2025)
[70] Luna, Taryn, "Cost of undocumented healthcare in California is billions over estimates, pressuring Democrats to consider cuts," Los Angeles Times (March 13, 2025).

The State will almost certainly face Medi-Cal funding cuts, undoubtedly requiring it to respond by substantially reducing costs or slashing services; and it's of course to everyone's benefit to focus on cost reductions to the extent possible.

CalAIM focuses on healthcare costs, recognizing that **"**[m]ore than half of Medi-Cal spending is attributed to 5 percent of members with the highest-cost needs."[71] And the State rightfully assumes that those qualifying for ECM encompass a substantial portion of that medically challenged five percent:

> "[T]he highest cost enrollees typically are being treated for multiple chronic conditions … and often have mental health or substance abuse disorders. Costs for this population often are driven by frequent hospitalizations and high prescription drug costs. In some cases, social factors like homelessness play a role in the high health care utilization of these enrollees."[72]

Although detailed studies have not yet been conducted to confirm how significantly CalAIM will reduce healthcare costs, precursors to the CalAIM program support its cost benefits:

> "Patients who received services under WPC [i.e., Whole Person Care] or HHP generally saw a reduction in emergency department visits and hospitalizations, along with overall lower health care costs due to lower utilization of certain services."[73]

3. **Combatting Homelessness.** CalAIM recognizes that in order to embrace the well-being of Medi-Cal beneficiaries and reduce overall healthcare costs, a central focus must be the elimination of homelessness,[74] which is discussed in detail in the next Chapter. By focusing on those Medi-Cal beneficiaries most at risk of homelessness, one simultaneously has a huge impact on personal health while substantially reducing overall healthcare costs.

D. What is the Promise of CalAim? The promise of CalAIM is both simple and profound: "The goal of CalAIM is to transform Medi-Cal to be a "more

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https://www.latimes.com/california/story/2025-03-13/3b-above-estimates-democrats-in-california-face-pressured to-cut-medi-cal-for-undocumented-immigrants (accessed March 21, 2025)

[71] ECM Transformation (n 12)

[72] Legislative Analyst (n 13) page 3

[73] ibid

[74] CalAIM and Homelessness (n 19)

coordinated, person-centered, and equitable health system that works for all Californians."[75] [76]

PART 2

CalAIM AND THE HOMELESS

In CalAIM, the State has created one of the most powerful weapons in the war against homelessness, and we argue that LA County should put CalAIM front and center in addressing this major social challenge. We specifically argue that DHS and LA General are positioned to implement CalAIM in Los Angeles in a manner that could have a huge impact on the homeless; not by hiding them away, but by directly addressing their health and social needs so that they have the best possible chance to find shelter and reintegrate into society.

The following is a short summary of CalAIM's specific potential regarding homelessness

A. CalAIM was Created to Address Housing

Medi-Cal is generally perceived by the public as a health insurance program, but CalAIM transforms it into a major weapon against homelessness. In fact, at the launch of the CalAIM program, the Department of Health Care Services created a Fact Sheet to describe how CalAIM was specifically structured to attack homelessness, emphasizing that "CalAIM reflects a long-term commitment to addressing California homelessness crisis through strategic use of Medi-Cal and other resources."[77] In a letter to homeless advocates accompanying the Fact Sheet, Jacey Cooper, the State Medicaid Director, emphasized that "CalAIM is designed to provide robust, statewide housing services for Medi-Cal members who are affected by homelessness and housing instability."[78]

B. ECM: Both Preventing and Addressing Homelessness

One of CalAIM's essential features is the assignment of an individual Care Manager to assist each beneficiary in both finding shelter and addressing related social and health issues. CalAIM ensures that each beneficiary has this singular point of contact, a personal bureaucracy "whisperer," to assist in

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[75] Hospitals Commission (note 35) page 5

[76] This Report's primary focus is on improving healthcare for a very narrow population of at-risk Medi-Cal beneficiaries estimated at from 3% to 5% of the managed Medi-Cal population. (See ECM Transformation (n 12).) We contend, however, that by creating the infrastructure for an integrated health system to address this narrow population, we will establish a template for healthcare integration that has the potential to promote health and social services for the benefit of all County residents.

[77] CalAIM and Homelessness (n 19)

[78] ibid

stitching together the many social and health services needed for personal well-being, including associated housing:

> "Depending on which services beneficiaries require, they may need to navigate multiple delivery systems, which can make it difficult for beneficiaries to receive all the services that their conditions would indicate are needed. Difficulties navigating Medi-Cal's multiple systems can be particularly pronounced for individuals with multiple complex conditions."[79]

In order to qualify for CalAIM, one needs to both participate in managed Medi-Cal and qualify as a member of a Population of Focus (POF); and there are four POFs that are directly relevant to homelessness. First, those who are homeless constitute a specific POF, so CalAIM is immediately available to anyone who needs assistance in finding and maintaining shelter. However, there are three other POFs that are equally important regarding services for those who are homeless or at risk of becoming so: Mental Health, Substance Abuse and Prior Incarceration.[80]

Many of the homeless have social co-morbidities. For example, "31% substance abuse disorder and 24% serious mental illness [was] reported by unsheltered homeless people in the most recent count" in LA County. Further, in a recent Statewide survey of the homeless, 66% of those surveyed indicated serious mental health symptoms in the prior 30 days,[81] and 35% were active users of harmful substances at least three times a week (with most of that use involving amphetamines).[82]

These mental health and substance abuse co-morbidities often afflict the homeless, but, of equal importance, they are also frequent precursors to homelessness. Accordingly, CalAIM, by independently focusing on mental health and substance abuse, is not only a powerful means to alleviate homelessness, but to prevent it as well.

CalAIM's focus on prevention is also an essential aspect of a fourth POF that encompasses those who have recently been incarcerated. Nineteen percent of the homeless actually entered homelessness directly from a jail setting; and 30% of the homeless experienced a jail stay during their period of homelessness.[83]

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[79] Legislative Analyst (n 13) pages 2-3

[80] The three most common POFs that members have qualified under are individuals experiencing homelessness, individuals at risk for hospitalization, and individuals with a serious mental illness or substance abuse disorder." Each of these categories recently had about 50,000 enrollees; with all of the others in the aggregate having only 25,000 enrollees. (Legislative Analyst (n 13) page 10.)

[81] Homeless survey (n 59) page 59

[82] ibid page 61

[83] ibid

C. Community Supports – Focusing on Housing Assistance

The focus of CalAIM on housing and shelter for the homeless is highlighted by the fact that virtually all of the Community Supports are housing related. Specifically, Community Supports "are a set of 14 community services (mostly housing related) in which communities can use existing funds to pay for community benefits. [84] These included housing, food support, transportation and more." (LA Care currently makes all 14 Community Supports available for ECM beneficiaries.)[85]

In the Legislative Analyst's recent report on CalAIM, these supports are separated into three categories:[86]

1. "Housing–related services" (the "housing trio"), including housing transition/navigation services; housing deposits; and housing tenancy and sustaining services; [87]
2. "Recuperative Services," including recuperative care (medical respite),[88] respite services and sobering centers; and
3. A variety of services to enable members to remain in a homelike setting, such as medically tailored meals, assisting with daily living activities and home modifications.[89]

D. Qualifying for CalAIM – Facilitating Medi-Cal Enrollment

In order to participate in CalAIM, it's necessary to enroll with Medi-Cal and participate in a Medi-Cal managed care program. This is not, however, a barrier for the homeless, since the vast majority of the homeless are either Medi-Cal beneficiaries or Medi-Cal eligible. In fact, one of the benefits of CalAIM is that it's a vehicle to identify those who are Medi-Cal eligible but have not yet enrolled, opening an opportunity to assist them in obtaining MediCal coverage.

Based on a 2023 Statewide homeless survey, 75% of the homeless participate in Medi-Cal, with 17% having no insurance coverage, including

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[84] Transformation of Medi-Cal: Community Supports, HCS https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf (accessed February 13, 2025)

[85] CalAIM Community Supports – Managed Care Plan Elections https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Elections-by-MCP-and-County.pdf (accessed February 13, 2025)

[86] Legislative Analyst (n 13) page 5

[87] ibid

[88] Recuperative care is recognized as one of the most important CalAIM benefits to avoid homelessness, addressing members with unstable housing who no longer require hospitalization, but still need to heal from an injury or illness. With "recuperative care," beneficiaries receive short-term residential care, including housing, meals, ongoing monitoring of the member's condition and coordination of transportation to appointments. Legislative Analyst (n 13)

[89] Legislative Analyst (n 13) page 5

Medi-Cal.[90] Of the homeless between the ages of 18 and 24, a much smaller percentage, 54%, participate in Medi-Cal, with 35% of them having no insurance coverage, including Medi-Cal.[91] It seems likely in both cases that most of those without insurance would be eligible to enroll in Medi-Cal, with CalAIM providing an opportunity to identify those who need assistance in obtaining such coverage.

(There certainly might be some small percentage of the homeless who would be ineligible for Medi-Cal, but are nonetheless deserving of housing assistance. The County could of course provide them with that assistance using the CalAIM framework, albeit without the supplemental Medi-Cal funding.)

E. Using Healthcare System Interactions to Access and Recruit CalAIM Participants

In considering the sufficiency of CalAIM to recruit those needing and desiring housing assistance, it's important to be flexible:

1. The County is in a unique position to use a variety of mechanisms to identify homeless persons who are accessing care at County health facilities (recognizing that the County, as discussed in Part 4, is not yet fully taking full advantage of this unique opportunity). Focusing on healthcare interactions will identify and access a surprising percentage of the homeless, including many with the greatest needs. According to the referenced 2023 homeless survey, 38% of the homeless visited an ED at least once in the prior six months (and 9% visited an ED three or more times during that period) [92] Twenty-one percent reported an inpatient stay during that period (which is substantially higher than the general population)**.[93]** In the case of 18 to 24 year olds, the percentage with at least one inpatient stay increased surprisingly to 29%.[94] Clearly, focusing on healthcare services should capture a large number of the homeless having the greatest need for CalAIM services.

2. We are not suggesting, however, that interactions of the homeless with the healthcare system should be the exclusive means of recruiting homeless beneficiaries into the CalAIM program. Certainly, successful outreach programs to connect with the homeless in the community, whether on Skid Row or in homeless encampments, should continue.

3. It's also important to recognize that the County may connect with homeless individuals who need and desire housing assistance, but are

[90] Homeless Survey (n 59)
[91] ibid at page 58
[92] ibid at page 58
[93] ibid
[94] ibid

not eligible for CalAIM because they are either not interested or able to enroll in the Medi-Cal program. Although CalAIM participation should be seen as an opportunity, it should not, as noted above, be a condition to receiving necessary assistance.

F. Ancillary Benefits of Using CalAIM as a Framework for Addressing Homelessness

In addition to the direct benefits of using CalAIM to address homelessness, there are four major ancillary benefits. First, as discussed above, CalAIM provides a vehicle and incentive to enroll eligible beneficiaries in Medi-Cal, thereby giving them access to health insurance. Second, CalAIM is a vehicle to obtain enhanced Medi-Cal funds to address homelessness. Third, CalAIM provides a strategic framework for addressing homelessness, which should help to avoid the apparent lack of strategic focus under LHASA's historical management of homeless initiatives. Fourth, a major challenge for any social services program is to assess its actual benefits, achievements and success, and, as discussed below, CalAIM provides a framework for generating "outcome assessments" regarding both beneficiary health and program costs.

G. Respecting the Homeless Through Integrated Care (and Avoiding the Pitfalls of "Housing First")

Let's be honest:

When addressing homelessness, there is often political pressure to give housing itself the highest priority, not because that is necessarily the most effective way to address homelessness, but because the public is frequently most concerned with reducing the impact of the homeless on their communities. As such, it is often argued that the focus should be on aggressively addressing housing, with social and health issues being follow-up issues of secondary concern.

Sadly, when it comes to homelessness, the public's primary focus often seems to be on the inconvenience and unpleasant aesthetics of dealing with the homeless; in most cases, the public is happy if the homeless disappear into any available shelter, caring little about where they've gone or their ultimate well-being.[95] We see this perspective often embedded in "Housing

[95] How cities deal with the homeless in the context of mega-events such as the Olympics is a good example of the public focusing on aesthetics over care. "Displacing people experiencing homelessness from a mega-event host city allows attendees to ignore that city's housing and homelessness crises ahead of large global events and only serves to exacerbate social inequities." Holly, Edward, "Hiding a City's Homelessness Crisis Through Displacement: What the Olympics Remind Us about Harmful Practices," National Alliance to End Homelessness (August 6, 2024) https://endhomelessness.org/blog/hiding-a-citys-homelessness-crisis-through-displacement-what-the-olympics-remind-us-about-harmful-practices/ (accessed March 21, 2025)

First" policies, which have been increasingly criticized for taking an ineffective and even callous approach to the homeless, accepting homelessness as a problem to be deferred rather than cured:

> **"**We've all heard the statement, "Housing First does not mean housing only," and it is true. To be effective, there needs to be both housing and supportive services (i.e., health care, behavioral health services, substance use disorder treatment, employment/education supports, etc.) that meets the needs and choices of the people being served. If both are not available and accessible, then a program is not actually using a Housing First approach."[96]

> **"**Experience shows us that this [housing first] approach, in effect since 2016, is more of a cover-up than a solution. It doesn't treat the root causes of homelessness, which for many are addiction or mental illness. It simply institutionalizes the homeless."[97]

CalAIM recognizes that access to housing and healthcare services interact to create a virtuous cycle (and the absence of either can create a death spiral). Homelessness is a major contributor to adverse health issues, and, if you can reduce homelessness, you will significantly increase the health and well-being of beneficiaries. And, conversely, if you address the health and well-being of beneficiaries, it will significantly reduce the likelihood of future homelessness. Accordingly, CalAIM is simultaneously focused on getting people off the street into shelter and aggressively working with them to manage their social and health needs.

CalAIM requires that we actively engage with the homeless rather than hide them away, providing them with both care and respect

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[96] Thompson, Marcy, "The Truth About Housing First," National Alliance to End Homelessness," page 5 September 22, 2023) https://endhomelessness.org/blog/the-truth-about-housing-first/ (accessed March 21, 2025)

[97] Winegarden, Wayne; Jackson, Kerry, "Housing First Programs aren't Working" Pacific Research Institute, page 2 (August 20, 2022) https://www.pacificresearch.org/housing-first-programs-arent-working/#:~:text=It%20doesn't%20treat%20the,%2C%E2%80%9D%20says%20the%20Cicero%20Institute. (accessed March 21, 2025)

PART 3

WHERE IS CalAIM FALLING SHORT?

CalAIM's promise currently falls short in three broad areas. First, there are many ongoing impediments to the enrollment of Community Supports providers, which makes it challenging to develop a robust Community Supports network that coordinates and communicates effectively. Second, the CalAIM program's success rate in enrolling ECM eligible beneficiaries is far below reasonable expectations. Third, there seems to be little focus on generating the outcome metrics that are necessary to justify the substantial, ongoing investment in CalAIM required for its success.

A. Compensation Issues for Providers of ECM and Community Supports

The basic question is whether ECM and Community Supports providers are receiving adequate compensation that, at minimum, meets their costs. In a recent survey of CalAIM providers (both ECM and Community Supports) in Southern California, 83% said the payment rates are not covering the cost of services, [98] and DHS has adamantly agreed.[99] Forty-seven percent of ECM providers and 41% of Community Supports providers also indicated that the inadequate compensation arrangements are "very challenging."[100] (The percentage of providers expressing concern would have undoubtedly been higher in the absence of DHS subsidies (discussed below), Providing Access and Transforming Health (PATH) grants (also discussed below) and other funds that have made up some portion of the overall shortfall.)[101]

The County Departments participating as ECM providers uniformly note "low reimbursement rates" as a major challenge. [102] In fact, DMH, in considering (and tending toward rejecting) the feasibility of expanding its ECM program, notes as a major negative that its "break even analysis results show that reimbursement […] does not cover the majority of program costs."[103]

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[98] Goodwin Simon Strategic Research, "CalAIM Experiences: Implementation Views in Year Three of Reforms,: California Health Care Foundation," California Health Care Foundation, page 32 (December 16, 2024) https://www.chcf.org/wp-content/uploads/2024/12/CalAIMExperiencesImplementerViewsinYearThreeofReforms12132024.pdf (accessed February 13, 2025)
[99] Interview with DHS leadership
[100] CalAIM Survey (n 99) pages 28 and 30
[101] ibid at page 32
[102] "Enhanced Care Management (ECM) Updates: Board Informational Briefing," PowerPoint presented by DHS, DMH, DPH, DCFS and JCOD (December 1, 2024)
[103] ibid

CalAIM providers also note issues with "delays in receiving reimbursements," with 30% of ECM providers and 41% of Community Supports providers stating that such delays are "very challenging."[104]

Finally, in connection with payment denials, "DHS has reported that many CS [Community Supports] service referrals were initially denied. Although this situation has reportedly improved, particularly for recuperative care, [the Hospitals and Health Care Delivery Commission recommends] this situation should be closely monitored going forward."[105]

B. Lack of Standardization by Managed Care Plans and Additional Bureaucratic Burdens for ECM and Community Supports Providers.

The Hospitals and Health Care Delivery Commission notes that "providers across LA County […] manage significant administrative burdens and reporting requirements when participating in ECM and CS [Community Supports] 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."[106] The Commission further notes that the "lack of standardization across Health Plans […] has created significant administrative burdens and added costs, leading some providers to question the feasibility and cost-effectiveness of participating in CalAIM's ECM and CS programs."[107] Further, the State Legislative Analyst's Office notes that "[e]ven three years into the program, unfamiliarity with the ECM and Community Supports benefits and how to provide them as a Medi-Cal benefit are major challenges for providers to enter MCP networks."[108]

According to the Hospitals and Health Care Delivery Commission, regulatory changes and proposed legislation in 2024 were expected to promote better alignment of the Health Plan data systems, [109] although it appears that may be wishful thinking. In fact, DHS notes that there are "[i]ncreasing changes and less standardization across all MCPs."[110] In support of that conclusion, a survey of CalAIM providers indicates that lack of standardization continues to be a problem, with 47% of ECM providers and 40% of CS implementers indicating this issue is "very challenging."[111] CalAIM providers also noted the continuing burdens of complying with reporting and documentation requirements under CalAIM (most of which, according to LA Care, are mandated by the State), with

[104] CalAIM Survey (n 99) pages 28 and 30
[105] Hospitals Commission (n 35) page 8
[106] ibid at page 7
[107] ibid at pages 7-8
[108] Legislative Analyst (n 13) page 13
[109] ibid page 8
[110] ECM Board Briefing (n 103)
[111] CalAIM Survey (n 99)

27% of ECM providers and 22% of Community Supports providers indicating these requirements are "very challenging."[112] DHS, as both an ECM and Community Supports provider, confirmed that these requirements are extremely onerous, even for an organization with the resources of DHS,[113] and specifically noted the "[c]omplex and time-consuming processes for reauthorization."[114]

C. Fragility and Isolation of Community Supports Providers

As described above, Community Supports providers face many challenges, including burdensome reports, non-standardized compliance requirements, billing and collection challenges, and inadequate compensation. If these concerns aren't adequately addressed, it's reasonable to fear that valuable providers of Community Supports, especially Community Based Organizations, will leave the program, reducing important beneficiary access to services. For example, DMH has questioned the feasibility of expanding its important participation in CalAIM based on inadequate compensation and administrative demands.[115]

D. Lack of Optimal Communication Among ECM and Community Supports Providers

Another issue is a lack of ongoing connections between ECM and Community Supports providers. This is especially a problem with ECM providers affiliated with healthcare entities, such as hospitals, that have an independent provider relationship with their ECM eligible beneficiaries. In those cases, the fact that ECM beneficiaries will likely have recurring needs for hospital care means that ongoing coordination between the ECM Care Manager and Community Supports providers is essential to maximize the well-being of the beneficiaries. (LA Care indicated it was unaware of major communication issues between ECM and Community Supports providers, but at the same time recognized the importance of those communications and indicated it would support their strengthening.)

Community Supports for a beneficiary can be initiated by various sources, although approval by the MCP is required in all cases. Based on a recent survey, nearly two-thirds of all requests come from the MCP itself, another provider of Community Supports, or through self-referral or another caregiver.[116] Surprisingly, only five percent of referrals for Community Supports come from ECM providers.[117] This fact is consistent with what appears to be a frequent disconnect between ECM Care Managers and

[112] ibid
[113] Interview with DHS leadership
[114] ECM Board Briefing (n 103)
[115] ECM Board Briefing (n 103)
[116] CalAIM Survey (n 99)
[117] ibid

Community Supports providers, especially regarding inadequate follow-up by a Community Supports provider to the responsible ECM Care Manager. At least one ECM provider has indicated that, as a result of this lack of ongoing communication with the providers of Community Supports, it is seriously considering providing essential Community Supports itself in order to close that communication gap.

E. Low Enrollment of Medi-Cal Beneficiaries in ECM.

"Participation and utilization of CalAIM have been lower than anticipated, particularly for the ECM's program's target populations[118] and this trend is evident both statewide and in Los Angeles County."[119]

"The Department of Health Care Services (DHCS) has estimated that between 3 percent and 5 percent of all MCP members statewide are potentially eligible for ECM, " but that "[t]he percent of MCP members statewide utilizing ECM […] in 2022 was [only] 0.6 percent […] increasing to [just] 0.9 percent in 2024."[120] In the specific case of the homeless, "[o]nly about one-fifth of all MCP members that identified as homeless … were receiving ECM services in 2023."[121][122]

In order to create enrollment goals and measure success, it's necessary to estimate what would constitute full enrollment. In this regard, LA Care uses a simple formula to determine a "ballpark" figure for the number of ECM eligible beneficiaries likely to be recruited. LA Care assumes, based on State estimates, that, as noted above, between 3% to 5% of Medi-Cal beneficiaries are eligible for ECM. It also assumes, based on general enrollment experience, that only 30% of Medi-Cal beneficiaries identified as ECM eligible will actually enroll, either because of difficulty in making personal contact or because they affirmatively reject participation.[123] (A low enrollment success rate is both confirmed and elaborated by DHS based on its ECM enrollment experience, discussed in more detail, below.)

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[118] LA Care representatives noted that the slow start for ECM enrollment was likely due in part because its commencement on January 1, 2022 occurred during the Covid pandemic, making personal contacts, which is essential for enrollment, challenging if not impossible.
[119] Hospitals Commission (note 35) at page 6
[120] Legislative Analyst (n 13) page 1
[121] ibid
[122] Although participation has not reached anticipated levels, DHCS notes that "the number of members served by Enhanced Care Management quarter over quarter continues to rise; in Q4 2023 approximately 96,000 members received Enhanced Care Management [Statewide], a 40 percent increase from Q4 2022." Success of Transformation (n 36)
[123] Interview with LA Care representatives

In LA County, there are approximately 4.7 million persons who are covered by Medi-Cal, with 2.7 million of those enrolled with LA Care.[124] Based on LA Care's assumptions, there would be an estimated 108,000 Medi-Cal beneficiaries in LA County who are enrolled with LA Care and ECM eligible,[125] but, considering the estimated 30% enrollment success rate, only 32,000 of those are likely to be enrolled in ECM based on beneficiary access and interest.

LA Care indicated that approximately 20,000 of its 2.7 million enrollees are enrolled in ECM. Is this a satisfactory number? If you accept the validity of the 30% enrollment success rate, the comparison is between 20,000 actual enrollees and 32,000 potential enrollees, which seems like a positive start given LA Care's ongoing ECM enrollment initiatives. However, if you compare it with the 108,000 beneficiaries enrolled with LA Care who are likely eligible for ECM, 20,000 enrollees seems to fall far short of acceptable goals.

In evaluating current ECM enrollment success in LA County, it's crucial to consider the validity of the assumed 30% success rate; and, as discussed below, we believe LA General's participation as an ECM provider will allow us to test this validity.

F. Lack of Data Collection and Evaluation of Desired Health and Cost Outcomes.

The Hospitals and Health Care Delivery Commission notes "[t]here is a lack of data reporting on outcomes, including process measures that define intermediate outcomes […]. Without this data it is difficult to evaluate the effectiveness of CalAIM initiatives and determine their success."[126]

LA Care informed us that the MCPs participating in CalAIM were initially accumulating data for the purpose of evaluating the effectiveness of the program, but, in mid-2023, the State directed the MCPs to cease such activities, since the responsibility for such data collection and evaluation was being assumed by the State.[127] However, LA Care is unaware of any State activities or pending reports in this regard.

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[124] Reyes, Emily Alpert, "Tens of thousands of L.A. County residents could soon lose Medi-Cal coverage, Here's why," Los Angeles Times (July 1, 2023) https://www.latimes.com/california/story/2023-07-01/tens-of-thousands-la-county-could-lose-medi-cal-coverage#:~:text=L.A.%20Care%20projects%20that%2013,Cal%20obtain%20other%20health%20coverage. (accessed March 21, 2025)

[125] We assume 4% of Medi-Cal beneficiaries are ECM eligible in our computational approximations

[126] Hospitals Commission (n 35) page 7

[127] Interview with LA Care representatives

Although CalAIM's potential to substantially reduce healthcare costs is logically indisputable, it's essential to generate data and studies to support that conclusion in order to justify an appropriate expansion of the program. The State's Legislative Analyst's Office in its recent report on CalAIM emphasized the importance of such studies:

> "More information is needed to assess cost-effectiveness and improvements in health outcomes […]. [T]he Legislature may wish to direct ongoing evaluations to determine whether ECM and Community Supports result in net savings to the state and/or improved health outcomes to beneficiaries."[128]

> "We recommend the Legislature consider requesting additional information from DHCS to enable it to […] ensure that a system is in place to allow for robust, ongoing evaluation of the cost-effectiveness of the benefits and their impact on health outcomes."[129]

PART 4

DHS AND CalAIM: THINKING SMALL[130] (BUT BRILLIANTLY)

DHS has made a major commitment to CalAIM, and has specifically made a major financial investment in the creation of a robust Community Supports network. In this Part, we describe the nature of DHS's participation in CalAIM and specific actions it has taken to create an effective Community Supports network. We also note that DHS's chosen role in CalAIM limits its potential impact on ECM enrollment, and that we need to look elsewhere (we suggest LA General) for solutions regarding increased enrollment.

A. The Nature of DHS's Participation in CalAIM

As an ECM provider, DHS focuses exclusively on Medi-Cal beneficiaries who are enrolled in one of the 30 Primary Care Medical Homes (Medical Homes) operated by DHS (each of the County Hospitals being included as a component of one of those Medical Homes).[131] From that population, DHS identifies potentially eligible ECM enrollees by applying an algorithm to the medical record data base covering medical and related services provided to those assigned beneficiaries.[132] Once the algorithm identifies a potential ECM beneficiary, a DHS Community Health Worker attempts to contact the

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[128] Legislative Analyst (n 13) page 16
[129] ibid at page 1
[130] "Small" is of course a relative term. DHS, as an ECM provider, focuses on its empaneled population, which it estimates at approximately 500,000. (Interview with DHS leadership.) This is a small number only in comparison with the 4.7 million Medi-Cal beneficiaries who live in LA County. (Medi-Cal Coverage n 125)
[131] Interview with DHS Leadership
[132] DHS implemented the ECM algorithm relatively recently in July 2024. ECM Board Briefing (n 103)

beneficiary (making up to five attempts) to discuss ECM enrollment. In addition to using the algorithm, a DHS healthcare worker (e.g., an LA General physician) who believes a patient potentially qualifies for ECM may also contact the DHS ECM unit with a request to evaluate the patient for ECM eligibility. In that case, the DHS ECM unit will first determine whether the patient is empaneled with DHS, and then assess the beneficiary's potential eligibility under the algorithm. This review process typically takes from 24 to 48 hours.[133]

B. DHS's Partial Solution to Deficiencies in the Community Supports Network.

LA Care acknowledges that DHS is one of its most important providers of Community Supports, especially in the housing category, with over 15,000 beneficiaries having received housing navigator and tenancy support services from DHS.[134] DHS's success in this regard is attributable to its creative solutions to many of the hurdles in establishing effective Community Supports under CalAIM.

DHS understands the importance and challenge of supporting individual providers of Community Supports.

> "Community-based organizations (CBOs) are a critical part of our delivery system […]. [Recognizing] the challenge that we have of coordinating our programs with thousands of services organizations that work with us […]. [S]uccess […] requires an upfront investment in building capacity in community-based entities that deliver the full suite of services we know are needed for these populations."[135]

DHS has in fact created a robust Community Supports Network through creative solutions to inadequate compensation and coverage, onerous bureaucratic procedures, and individual isolation and fragility. Specifically, DHS's solution has been to assume the role of a primary contractor with

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[133] This ECM evaluation process would be ineffective for LA General ED patients, since approval of the beneficiary typically won't occur for 24 or more hours, probably long after the beneficiary has left the ED, thereby losing the benefits of personal contact. .
[134] Interview with LA Care leadership
[135] Hong Interview (n 34)

the MCPs, and then subcontract with Community Supports providers[136] (in most but not all cases).[137] This approach has the following benefits:

1. DHS takes on the regulatory responsibilities of being a Medi-Cal provider, which means a subcontractor doesn't need to enroll as a Medi-Cal provider, substantially expanding the universe of available Community Supports providers.[138]

2. DHS assumes many of the burdens of being a contracting provider, such as billing, which means Community Supports providers don't need to deal directly with MCP contracting hassles.

3. DHS supplements MCP compensation to address insufficient payments.

4. DHS fronts payment when MCP payments are delayed.

5. DHS expands coverage and payment beyond what's approved by MCPs when appropriate, e.g., Community Supports coverage for recuperative care is generally limited to three months, but DHS may expand that up to eight months if medically appropriate. Another example of expanded coverage is the availability of certain rental subsidies not covered by CalAIM.

6. DHS also provides certain operational support, such as IT support.

As a general matter, DHS is also in a better position to negotiate MCP rates (as compared with individual Community Supports providers) and, similarly, is in a better position to lobby for the collective interests of the Community Supports providers, both with MCPs and the State.

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[136] The Justice Care and Opportunities Department (JCOD), which is in the process of enrolling as an ECM provider, has also expressed a commitment to this "ECM Hub-and-Spoke Model" under which it subcontracts with Community Based Organizations that may not be directly contracted with MCPs, but "who are trusted in their community and have experience serving the [Justice Involved] Population." ECM Board Briefing (n 103)

[137] DHS does not subcontract with all providers of Community Supports in its network, e.g., it does not subcontract with sobering centers and providers of home modifications. Interview with DHS Leadership.

[138] "While many CBOs are not government contractors, some are the best equipped to engage the populations they serve. We're missing an opportunity if we don't partner with them and take advantage of their deep ties to people right there in that community." Hong Interview (n 34)

C. What DHS's Partial Solution Fails to Address

While DHS brilliantly addresses the challenge of adequate Community Supports under CalAIM, it fails to address ECM recruitment, since DHS has limited its ECM population to those beneficiaries already empaneled with DHS. While this decision is understandable given the fact that DHS's compensation under CalAIM falls substantially short of DHS's costs, especially given its decision to subsidize many of the Community Supports providers in its network, it means there is a significantly missed opportunity to increase ECM enrollment in LA County.

DHS leadership estimates the number of its empaneled beneficiaries at approximately 500,000 out of more than 4 million Medi-Cal beneficiaries in LA County. DHS, as an ECM provider, enrolled 5,531 unique ECM beneficiaries from its empaneled beneficiaries during 2024, and it indicates that at any one time it has approximately 3000 active ECM enrollees, with an average length of enrollment being approximately 11 months.[139] As discussed in the next Chapter, this compares with an estimated 26,000 ECM eligible beneficiaries seen in the LA General Emergency Department during a recent twelve month period (approximately 15,000 enrolled with LA Care and 8,000 enrolled with HealthNet).[140]

There is clearly a missed opportunity here that, as discussed in the next Part, LA General is poised to exploit.

PART 5

LA GENERAL AND CalAIM – THINKING BIG!

While DHS has creatively addressed many of the major problems for Community Supports under CalAIM, LA General is positioned to address several of the current deficiencies in the overall implementation of CalAIM:

Increasing Enrollment. LA General could contribute to the CalAIM program in many ways, but its most crucial contribution will likely be its exceptional ability to increase ECM enrollment. There have been huge challenges in enrolling at-risk beneficiaries into the CalAIM program so that their medical and social needs can be effectively managed*. LA General has special access to those beneficiaries and the relationships to facilitate and accelerate their enrollment.* We evaluate the specific numbers in detail below, but it appears that LA General itself could

[139] DHS is required by the State to evaluate continuing ECM eligibility once every six months. Interview with DHS leadership

[140] We discussed with DHS leadership the possibility of expanding ECM enrollment to County Hospital EDs. They noted that, given the inherent nature of an ED, they would likely identify many potentially ECM eligible patients who are not empaneled with DHS, and that it's a time-consuming process to determine with whom an individual beneficiary is empaneled. Therefore, from their perspective, ECM enrollment in County Hospital EDs would not be cost effective.

likely meet and perhaps substantially exceed the ultimate ECM enrollment goals for LA County

Reducing Costs. There are huge opportunities to reduce overall healthcare costs by effectively managing the care of high-cost Medi-Cal beneficiaries. *LA General has the knowledge, motivation and experience in reducing its own costs, and is strategically positioned to substantially reduce those costs further using the tools of CalAIM.* Further, because of inadequate State funding, those costs reductions are a potentially important financial engine for CalAIM, as discussed in detail, below.

Enhancing Health. The success of CalAIM depends on keeping beneficiaries healthy by aggressively providing preventive care to avoid hospitalization as well as post-discharge care to avoid readmissions. *LA General has valuable experience with its patient discharge protocols for the purpose of stabilizing patients following discharge, and additional CalAIM tools would provide substantial enhancements*

Creating a Network of Community Supports. ECM is the enrollment and management feature of CalAIM, but the funding of Community Supports is also important, since it ensures the availability of essential social services, especially those focused on homelessness, necessary for the overall well-being of eligible beneficiaries. *As noted above, DHS has already created a robust network of Community Supports that could be supplemented by the many relationships LA General has with various organizations providing post-discharge support for patients. LA General is also strategically connected with the new Restorative Care Village on its campus, which has the potential to be a valuable hub for non-hospital clinical services, especially recuperative care and associated Community Supports.*

Outcome Studies. The long-term success of CalAIM will depend on developing "outcome" studies that "prove" that CalAIM initiatives actually enhance the health of our most vulnerable residents while reducing costs. *LA General is uniquely positioned to generate, access and evaluate data regarding the impact of CalAIM initiatives on the number and type of hospital admissions, which is highly correlated with well-being and healthcare costs.*

The following is a more detailed discussion of LA General's potential contributions to three of the most critical areas necessary for CalAIM's success: (1) ECM enrollment, (2) cost reduction, and (3) outcome metrics "proving" CalAIM's success.

A. **ECM Enrollment:** LA General has the potential to have a profound impact on ECM enrollment under CalAIM. As we discuss, this is for two reasons: LA General is a major contact point for ECM eligible patients, especially in its Emergency Department, and, further, its unique access to and relationship with those patients has the potential to significantly increase

the usual enrollment success rate. It's important to emphasize that we are not recommending that LA General replace DHS as an ECM provider, but rather that their different approaches be recognized and managed as complementary.

1. LA General Is a Major Contact Point for ECM Eligible Patients

In comparing ECM eligibility requirements and LA General demographics, there is remarkable overlap.

In order to be eligible for ECM, a beneficiary has to be enrolled in a Medi-Cal managed care program, such as LA Care, and have certain characteristics that put the beneficiary into a "Population of Focus," specifically including: (1) homelessness, (2) high avoidable use of hospital or emergency department care, (3) serious mental health and/or substance use disorder needs, (4) at risk for long-term care institutionalization, and (5) transitioning from incarceration.[141]

LA General's patient population is strongly aligned with these ECM target populations:

As an initial matter, 74% percent of LA General's patients are covered by Medi-Cal, with 88% of those being enrolled in managed care, meaning that 65% of the LA General patient population meets the first hurdle of ECM participation.[142] (Although 12% of LA General's Medi-Cal patients are not currently enrolled in managed care, if it's determined they have medical or social conditions that warrant ECM, they presumably would have an opportunity to enroll in order to become eligible.)

Further, LA General is located in an area where many in the ECM target populations reside. For example, LA General is 2.5 kilometers from Skid Row, the largest concentration of homeless individuals in the United States, many of whom also have significant mental health and substance use disorders.[143] Based on data prepared by LA General, it's clear that many in that population utilize LA General for hospital care.[144]

LA General has generated data that summarizes its Emergency Department (ED) visits for most of 2023-2024, identifying patients

[141] ECM Transformation (n 12)
[142] PowerPoint presentation for CGJ tour of LA General on October 6, 2024
[143] ibid
[144] ibid

potentially in the ECM target populations.[145] During the time covered, there were 20,199 ED visits by patients enrolled in LA Care, and an amazing 15,476 (over 75%) had strong indications of ECM eligibility Specific categories included: homeless flag (13.8%); high utilizer, i.e., more than 10 visits in 12 months (10.3%); primary diagnosis of mental health or substance abuse (9.5%), and thirty day "bounce backs" (43%).[146] (According to LA General personnel, there have been few if any initiatives to enroll these patients in ECM.)[147]

LA General also generated data regarding patients enrolled in HealthNet, with similar results. Specifically, out of 10,029 ED visits by patients enrolled with HealthNet, 7,959 (or 79%) had strong indications of ECM eligibility.[148]

As described below, LA General estimates that more than 15,000 patients enrolled in LA Care seen in its ED during 2023- 2024 appeared likely to be ECM eligible; and, even using the conservative 30% enrollment success rate, this would mean an additional 4000 new ECM enrollees for LA Care. (It's also important to note that this number is solely focused on the LA General ED, so it doesn't include regularly admitted and discharged patients, who are also a likely source of ECM eligible patients given LA General's patient demographics.)

Clearly, there is a significant opportunity to expand ECM enrollment by focusing on ED visits at LA General, and in fact the Hospitals and Health Care Delivery Commission specifically suggests this strategy in connection with patient discharges from all of the County hospitals:

> "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."[149]

2. LA General and that 30% ECM Enrollment Success Rate

According to LA Care, the State estimates a 30% enrollment success rate for beneficiaries identified as ECM eligible. We believe this assumed 30% enrollment success rate is significantly lower than what's reasonably achievable, and that LA General is the ideal context in which to test this assumption.

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[145] ED-ECM Table (n 8). As mentioned above, the State estimates that 3% to 5% of Medi-Cal beneficiaries are likely eligible for ECM. In contrast, it's truly extraordinary that over 75% of LA General's emergency department patients have strong indications of eligibility.
[146] ibid
[147] Meeting with LA General leadership
[148] ED-ECM Table (n 8)
[149] Hospitals Commission (note 35) page 7

An eligible beneficiary's failure to enroll in ECM is likely based on two factors. The first reason ECM eligible beneficiaries are not enrolled is that it can be difficult if not impossible to connect with them; for example, it can be extremely challenging to contact a beneficiary who is homeless and without regular contact information. DHS acknowledges that "ECM-eligible patients are generally hard to reach, resulting in high effort to engage and lower than anticipated enrollment volumes."[150] DPH also acknowledges "[e]xtremely low outreach yield rate [based in part on] poor quality health plan referrals and contact information."[151] In concrete terms, DPH notes that "[o]utreach attempts to 477 referrals […] yielded […] 2 enrollments [and] 2 pending enrollments."[152]

The challenge of contacting beneficiaries is of course eliminated if they are already being seen as an LA General patient. This is an important reason to use ED contacts for ECM enrollment, since all other strategies for making contact are so challenging. (We of course recognize it will still be important to utilize standard outreach approaches for ECM eligible persons who would not be captured by focusing exclusively on the hospital.)

The second reason ECM eligible beneficiaries are not enrolled is that enrollment is not automatic; rather, beneficiaries are given an option whether or not to enroll in ECM. There will certainly be some beneficiaries who will reject participation in any event, but we believe in many cases such rejections occur because there is no foundation of trust between the beneficiary and the ECM provider. However, in the case of LA General, the beneficiary usually develops a relationship with the beneficiary's specific healthcare providers that generates trust, which presumably should increase the enrollment percentage.

LA Care itself notes that enrollment is far more successful if there is a personal contact with a patient rather than indirect contact through a phone call or mail, and if you combine that personal contact with a relationship of trust, as should usually be the case in a hospital environment, it seems likely the expected enrollment percentage would increase, perhaps substantially.

DHS's more detailed data regarding its current ECM enrollment program suggests a 40% ECM enrollment success rate[153] (compared

[150] ECM Board Briefing (n 103)
[151] ibid
[152] ibid
[153] DHS's estimated 40% success rate is based on a review of data from September through November, 2024. See ECM Board Briefing (n 103). This success rate is higher than the State's estimated 30%, probably because of DHS's direct connection with its empaneled patients, but it's surprising the percentage isn't even higher given that connection.

with the State's 30% rate reported by LA Care), and also highlights where LA General's interactions with patients would likely enhance such success. Specifically, DHS has found that it is only able to make contact with ECM eligible beneficiaries 69% of the time.[154] (DHS generally requires five attempts at making contact.) Further, DHS has found that, of those contacted, only 58% agree to participate. In the case of LA General's ED patients, you should be able to connect with patients almost 100% of the time (barring occasional premature departures). It's also reasonable to assume that, with the special relationship between caregiver and patient, there should be an increase in the patients' decisions to enroll.

For the purpose of comparison, we assume in the context of LA General a connection rate of 95% and a decision to enroll in ECM at 70% (rather than the DHS's 58%). Using these conservative adjustments, the percentage comparisons reveal the substantial impact that LA General could have on the ECM enrollment success rate:

i. The State: 30%
ii. DHS: 40% (58% of 69)
iii. LA General: 66% (70% of 95).

It is clearly important to test the assumptions behind the State's presumed 30% enrollment success rate for ECM eligible beneficiaries, since they are the basis for crucial ECM strategies and goals, and LA General's participation in ECM will enable those assumptions to be effectively tested.

3. Coordinating Both DHS and LA General as ECM Providers

Despite various inquiries, LA General has not (until now) identified a strategy to facilitate the ECM enrollment of LA General's ED patients, notwithstanding the fact that LA General's internal data indicates a substantial percentage of such patients are likely ECM eligible.[155]

We believe LA General's best strategy to address this situation is to enroll as an ECM provider itself, a strategy that, as discussed below, has already been effectively pursued by Children's Hospital of Los Angeles (CHLA), another hospital with a high percentage of ECM eligible patients. LA General's enrollment would not only directly benefit LA General's patients, but should substantially contribute to the overall success of CalAIM because of LA General's incentive (1) to enroll substantial numbers of beneficiaries in ECM, (2) to generate data and outcome

[154] Interview with DHS Leadership
[155] Interview with LA General leadership.

assessments for beneficiaries enrolled in ECM, and (3) to facilitate an enhanced network of Community Supports providers as LA General manages its ECM responsibilities.

a. **Addressing DHS's Reservations in Providing ECM for Beneficiaries Not Empaneled With DHS**

DHS has decided to provide ECM and related Community Supports only for Medi-Cal beneficiaries who are empaneled with DHS, which makes economic sense from the County's narrow perspective, since there are significant costs in providing ECM Care Managers and associated Community Health Workers for which there is apparently inadequate compensation.

If LA General aggressively enrolls all ECM eligible beneficiaries identified in its ED, it will need to consider the costs of providing ECM and associated Community Supports for those beneficiaries. Presumably, as with DHS, the direct payments for those services will be inadequate to cover its costs, and it will be necessary to evaluate how much of those costs can be absorbed and if there are additional revenue sources that can be pursued to offset costs. In that regard, there should be a fourfold evaluation: (1) what is the County's general commitment to provide care for the medically indigent in this case, (2) to what extent is the County benefitted by any resulting reductions in healthcare costs, (3) are there additional opportunities for the County with respect to beneficiaries that should be considered, and (4) are there opportunities to negotiate cost sharing with stakeholders vested in CalAIM's success (which is the focus of the next Chapter entitled "Thinking Together: Finding Funding for the Comprehensive CalAIM Solution").

County's Commitment to the Indigent

LA County has an obligation under Section 17000 of the California Welfare and Institutions Code to provide care for the medically indigent. From a patient-care perspective, it seems grossly uncaring and certainly callous to identify a beneficiary who clearly qualifies for and needs ECM benefits, but deny that beneficiary an opportunity to access the ECM program. The County should therefore consider whether it should assume responsibility for ECM benefits as part of its obligations under Section 17000 (whether or not there's a legally enforceable claim in that regard).

The County's Economic Benefit

As noted, the County has an obligation to provide care for the medically indigent, and therefore it is financially benefitted if it can

reduce the costs of providing that care. One of the primary benefits of ECM and associated Community Supports is reduced healthcare costs for ECM beneficiaries, especially in connection with unnecessary hospitalizations. With many of LA General's ED patients being "frequent fliers," regularly returning to the ED, the County's investment in ECM and associated Community Supports could significantly reduce the overall use of the ED and associated costs.

Discrete Strategies based on a Beneficiary's Specific Situation

We have not been able to access a detailed breakdown of the demographics of those who are receiving LA General ED services and identified as ECM eligible, but we suspect that such information would generate strategies that could make ECM enrollment in the ED appropriate and even advisable. Specifically:

1. DHS indicated that some percentage of the LA General ED patients are likely empaneled with DHS and would benefit from ECM enrollment (if the time and cost of culling them from the general ED population was reasonable).
2. DMH is also an ECM provider focused on beneficiaries who need significant mental health services, and during a recent annual period, 2,109 of those seen in the LA General ED had a primary mental health diagnosis, many of whom would likely be ECM eligible.
3. DPH is also an ECM provider focused on beneficiaries who need significant services regarding substance abuse, and during a recent annual period, 1,021 of those seen in the LA General ED had a primary substance abuse diagnosis.
4. Twelve percent of LA General's population are Medi-Cal fee-for service beneficiaries[156] (although we were not able to determine if that percentage holds for ED patients). To the extent Medi-Cal fee-for-service beneficiaries would be ECM eligible if enrolled in Medi-Cal managed care, this presents a potential opportunity to enroll with an MCP and empanel with DHS, thereby getting access to additional capitation revenue for both the MCP and DHS.[157]
5. There may be situations where an ED patient is already empaneled with another provider, and it may be possible

[156] LA General PowerPoint (n 143)

[157] DHS indicated it does not currently have any strategy or process to identify and pursued opportunities to convert Medi-Cal beneficiaries from fee-for-service to managed care. Interview with DHS leadership

for LA General to coordinate enrollment with that provider. For example, Kaiser enrolls its eligible patients in ECM, and there are undoubtedly Kaiser patients who occasionally present at the LA General ED.

In summary, there are clear benefits for LA General to enroll as an ECM provider with a focus on its ED, and, at the same time, it should be possible to manage the demographics of its ED patients in a manner that minimizes the challenges for LA General and greatly benefits many of those patients.

b. Should LA General Be an Independent ECM Provider or Utilize DHS for ECM Enrollment of LA General Patients

LA General's enrollment as an ECM provider would need to be coordinated with DHS, especially since DHS already functions as an ECM provider in its own right[158] (as does DMH and DPH). In fact, DHS is an important ECM provider for LA Care, having enrolled 2000 LA Care beneficiaries for ECM, or 10% of LA Care's total ECM enrollees.

One major question is whether DHS and LA General should operate as one consolidated ECM provider, or, to the contrary, if LA General should operate as an independent ECM provider that closely coordinates its activities with DHS. Given the completely different approaches that are likely to be utilized by DHS and LA General as ECM providers, we strongly recommend that LA General be designated an independent ECM provider, but, at the same time, the parties should be attuned to inefficiencies based on overlapping and redundant services and work closely to make their aggregate operations as efficient as possible.

There are three reasons for this recommendation: (1) the very different approaches used by DHS and LA General are likely to become muddled if they are consolidated in one unit, (2) LA General has a committed and sophisticated staff of social workers and others who already effectively manage hospital patient discharge functions, which should serve as a foundation for LA General's expanded group of outreach workers, and (3) by maintaining the independence of the two complementary approaches it will be easier to do follow-up research on the relative effectiveness of each, thereby helping to improve both.

[158] DHS has made a major commitment to ECM as evidenced by the 350 DHS personnel working on ECM operations, with more than 100 serving as Care Managers. [Interview with DHS Leadership.]

The benefit of LA General's approach is its ability to interact directly with potential ECM enrollees in the context of a strong, presumably trusting relationship, making ECM enrollment more likely. The complementary benefit of DHS's approach is that it identifies potential enrollees receiving an array of medical and social services that otherwise might not be identified by the entities providing the services. It seems likely these two approaches would address different populations with minimal overlap, ensuring an overall increase in ECM enrollment.

B. LA General's Role in Reducing Healthcare Costs

1. General Discussion

As previously noted, a major purpose of the CalAIM program is to reduce overall healthcare costs by focusing on the substantial "Medi-Cal spending that is attributable to **5 percent of members with the highest-cost needs."**[159] Where is health care spending focused in the United States, and where are the best opportunities to reduce that spending? In short, "[m]ost health spending in the U.S. and peer countries is on hospital and physician care […]."[160]

Although hospital care is a major driver of health care costs in all wealthy countries, it constitutes a much higher percentage of costs in the United States, with international comparisons suggesting that reductions in unnecessary hospitalizations is where most cost savings can be found: "In comparison to other large and wealthy countries, the U.S.'s higher spending on inpatient and outpatient care explains the vast majority of higher spending overall."[161] "In 2021, inpatient and outpatient care represented **approximately 62% of total health care spending in the U.S. and 46% of spending in comparable countries,** on average."[162] [Emphasis added.]

Clearly, in the current healthcare environment, the most effective means to reduce health care costs is to avoid unnecessary hospitalizations and readmissions; and LA General has already shown immense creativity in pursuing innovative programs to reduce hospital admissions and associated costs with millions of dollars in savings, such as the Safer at

[159] ECM Transformation (n 12)
[160] Cox Cynthia et al, "Health Care Costs and Affordability – What Factors Contribute to Health Care Spending?" KFF (Kaiser Family Foundation) (May 28, 2024) https://www.kff.org/h ealth-policy-101-health-care-costs-and-affordability/?entry=table-of-contents-introduction (accessed February 19, 2025)
[161] ibid
[162] Wagner, Emma et al, "What drives health spending in the U.S. compared to other countries?" KFF (Kaiser Family Foundation) (August 2, 2024) https://www.kff.org/health-costs/issue-brief/what-drives-health-spending-in-the-u-s-compared-to-other-countries/ (accessed February, 19, 2025)

Home program, addressed below."[163]CalAIM promises to further unleash that creativity.

2. Reducing Costs: Using LA General's Robust Discharge Planning Process

One of the primary vehicles to reduce healthcare costs is effective discharge planning that maximizes the stability and well-being of discharged patients, thereby minimizing unnecessary readmissions. LA General is required to manage patient discharges in order to ensure appropriate follow-up care, and this is especially true regarding homeless patients. Under California law, there are specific requirements for hospital discharge policies regarding the homeless,[164] including a "written homeless patient discharge planning policy and process," specific inquiry "about a patient's housing status during the discharge planning process," and "an individual discharge plan for a homeless patient that helps prepare the homeless patient for return to the community."[165]

LA General, given its substantial volume of homeless patients, has significant experience in complying with these legal requirements. However, with the lack of housing options for the homeless, hospital compliance with discharge requirements can be challenging, and, notwithstanding the commitment of hospital social workers to address patient needs, they are, as a practical matter, largely limited to providing support at the point of discharge, having neither the ability nor bandwidth to provide the ongoing health management truly needed by these patients. LA General is committed to using all available resources to meet its patients' needs upon discharge; and, with the additional resources made available by ECM Care Managers and associated Community Supports, it would be able to address its patients' well-being far beyond the hospital door.

Children's Hospital of Los Angeles, for example, recognized the potential value of Community Supports following patient discharge, which was a major justification for its substantial investment in ECM:

> "Prior to the creation of Enhanced Care Management, if a family had health-related social needs, such as being without housing or suffering from food insecurity, CHLA's social workers would come to their aid, directing them to resources that could help, but they

[163] Banerjee, Josh et al, Virtual Home Care for Patients With Acute Illness, JAMA Network Open (November 26, 2024). https://www.calhealthplans.org/wp-content/uploads/2024/05/KaplanPres.pdf (accessed February 13, 2025). LA General leadership estimates that its "Safer at Home" initiative generated almost $4.8 Million over seven and a half months.
[164] California Health & Safety Code, Section 1262.5(n).
[165] ibid

didn't have enough staff to reach families outside the hospital. "We haven't had the bandwidth to follow up," Dr. Patel says…. "Nor have we had the depth of trust or community expertise.""[166]

With ECM, CHLA is now able to continue its engagement with these patients and ensure they receive essential Community Supports following discharges; and LA General, as an ECM provider, would be able to do the same.

3. Reducing Costs: LA General and the Restorative Care Villages

As referenced above, a healthcare ecosystem has three essential elements. At its core is the ultra-expensive acute care hospital, which be used as seldom as possible and, when necessary, used both efficiently and effectively. Beyond the hospital you have other clinical services to address the immediate healthcare needs of patients, typically in a manner that should reduce the need for hospitalization. This includes primary care and other clinical services, especially mental health and substance abuse services. Finally, you have social services, especially focused on housing and nutrition, that are the underpinning of health and stability, and which are the focus of Community Supports.

Too often, these three components of the healthcare ecosystem function independently without the full integration necessary to obtain maximum benefits, but we now have the potential of a unique alignment of all three elements on the campuses of the County Hospitals. First, the County Hospitals are the coordinating entity at the center of these campuses; second, the County, in its great wisdom, is creating Restorative Care Villages on each campus, which have the potential to become the hubs of non-hospital clinical services, especially recuperative care and mental health services; and, third, with LA General becoming an ECM provider, it has the incentive to create a robust network of Community Supports for both itself and the Restorative Care Village, building on a strong base already constructed by DHS.

By using LA General to coordinate the three of these components of the healthcare ecosystem, you both maximize the health of patients and minimize associated healthcare costs. In essence, LA General, with its ECM Care Managers, is able not only to expand the scope of the patient discharge process beyond the hospital door, but to access virtually all necessary clinical and social services required for a patient's immediate well-being.

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[166] Jeff Weinstock, "Community Health Workers Offer Hands-on Help to Medi-Cal Families,: CHLA Blog, page 3 (July 16, 2024) https://www.chla.org/blog/serving-community/community-health-workers-offer-hands-help-medi-cal-families#:~:text=By%20the%20program's%20definition%2C%20community,on%20support%20outside%20the%20hospital (accessed February 13, 2025)

The Restorative Care Villages are crucial participants in the healthcare ecosystem centered on the County Hospitals, since (1) each is located on the campus of a major County Hospital that is a likely source of a significant number of ECM beneficiaries, (2) each provides a significant range of essential clinical services, including recuperative, psychiatric and addiction services that are essential in creating a continuum of care for discharged patients, and (3) each has the opportunity, often in conjunction with the aligned County Hospital, to coordinate and collaborate with Community Based Organizations to build out necessary Community Supports.[167]

LA General, by coordinating with its Restorative Care Village, will have greatly enhanced opportunities to improve health services and reduce overall healthcare costs. However, those opportunities will depend in large part on the various County Departments involved with the Restorative Care Village operating in a coordinated, even integrated manner, and we address the associated challenges in Chapter 7.

C. LA General Is a Potential Source of Outcome Metrics With Which to Assess the Efficacy of CalAIM

As noted above, there is "[n]o systematic method to monitor and report on the […] outcomes of various CalAIM programs and activities,"[168] which is rightly deemed essential for the ongoing evaluation and improvement of the various CalAIM initiatives. It's worth repeating that Paul Ellwood, the "father of managed care," pointed to a lack of "outcome accountability" as one of the primary reasons that managed care has not lived up to its promise.

Hospitals are required to generate and maintain detailed historical data regarding patient demographics and health outcomes for a variety of purposes, especially in connection with their participation in the Medicare and Medi-Cal programs. As a result, hospitals are a rich source of comparative data regarding health outcomes, and this is particularly true for at-risk populations, such as the ECM target populations, that are likely to have a high incidence of hospital encounters.

For example, hospitals maintain records as to whether a patient is homeless upon discharge along with detailed information regarding follow-up visits to the emergency department and readmissions. Accordingly,

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[167] This is especially the case of the LA General Restorative Care Village where the Health Innovation Community Partnership (sponsored by the LAC+USC Medical Center Foundation, Inc.) has been an important source of community guidance regarding connections with Community Based Organizations, presumably including those providing Community Supports. https://www.hicpla.org/about-us (accessed March 21, 2025)

[168] Hospitals Commission (n 35) page 7

hospitals can generate historical baselines for certain patient populations, such as the homeless, that can then be compared with similar populations who receive the benefit of specified CalAIM initiatives, such as access to an ECM Care Manager or specific Community Supports. For example, one could generate data regarding the timing and nature of hospital readmissions for homeless patients in the recent past, and compare that with comparable data for homeless patients who are enrolled in ECM. Through such analysis, one could determine if ECM enrollment results in fewer readmissions, which is indicative of better healthcare status; and, further, one could quantify the reduction in overall hospital costs associated with the reduced readmissions.

LA General has already been active with such comparative research, most recently with its "Safer at Home" initiative developed during the Covid pandemic.[169] In that case, LA General developed a program where patients who had traditionally been hospitalized for certain conditions were now treated at home with significant oversight by registered nurses and other healthcare providers. LA General's research compared these patients treated at home with comparable patients who continued to receive inpatient care in terms of (1) relative health status, (2) impact on hospital and related healthcare costs, and (3) financial impact on the patient. Very briefly, this analysis concluded that (1) there were no adverse health impacts for the participating patients, (2) each patient was, on average, financially benefitted in an approximate amount of $13,300 with respect to out-of-pocket costs and lost wages for both the patient and care-giver, and (3) the hospital saved almost $4.8 million over seven and half months.[170] (The report notes that the evaluation did not include patient satisfaction scores, which would also be an important data point if available, but it seems fair to speculate that patients on average would prefer to be effectively treated at home and avoid the disruption of hospitalization.)

The overall point is that LA General routinely generates patient data that could be used to assess "outcomes" for CalAIM patients who receive hospital services; that these outcome assessments would provide a relatively comprehensive view of the benefits of CalAIM, since a significant percentage of the CalAIM target populations have multiple hospital encounters; and, finally, that LA General is experienced and competent to evaluate that data in terms of the overall impact on both health and costs.

Through LA General's active participation in CalAIM and the aggressive recruitment of ECM eligible beneficiaries who receive hospital services, LA General would be in a position to generate data and assess outcomes that

[169] Safer at Home (n 164)
[170] ibid

are essential for the ongoing monitoring and improvement of the CalAIM program, and, most important, to justify CalAIM's continued expansion.

PART 6

THINKING TOGETHER: FINDING FUNDING FOR THE COMPREHENSIVE CalAIM SOLUTION

The necessary pieces are in place to energize and expand CalAIM in LA County:

(1) LA General (and the other County Hospitals) are positioned to vastly increase the enrollment of ECM eligible beneficiaries, subject to having adequate Care Leaders and Community Support providers to address their needs,

(2) DHS has created a robust network of Community Supports, which, with additional funding, could become the foundation and framework for a comprehensive Community Supports system able to address the needs of ECM beneficiaries far beyond those currently empaneled with DHS, and

(3) The County has created Restorative Care Villages on the campuses of County Hospitals that should be valuable sources of clinical services to reduce overall healthcare costs, especially by preventing unnecessary readmissions for discharged patients.

Although all of the pieces are in place, there continue to be questions regarding adequate funding. The extraordinary potential of CalAIM in LA County is within reach if the County, for example, redeploys a significant portion of the funds it is recouping from LAHSA to CalAIM initiatives However, in the absence of such financial commitments, there is a serious risk that this exceptional opportunity to transform the LA County healthcare delivery system will stall out.

A. Inadequate Funding is a Common Problem. The Civil Grand Jury frequently identifies County operations where there are opportunities, interest, expertise and competence to make substantial improvements in the services for County citizens, but they are impeded by a lack of funding. That can be frustrating, especially for committed County personnel, but there's of course a recognition that funding is limited and there are many competing priorities. In the case of funding an expansion of CalAIM, we are fortunate to have a number of potential funding sources.

B. The Four Potential Sources of CalAIM Funding

There are at least four potential sources of funding for an expansion of the County's participation in CalAIM:

Redirecting Funds Traditionally Appropriated To Address Homelessness. It is generally agreed that LAHSA, despite the best of intentions, has not effectively addressed homelessness in LA County, and, accordingly, the County will be retaining the amounts it has historically transferred to LAHSA (approximately $300 million annually) in order to provide homeless services directly. As discussed in detail in Chapter 8, we strongly advocate that a substantial portion of those funds be used for CalAIM initiatives.

Additional Self-funding: In addition to direct County funding of homeless services, LA Care, DHS, and LA General may identify opportunities to self-fund some of the CalAIM investment through anticipated cost savings (as DHS has already done in creating and subsidizing its Community Supports network).

The State: The State substantially benefits from the cost-savings of a successful CalAIM program, and a good portion of those benefits will depend on its success in LA County. LA Care, DHS and LA General should be able to mount strong arguments for increased funding by the State, in the absence of which all of the opportunities under CalAIM to improve health and reduce costs (to the substantial benefit of the State) will likely falter and disappear.

Potential Funding under "Providing Access and Transforming Health" (PATH Funds):

PATH is a "five year, $1.85 billion initiative to build up the capacity and infrastructure of on-the-ground partners, **such as … hospitals, county agencies** … and others, to successfully participate in the Medi-Cal delivery system as California widely implements Enhanced Care Management and Community Supports….PATH funding will address the gaps in local organizational capacity and infrastructure…; enabling these local partners to scale up services they provide to Medi-Cal beneficiaries. With resources funded by PATH … community partners will successfully contract with managed care organizations, bringing their wealth of expertise in community needs to the Medi-Cal delivery system."[171] [Emphasis added]

In a recent survey of CalAIM providers in LA County, 46% indicated they had received grants from PATH,[172] and over 80% of those receiving a PATH grant found it "very helpful."[173] CHLA has also informed us that PATH has provided major grants for CHLA that substantially funded the

[171] "CalAIM Providing Access and Transforming Health (PATH) Initiative," pages 1-2, DHCS website https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx (accessed February 13, 2025)
[172] CalAIM Survey (n 99) page 20
[173] ibid page 21

creation of its ECM program, and that CHLA will be pursuing additional grants as it seeks to expand its participation in CalAIM.[174] And DMH noted that it had received major PATH funding for "IT infrastructure and administrative support."[175]

As LA Care, DHS and LA General explore their collective participation in CalAIM, especially LA General's role as an ECM provider, PATH appears to be a promising funding source, at least for initial infrastructure investments.

C. Cost Savings as a Source of Indirect Funding?

1. In General.

As discussed, the State notes that 50% of Medi-Cal costs are associated with 5% of Medi-Cal beneficiaries, with the assumption that, by effectively managing the care of that 5%, the State's associated health care costs will be substantially reduced. In this regard, there are three questions:

> Is the assumption correct that CalAIM, if fully implemented, will in fact substantially reduce overall healthcare costs?
>
> How much investment in CalAIM, especially ECM and Community Supports provider services, is necessary to achieve those cost savings, and would those cost savings be a reasonable return on investment?
>
> Who would be the primary beneficiary of those cost savings, and therefore a potential source of funding?

LA Care and LA General should work together to assess CalAIM's likely impact on overall healthcare costs, and the funding necessary to achieve those cost reductions. Assuming the results of that assessment are positive, there are three potential beneficiaries of the cost savings generated by CalAIM. The State itself is certainly the major beneficiary, since it's the primary source of funding for the Medi-Cal program. However, LA Care (and other MCPs), as the direct contracting entities, and LA County as a major provider of Medi-Cal services, especially through its Hospitals and Ambulatory Care Network, are also likely to be benefitted. Specifically, by participating in Medi-Cal managed care, both LA Care and LA County assume significant financial risk for healthcare services required for assigned beneficiaries, and to the extent they can reduce that financial risk by decreasing needed healthcare services, through CalAIM or otherwise, they will directly benefit from those cost savings.

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[174] Meeting with CHLA leadership
[175] ECM Board Briefing (n 103)

2. LA Care, DHS and LA General Working Together To Identify and Develop Strategic CalAIM Initiatives and Funding Options From Future Cost Savings

The success of CalAIM is based on having appropriate financial incentives to ensure the effective integration and deployment of medical and social services to address the healthcare and related needs of County residents. There are a number of different participants in Medi-Cal managed care whose various financial incentives must be aligned in order to ensure they will actively pursue and promote CalAIM, but we believe the financial alignments are by far the strongest between LA Care, DHS and LA General, justifying the creation of a powerful strategic partnership to jointly pursue the maximal implementation of CalAIM.

LA Care as a Medi-Cal MCP is mandated by the State to participate in CalAIM and specifically receives funds from the State for the purpose of establishing and operating the CalAIM initiatives. In addition, since LA Care receives capitation payments from the State for enrolled Medi-Cal beneficiaries, it benefits financially if the CalAIM program decreases the healthcare costs of patients enrolled with LA Care.[176] DHS, being generally compensated on a capitated basis regarding hospital and other healthcare services for assigned Medi-Cal beneficiaries, is also financially motivated to eliminate unnecessary costs, especially limiting avoidable hospitalizations and reducing the length of stay of admitted patients. However, not only is DHS motivated to reduce healthcare costs, it has, with LA General, the management control and patient relationship necessary to achieve substantial reductions in overall costs for the financial benefit of both DHS and LA Care.[177]

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[176] "The state pays MCPs a monthly rate for each enrollee based on plans' past expenditures. The ECM and Community Supports benefits are included in this … calculation, and it is up to MCPs to arrange for ECM and Community Supports services for their enrolled members through the plans' network of providers." Legislative Analyst (n 13) page 8. LA Care also has the opportunity to receive a portion of the savings it generates as a result of its participation in CalAIM: "DHCS is also developing specific fiscal incentives for plans to seamlessly launch ECM and provide the pre-approved [Community Supports], **including … offering shared savings** through the effective use of pre-approved [Community Supports] and the new ECM benefit to avoid unnecessary hospitalizations, nursing home stays , and emergency department visits," [Emphasis added.] CalAIM and Homelessness (n 19).

[177] Clearly, if LA Care and LA General work together strategically to maximize the impact of CalAIM through appropriate investments in personnel and processes, the financial benefits for each could be substantial (while at the same time significantly improving the well-being of patients). It's also probably worth noting that both LA Care and LA General might have additional opportunities for revenue generation to the extent fee-for-service Medi-Cal beneficiaries are identified as ECM eligible and converted to managed care in order to participate in ECM (and then also enroll with LA Care and LA General). It's difficult to predict how significant this opportunity might be, but it's worth considering since 12% of LA General's Medi-Cal population is fee-for-service. LA General PowerPoint (n 143)

LA Care, DHS and LA General should create a working partnership to discuss and agree on:

a. The mutual benefits of enrolling additional ECM eligible beneficiaries, and the most effective strategies to achieve that, especially considering patient interactions at LA General and other County Hospitals.

b. The specific subsidies currently provided by DHS to maintain its network of Community Supports providers, the need for an expanded Community Supports network, and the additional financial support needed for that expanded network.

c. The projected increased enrollment of ECM eligible beneficiaries in using the enrollment strategies identified and agreed upon by the partnership

d. The projected increased cost for Care Leaders, Community Health Workers and Community Supports providers in order to support the projected increased ECM enrollment

e. The estimated overall increased cost savings resulting from the projected expansion in ECM enrollment and Community Supports, and how much the State, LA Care and DHS are likely to benefit respectively from such cost savings.

f. And, most important, how to connect those cost savings with the funding of CalAIM's expansion in LA County

PART 7

THINKING COLLECTIVELY: INTEGRATING THE COUNTY DEPARTMENTS' HEALTHCARE AND HOMELESSNESS INITIATIVES

We believe the County must be able to mandate collaboration among the various County Departments so that CalAIM can be utilized to create a County-wide integrated healthcare system. As described below, we are specifically recommending the resurrection of the Health Agency advocated by Dr. Katz and approved by the BOS in 2015, which, in essence, established DHS as the controlling entity over both its own functions and those of DMH and DPH to the extent necessary to create an integrated healthcare system.

The County has experimented with voluntary collaboration among the County Departments over the last decade, and it has proven to be ineffective in creating the integrated networks necessary for CalAIM's success. This was

an interesting experiment, but the County should acknowledge its failure and return to the Health Agency's success.[178]

In arguing for the resurrection of the Health Agency, we first investigate some of the major issues the County is already encountering as a result of the County Departments' assertions of independence. We then briefly revisit the history of the Health Agency's creation and promise, and the loss of that promise upon the Health Agency's demise and dismantlement following the departure of Dr. Katz.

Multiple County Department are involved in organizing and operating the components of an integrated healthcare system essential for the successful implementation of CalAIM, including the operation of the Restorative Care Villages, the coordination of ECM provider functions, and the operation of overlapping Community Supports Networks. We describe the challenges associated with each of those in turn, and then consider possible solutions, generally concluding that a centralized decision-making authority, although historically anathema to the individual Departments, will be essential in order to ensure the County's successful implementation of CalAIM.

A. Integration Challenges

1. Restorative Care Villages

The Restorative Care Village on the campus of LA General will have a psychiatric unit run by DMH, an addiction unit run by DPH, and a recuperative care unit run by DHS. (And those units will be managed and operated by a variety of providers under contract with the County Departments.) The current plan appears to contemplate representatives of each of the Departments forming a "Coordination Committee" that would regularly consult regarding the operation of the Restorative Care Village.[179] (A similar structure and approach is apparently already being used in connection with the service providers on the MLK Hospital campus. [180]) A

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[178] If the BOS finds the history and logic insufficient to warrant the creation of a Health Agency, and succumbs again to the arguments for voluntary collaboration among County Departments, we strongly recommend that it pursue an audit to evaluate the efficiency and effectiveness of the healthcare related County services provided under the current scheme of Departmental independence. We suspect the results of that audit will be similar to the negative findings of the recent audit of LAHSA and its coordination of independent homelessness services in LA County.

[179] Interview with representatives from Supervisor Solis's office

[180] "[T]he County built and opened other facilities on the MLKCH campus [including] the Department of Mental Health's busiest psychiatric urgent care center,… DHS' busiest urgent care center,… the County's first medical campus sobering center,…nearly 100 unlocked substance abuse and recovery beds,….[and soon] nearly 32 psychiatric health facility beds,…and 50 locked justice-involved and general population mental health beds for seriously mentally ill County patients." See "Ensuring the Ongoing Success of Martin Luther King, Jr. Community Hospital,

Coordination Committee would certainly be helpful to avoid conflicts and stumbles, but it's completely inadequate to create a vehicle for the integrated healthcare services necessary to achieve the full potential of CalAIM. The County's history with voluntary coordination, discussed below, highlights the inadequacy of that approach.

Unfortunately, the County's current approach to the Restorative Care Villages seems to prioritize the independence of the County's Departments, significantly discounting the many benefits of healthcare integration that could otherwise be achieved. With all the progress that has been made under CalAIM to further healthcare integration, we encourage the County to empower comprehensive leadership over the Restorative Care Villages in order to achieve CalAIM's enlightened vision of integration.

Specifically, we have concluded that, in order for a Restorative Care Village to be effective, it needs a ringmaster who can speak on behalf of the Network, be a source of reliable information, and initiate policies fostering integration, for example active coordination with Community Based Organizations. Crucially, we believe it specifically needs an entity that is empowered to speak and strategize on behalf of the Restorative Care Village and its constituents in discussions with MCPs such as LA Care, in order to address essential coordination with the CalAIM vision.

2. **County ECM Providers.** Three County departments - DHS, DMH and DPH - are already enrolled as ECM providers, and the Justice, Care and Opportunities Department (JCOD) is in the process of enrolling. In addition, we are strongly suggesting that LA General should enroll as an ECM provider. If our recommendation regarding LA General is accepted, there will be at least five County ECM providers actively enrolling ECM eligible beneficiaries.[181] The following is a brief summary of each County ECM provider and its targeted population

   DHS: Limited to beneficiaries empaneled with DHS

   DMH: Primary diagnoses regarding Mental Health

Motion by Supervisor Holly Mitchell (November 21, 2023) https://dhs.lacounty.gov/health-care-centers/who-we-are/ (Accessed February 6, 2025)

[181] The Star Clinic, operating as a component of the County's Housing for Health program, is also enrolled as an ECM provider, with 282 ECM beneficiaries. Housing for Health website https://dhs.lacounty.gov/housing-for-health/our-services/housing-for-health/programs/#1607638463393-e469ab41-6efe (accessed March 21, 2025)

DPH: Primary diagnosis regarding Substance abuse as well as birth equity (regarding pregnancy and post-partum care)

JCOD:[182] Focused on those recently released from incarcerated[183]

LA General: Beneficiaries with exceptional hospitalization risk.

Having five independent ECM providers obviously creates opportunities for inconsistencies and confusion, especially since the ECM population is known for its co-morbidities.[184] In that regard, the State specifically recognizes that ECM beneficiaries "typically have several complex health conditions involving physical, behavioral, and social needs, [and that] members with complex needs must often engage several delivery systems of care […]." Since Medi-Cal beneficiaries will not fit neatly into five siloes corresponding with the County departments, how will ECM beneficiaries be assigned and best managed? [185] For example, should someone recently released from incarceration who requires focused mental health assistance be managed by JCOD or DMH; should someone empaneled with DHS with serious substance

[182] The Justice Care and Opportunities Department (JCOD) is still in the process of applying to be an ECM provider with a focus on the recently incarcerated (referred to as the Justice Involved Population). ECM Board Briefing (n 103)

[183] It's worth noting that LA General is only three kilometers from Men's Central Jail, one of the largest jails in the world, and LA General has a secure inpatient floor where those incarcerated at Men's Central Jail are typically treated when necessary. [LA General PowerPoint (n 143)]. As noted above, the ECM target populations include those transitioning from incarceration (referred to as "justice involved"), and DHS has been designated to support the implementation of Justice Involved ECM requirements for these adult detainees (whereas DMH oversees ECM regarding juvenile detention). [Interview with DHS Leadership] For those who have received care at LA General during incarceration, LA General should work with relevant Care Managers to ensure appropriate continuity of care.

[184] Based on discussions with DHS personnel, there seems to be little coordination between DHS, DMH and DPH in their ECM provider roles. The justification for DMH to be an ECM provider along with DHS is unclear, and, given the fact that ECM eligible beneficiaries typically have multiple co-morbidities, there would seem to be a risk that the DMH ECM provider might be unduly focused on mental health issues to the exclusion of other needs. Although this concern is speculative, as LA General and DHS investigate how best to coordinate their ECM provider functions, it would probably be worthwhile to discuss coordination with the DMH and DPH ECM providers as well.

[185] JCOD is recommending collaboration among all the County Departments participating as ECM providers in order to address the effective care of ECM beneficiaries who require "services from multiple service delivery systems." Specifically, JCOD recommends "launching an Interdepartmental Workgoup (i.e., JCOD, DMH, DPH and DHS) to develop workflows across and between these departments that will facilitate coordination of care and eliminate duplication of care/services when a Medi-Cal Beneficiary presents with multiple needs that require receipt of services from multiple service delivery systems." See ECM Board Briefing (n 103)

abuse issues be managed by DHS or DPH; and should someone managed by DMH because of mental health issues who has a challenging pregnancy be shifted to DPH?

3. **Community Supports Networks**

What does it mean for the County to be committed to the benefits of a network of Community Supports providers? First, it means ensuring the participation of all providers essential for the network, including the various County Departments, independent Community Based Organizations that directly contract with an MCP, and other Community Based Organizations that, even if they're not eligible to contract directly with MCPs, can provide services indirectly under a subcontract with the County ECM provider. Second, it means establishing an organizational structure for the network that facilitates the coordination of services rather than isolated relationships.

Having five separate County ECM providers creates issues regarding the Community Supports networks that can be accessed by those providers. Will each County ECM provider create its own Community Supports network? Will the robust Community Supports network created and subsidized by DHS be available to all? Similarly, will DHS ECM beneficiaries with mental health issues be able to access the DMH Community Supports network?

There are a multitude of potential questions, and we, again strongly suggest that there should be a centralized decision-making authority to resolve those issues in the best interest of beneficiaries.

B. Big Solutions to Big Challenges (Think like Mitch Katz)

The lack of County Department coordination is a major impediment to achieving the full promise of CalAIM, but there are solutions if the County is willing to consider its own history of struggles in balancing the independence and integration of its healthcare-related Departments

The County has indeed struggled with the appropriate coordination and possible integration of its Departments, but found an elegant solution with the creation of a new Health Agency in 2015 that had ultimate authority over DHS, DMH and DPH, while allowing the individual Departments to retain their identity and separate budgets. In his January 2, 2015 memorandum to the BOS advocating for a Health Agency, Dr. Katz describes the many benefits of healthcare integration that would be made possible by the Health Agency:[186] (1) better care for patients, (2) a full

[186] Dr. Katz Memo (n 20)

package of physical and behavioral healthcare services, (3) improved linkages between prevention and health services delivery activity, and (4) better control over costs. Many expressed concerns that this approach would create problems for the effective operation of DMH and DPH, but those problems did not materialize, and Dr. Katz made significant strides in achieving the benefits of healthcare integration during the two years following the creation of the Health Agency:[187]

> **"**I think everyone would agree the formation of the Health Agency has been successful and has not caused any of those problems," Katz said. It hasn't done everything as people would like it to, but that's because it takes time."

However, upon the departure of Dr. Katz in 2017, the individual Departments unfortunately reasserted themselves, replacing the integrative functions of the Health Agency in February 2020 with a new Alliance for Health Integration (AHI), which was directed by the BOS to coordinate integration projects involving the Departments.[188] However, since the AHI made decisions on a consensus basis among the Departments, hard questions involving healthcare integration were seldom addressed and rarely resolved.[189] Apparently recognizing that AHI was largely toothless, the BOS transferred all Alliance personnel to DMH in March 2023,[190] leaving AHI an empty shell.

This Report recommends the County learn from its history and rejuvenate the County's Health Agency with appropriate centralized authority to take a leading role in promoting CalAIM and establishing effective healthcare integration.

PART 8

THINKING CREATIVELY: REPLACING THE PROPOSED "HOMELESS SERVICES DEPARTMENT" WITH A HEALTH AGENCY THAT HAS THE "FULL" AUTHORITY TO LEAD ON HOMELESS POLICY

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[187] Katz Departure (n 44) page 3.

[188] Memorandum from Baucum, Jaclyn, Chief Operating Officer, Alliance for Health Integration, LA County Board of Supervisors (March 23, 2023) https://file.lacounty.gov/SDSInter/bos/supdocs/144161.pdf (accessed February 13, 2025)

[189] In conversations with DHS leadership, there was consensus that, in the absence of a central authority, the AHI was not an effective vehicle to pursue healthcare integration among the County's healthcare services.

[190] Baucum Memorandum (n 189)

LA County has provided massive funding to address homelessness, and it's generally accepted that the current LAHSA bureaucracy, although well-intentioned, has been largely ineffective and wasteful, which has created a ground-swell for bureaucratic restructuring. The County's commitment to CalAIM should be central to that restructuring.

We concur with the need for a bureaucratic restructuring and recommend that the new Health Agency described in the preceding Part assume responsibility for the County's war on homelessness. DHS, as the central component of the Health Agency, has both expertise and experience with CalAIM, the powerful program specifically created to address homelessness, and it is therefore best-positioned to lead and manage the County's new commitment to directly address homelessness.

The BOS has in fact concluded that a restructuring of the homelessness bureaucracy is necessary, and, accordingly, decided on April 1, 2025 that it would cease its historical funding of LAHSA in the amount of approximately $300 million per year, and use those funds to directly address homelessness in LA County. However, rather than using a rejuvenated Health Agency for this purpose, it is recommending the creation of a new County Department.

In taking this action, the BOS indicated it is generally following the recommendations of the Blue Ribbon Commission on Homelessness in its Report on Homelessness Governance, dated March 30, 2022. That Report recognized that "[t]here is no single County department or sub-department dedicated to driving policy, operational improvements, and systems change with respect to homelessness. Consequently, the machinery of the County is not operating optimally in its efforts to address homelessness."[191] Given this conclusion, the Blue Ribbon Commission concluded there was a need for a County Department with the full authority to lead on homelessness policy, specifically "an appropriately resourced lead County entity on homelessness, directly accountable to the Board of Supervisors, **with the ability to cut across County departments and take charge** to ensure that all system partners are working together."[192] [Emphasis added.]

The importance of this "take charge" authority was emphasized in public statements by the members of the Blue Ribbon Commission:

> "The new leader would report directly to the Board of Supervisors and have the authority to "cut across" agencies such as the county's departments of Public Social Services, Mental Health and Health Services, said Sarah Dusseault, co-chair of the commission." **[193]**

[191] Blue Ribbon Commission (n 56)
[192] Ibid
[193] Ding, Jaimie, and Smith, Doug, "County commission backs creating a leadership post on homelessness," Los Angeles Times (March 18, 2022) https://www.yahoo.com/news/county-commission-backs-creating-leadership-120032550.html (Accessed March 14, 2025)

> "There wasn't an entity, a coordinated entity, a take-charge entity at the county that can ensure all the spokes of the wheel were moving together," said Commissioner Wendy Greuel, "And that is on areas of health and substance abuse, diversion, all those things that would help ensure we can keep people off the streets."[194]

Given the Commission's conclusions and the statements of its individual members regarding the importance of strong governance, it's essential to monitor the County's proposed implementation of this recommendation to ensure this essential feature is retained, and, as described below, there are legitimate and serious concerns in this regard.

A. The Problems With the Current Structure for Addressing Homelessness Under LAHSA

The various reviews of LAHSA over the years have identified significant problems, many of them structural, which have made it virtually impossible to provide an effective solution to homelessness.[195] First, LAHSA notwithstanding public perceptions to the contrary, simply doesn't actually "control many of the tools" necessary to address homelessness:

> "Given its name, it's not surprising that many view the Los Angeles Homeless Services Authority as a one-stop shop for solving the county's homelessness crisis. Yet it's the Los Angeles County Department of Health Services that tends to assist people on the streets with physical ailments and the Department of Mental Health that serves mentally ill homeless people. And it's the city that has taken the responsibility of building permanent supportive housing, and it's the county that funds the services." [196]

> "The reality is, the agency known as LAHSA doesn't control many of the tools that help people get off the streets and into housing."[197]

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[194] ibid

[195] Although there have been longstanding concerns about LAHSA as an institution, there have generally been few complaints about the vast majority of LAHSA employees who are truly committed to assisting the homeless, and, in fact, LA County seems inclined to hire many of them to staff its new Department, indicating that both "LAHSA funds and **related staff** would be transferred to the Homeless Department by July 1, 2026." [Emphasis added.] CEO Memorandum (n 1)

[196] Smith, Doug and Oreskes, Benjamin, "L.A. officials are getting serious about overhauling this top homeless services agency," Los Angeles Times (March 2, 2020) https://www.latimes.com/homeless-housing/story/2020-03-02/homeless-authority-los-angeles-restructure (accessed March 14, 2025)

[197] ibid

Second, in those areas where LAHSA did have authority, its governance structure was simultaneously rigid and fractured (a very bad combination):

> "[LAHSA] remains steeped in a rigid culture of federal compliance and saddled with a structure that gives it little power to guide local policy. Internally, LAHSA's governance is fractured with multiple commissions and boards and councils in charge of various and sometimes competing tasks."[198]

As a result of litigation brought by the LA Alliance for Human Rights against the City of Los Angeles, the presiding judge ordered an independent review of City-funded services for the homeless.[199] That review was released on March 6, 2025, and in great detail supported the County's concerns regarding LAHSA's inadequacies. Its findings included:

> **"Poor Data Quality and Integration…**.Fragmented data systems across LAHSA, the City, and the County and inconsistent reporting formats made it challenging to verify spending and the number of beds or units reported by the City and LAHSA, track participant outcomes, and align financial data with performance metrics."[200]
>
> **"Disjointed Continuum-of-Care System:** Multiple siloed referral processes and disparate data systems, along with differing prioritization and matching processes to connect people experiencing homelessness to services, impeded the establishment of a uniform coordinated entry system."[201]

In response to this review, LAHSA itself acknowledged its many failings:

> "LAHSA issued a statement acknowledging the "siloed and fragmented nature of our regions' homeless response for driving poor quality and integration, lack of contractual clarity, and disjointed services as major impediments to success and oversight."[202]

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[198] ibid

[199] Alvarez & Marsal Public Section Services, LLC, "Independent Assessment of City-Funded Homelessness Assistance Programs." https://www.cacd.uscourts.gov/sites/default/files/Dkt%20870%20AM%20Draft.pdf (Accessed March 14, 2025)
Although the audit focuses on City of Los Angeles programs, it addresses LAHSA's operations generally since LAHSA coordinates those programs, and therefore also addresses LA County programs embedded in LAHSA.

[200] ibid

[201] ibid

[202]Smith, Doug, "Court-ordered audit finds major flaws in L.A.'s homeless services," Los Angeles Times (March 6, 2025) https://www.latimes.com/california/story/2025-03-06/court-ordered-audit-finds-flaws-in-l-a-citys-homeless-services (accessed March 21, 2025)

The findings of the recent review provided strong support for the BOS initiative to remove the County's funds from LAHSA and restructure the County's services for the homeless, and "Supervisor Lindsey Horvath said she saw the audit as an endorsement of her proposal to create a new county department that would take over LAHSA's contracting duties. "No more waste through duplicated resources," Horvath said in a statement."[203]

B. The County's Proposed Restructuring of the County's Homeless Services

1. Summary of Proposed Restructuring

LA County has decided to withdraw its contributions to LAHSA and redeploy them to provide homeless services directly (referred to as the Homeless Funds). What does this mean from a financial perspective? LAHSA's budget in 2024 was $875 million, with more than $300 million of that coming from LA County (with other sources of funding being $306 million from the City, $145 million from the State, and $73 million from the federal government). **[204]**

(It's worth noting that, with the withdrawal of County funds, LAHSA will continue to function, albeit at a much reduced level, focused primarily on those activities mandated by federal law.[205])

LA County intends to deploy those retained funds in connection with a merger of the CEO Homeless Initiative (CEO-HI) and the DHS Housing for Health (DHS-HFH), creating a new County Department focused on the homeless (the "Homeless Services Department").

The currently proposed timeline for the Homeless Services Department initiatives is as follows: (1) merging the operation of CEO-HI and DHS-HFH by April 28, 2025,[206] (2) creating the Homeless Department as of July 1, 2025, (3) Phase I implementation would then include the "integration of

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[203] ibid

[204] Smith, Doug, "A radical reshaping of L.A. County's homeless services system is proposed,: Los Angeles Times (November 26, 2024) https://www.latimes.com/california/story/2024-11-26/a-radical-reshaping-of-l-a-countys-homeless-services-system-is-Aproposed#:~:text=The%20intent%20of%20the%20proposal,recently%20expanded%20into%20a%20year%2D (Accessed March 14, 2025)

[205] "The intent of the [County] proposal is to reduce the functions of the city-county joint authority to those mandated by the federal government: maintain a homeless database, conducting the annual point-in-time count and providing related services, including the winter shelter program that was recently expanded into a year-round emergency response effort." ibid

[206] Supervisor Horvath's press release assumes the "[m]erging [of] the County's Housing for Health program in the Department of Health Services with the Homeless Initiative in the Chief Executive Office by April 28, 2025." https://lindseyhorvath.lacounty.gov/consolidate-homeless-services/ (accessed March 21, 2025)

the CEO-HI and DHS-HFH core housing and supportive services," (4) Phase II would include "integration of County-funded programs and services administered by LAHSA" into the Homeless Department, (5) Phase III would "include the integration of programs and services administered by other County departments as applicable," and (6) County-sourced LAHSA funds and related staff would be transferred to the Homeless Department by July 1, 2026.[207]

2. **The County's Exceptions to the "Full Authority" of the new Homeless Services Department**

The County's proposal for the "full" integration of County services for the homeless into one Homeless Services Department will have two major exceptions that will likely undermine the County's comprehensive approach to homelessness, likely leading to a version of the "siloed, fragmented and disjointed" services that plagued LAHSA. It would certainly be ironic if the County assumes responsibility for its funded homeless initiatives because of the lack of operational "streamlining" at LAHSA, and then stumbles itself because of a failure to address its own lack of operational streamlining.

The first exception to the full integration of all homeless services under the County plan is with respect to homeless services provided by other County Departments, which will be assessed for integration appropriateness "in partnership" with those other Departments (and the history of County Departments asserting the importance of their own independence will likely be a major negative factor in achieving full integration).

> "Phase III would be the integration of programs and services administered by other County departments beyond the CEO and DHS into the new County department **as applicable**."[208] [Emphasis added.]

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[207] The timeline is summarized by the CEO as follows: **"**It is envisioned that CEO-HI [CEO Homeless Initiative] and DHS-HFH [DHS Housing for Health] employees would merge to create the core of the new department. It is envisioned that CEO-HI and DHS-HFH will work closely together to align and integrate work beginning July 1, 2025, while concurrently developing the implementation plans for the administrative functions of the new County department with a goal of a complete transition to the new County department effective January 1, 2026." CEO Memorandum (n 1) page 7

[208] The proposal includes "a list of other county agencies that have assumed responsibility for homelessness. It includes the Department of Mental Health, the Department of Health Services, the Department of Public Health, the Department of Children and Family Services, and the Department of Public Social Services." Radical Reshaping (n 205)

The second exception are those services that are "highly clinical and deeply integrated with DHS's core … functions," and will therefore remain within DHS, thereby excluding many of the County's major interactions with the homeless population:

> "Core clinical services outside of [certain limited situations][209] are highly clinical and deeply integrated with DHS' core health care and provider and managed care functions for its empaneled population and financing mechanisms and would remain within DHS."

3. **The County's Silence on CalAIM's Importance in the War Against Homelessness**

There is no evidence that LA County has any plans to use the Homeless Funds to expand CalAIM services (either ECM or Community Supports) in connection with the County Hospital's interactions with the homeless, especially regarding the significant opportunities for increased ECM enrollment.[210]

4. **The Flaws in the County's Proposed Restructuring**

In order for the new Homeless Services Department, as the coordinating entity for the County's homeless services to be successful, it's essential, as recognized by the Blue Ribbon Commission, that it have the ability to "cut across County Departments and take charge." However, the County has concluded that the proposed entity shouldn't interfere with DHS's direct provision of services for its empaneled patients. We agree this makes sense, given the integrated nature of those services, but this excludes a huge array of opportunities to address homelessness, and that doesn't make sense. Further, the County has concluded that other Departments involved with homelessness should have the opportunity to discuss their coordinated independence in providing homeless services, which sounds wonderful in theory but has been the source of regular inconsistencies and inefficiencies in the context of healthcare services and promises to be equally dysfunctional regarding homeless services.

In this Report we have focused on the importance of fully utilizing the framework and services of CalAIM in successfully addressing homelessness, and, therefore

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[209] The specified situations involving DHS that will be shifted to the new Homeless Services Department include "supportive housing sites (e.g., STAR clinic and mobile clinics), DHS recuperative centers, and Enriched Residential Care beds funded by DHS to offload DHS hospitals." CEO Memorandum (n 1) page 3

[210] The County does, however, acknowledge the importance of CalAIM funding in subsidizing DHS-HFH's existing functions: "[T]he new County department will need to invest in the administrative infrastructure necessary to maximize claiming of CalAIM revenue for rental subsidies, housing support services, and clinical services, including expertise in navigating Medicaid policy and managed care requirements." CEO Memorandum (n 1) page 8

we believe it is crucial that the County's CalAIM experts be at the helm of any new homeless initiatives, which is not the case with the County's proposal.[211]

An Alternative Restructuring Focused on the Proposed New Health Agency

1.**The Proposal.** We believe the County's decision to assume primary responsibility for the provision of homeless services in LA County is completely justified in light of the history of LAHSA's challenges over the last thirty years; and the County's overall vision and strategy to empower a coordinating entity to "take charge" is the right decision. We strongly believe, however, that a successful coordination of County homeless services should be focused on the powerful engine of CalAIM, and accordingly the rejuvenated Health Agency is the ideal and necessary coordinating entity.

In making this recommendation, we should emphasize that we are not at all criticizing the CEO Homeless Initiative or DHS Housing for Health, both of which programs are making major contributions to the alleviation of homelessness, and we assume the leadership of those initiatives should be actively involved with the new Health Agency.

2. The Benefits of an Alternative Restructuring Focused on the New Health Agency

The benefit of the rejuvenated Health Agency is that it forcefully corrects the flaws inherent in the County's current proposal:

First, the use of the Health Agency avoids each of the exceptions to the "full authority" of the governing entity which would otherwise hobble the Homeless Services Department. Under this alternative approach, there is no reason to exempt DHS's provision of managed care services to its empaneled patients, since DHS would itself be at the helm of the new Health Agency. Further, the Health Agency would operate (as it was operated from 2015-2017) with the understanding that, regarding issues of healthcare integration, now expanded to cover homelessness services, the Health Agency would be empowered to "cut across County Departments and take charge," as forcefully advocated by the Blue Ribbon Commission.

Second, and equally important, DHS (being at the center of the new Health Agency) is the primary source of County expertise on CalAIM. DHS has been truly innovative and uniquely successful in creating a robust Community Services network, and it has the expertise to use LA General's patient connections to vastly increase ECM enrollment. With access to the additional funds the County redirects from LAHSA, the

[211] The CalAIM experts at DHS are primarily involved with the direct provision of services for empaneled patients, which is excluded from the scope of the Homeless Services Department.

promises of CalAIM's impact on the homeless would finally be within reach.

3.A Recipe for Success: Think Like Mitch Katz

We believe the history and logic of a Health Agency is sufficient to conclude that it is the necessary vehicle for the effective implementation of CalAIM, integrated healthcare and the crusade against homelessness. [212] If there are any remaining doubts, please read Dr. Katz's memorandum, attached as Exhibit A.

PART 9

CHILDREN'S HOSPITAL OF LOS ANGELES: THINKING BIG WITH SMALL PEOPLE

LA General is uniquely situated to transform the care of our most medically vulnerable citizens by enrolling as an ECM provider. And one reason to be confident about its likely success is the guidance, insight and inspiration provided by Children's Hospital of Los Angeles (CHLA), since CHLA has already enrolled as an ECM provider for its unique and equally vulnerable patient population, showing what a hospital can accomplish when actively interacting with patients to facilitate their health and well-being.

Like LA General, close to 75% of CHLA patient families are Medi-Cal beneficiaries,[213] which creates a wonderful opportunity for CHLA to use ECM to access necessary Community Supports for its patients, such as nutritional support for a patient population where 28% have food access challenges.[214]

CHLA concluded that, given its strong connections with patients, especially in the case of CHLA social workers who were already actively addressing their social service needs, it made sense for CHLA to provide complementary ECM services. And "in spring 2023, CHLA created the Integrated Delivery Services Department to administer the [ECM] benefit, and Dr. Patel was named Chief of the Department."[215]

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[212] The rejuvenation of the Health Agency contemplates a significantly expanded role for DHS, with it becoming responsible for the various function of LHASA as well as a number of County Departments. DHS is already a huge department with a multitude of responsibilities, and it's a fair question whether adding overall responsibility for homelessness may simply be too much for one Department. One answer to that question is for the BOS to implement the Health Authority as recommended in the 2024-2025 Civil Grand Jury Report entitled "What They Said," which would shift a substantial bureaucratic burden from DHS to that Health Authority.

[213] CHLA (n 167) page 3

[214] Interview with CHLA leadership.

[215] CHLA (n 167) page 3

As of January 2025, CHLA employs 19 community health workers, and is hoping to increase that number as CHLA actively expands its ECM program. Specifically, as of January 2025, it screens approximately one-third of its patients for ECM eligibility, and intends to expand that to 100% during the current year.[216] The ECM program at CHLA is rapidly expanding, and, as of July 2024, with the program only about a year old, CHLA Community Health Workers had already had 2000 encounters (what CHLA refers to as "individual family touches"). [217]

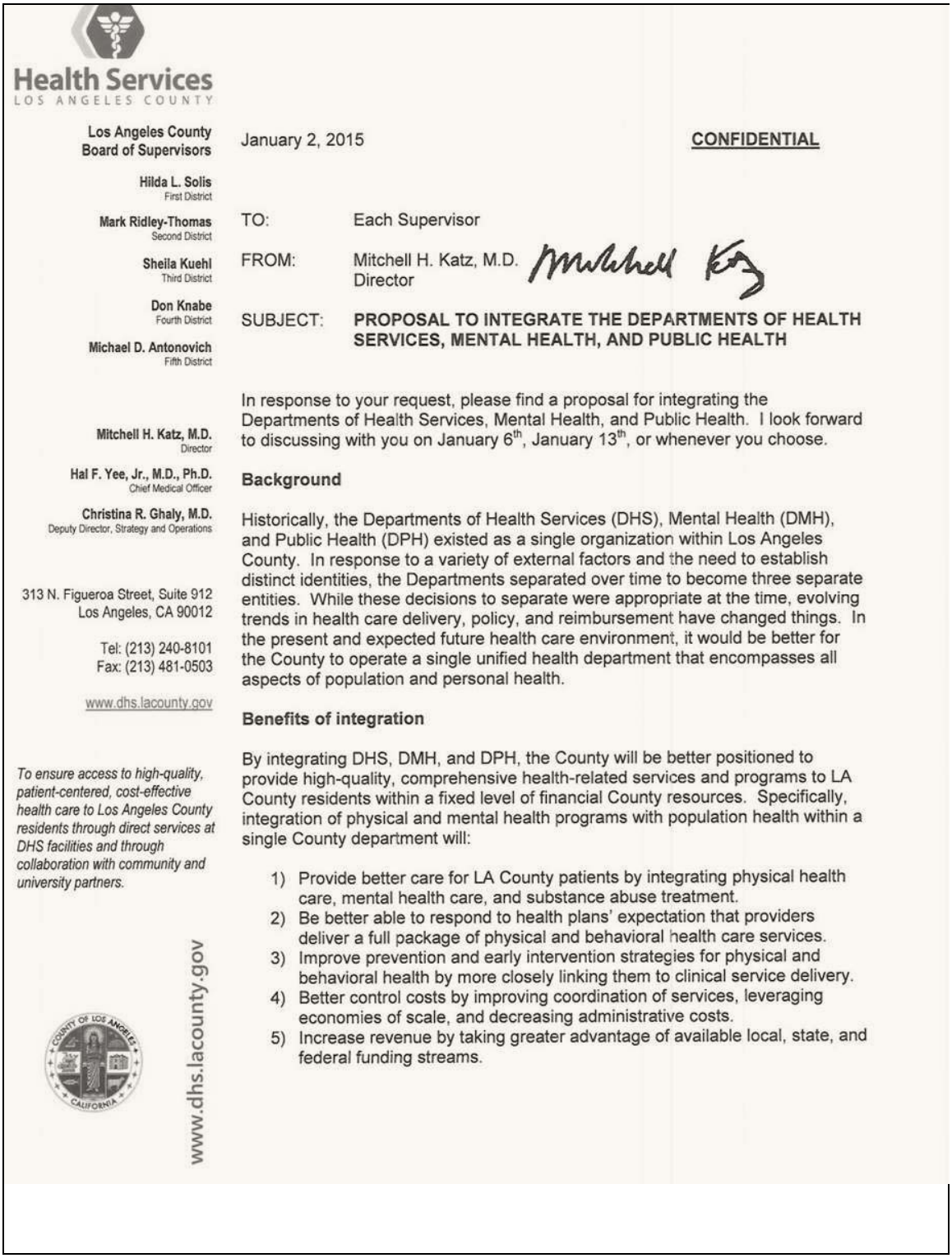
Although we are unaware of any systematic study at this early stage regarding the impact of the ECM program at CHLA, there is an abundance of stories of individual patients whose lives have been transformed. Dr. Patel enthusiastically sums up the impact of the program at CHLA as follows:

> "I think it's such a beautiful way to deliver care. It's deep social impact, in that it's really lifting a population. And if you think about reducing health disparities, **I mean, man, this is it**."[218]

[216] Interview with CHLA leadership
[217] CHLA (n 167) page 6
[218] ibid at page 7

ATTACHMENTS

Exhibit A



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January 2, 2015 **CONFIDENTIAL**

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **PROPOSAL TO INTEGRATE THE DEPARTMENTS OF HEALTH SERVICES, MENTAL HEALTH, AND PUBLIC HEALTH**

In response to your request, please find a proposal for integrating the Departments of Health Services, Mental Health, and Public Health. I look forward to discussing with you on January 6th, January 13th, or whenever you choose.

Background

Historically, the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH) existed as a single organization within Los Angeles County. In response to a variety of external factors and the need to establish distinct identities, the Departments separated over time to become three separate entities. While these decisions to separate were appropriate at the time, evolving trends in health care delivery, policy, and reimbursement have changed things. In the present and expected future health care environment, it would be better for the County to operate a single unified health department that encompasses all aspects of population and personal health.

Benefits of integration

By integrating DHS, DMH, and DPH, the County will be better positioned to provide high-quality, comprehensive health-related services and programs to LA County residents within a fixed level of financial County resources. Specifically, integration of physical and mental health programs with population health within a single County department will:

1) Provide better care for LA County patients by integrating physical health care, mental health care, and substance abuse treatment.
2) Be better able to respond to health plans' expectation that providers deliver a full package of physical and behavioral health care services.
3) Improve prevention and early intervention strategies for physical and behavioral health by more closely linking them to clinical service delivery.
4) Better control costs by improving coordination of services, leveraging economies of scale, and decreasing administrative costs.
5) Increase revenue by taking greater advantage of available local, state, and federal funding streams.

Rationale

Provide better care for patients

Health care clinicians and policy makers agree that patients should receive integrated physical health, mental health, and substance abuse treatment. In fact, when patients present with symptoms (e.g., headaches, abdominal pain, palpitations) it is often not clear whether their illness reflects a physical health problem, a mental health problem, a substance abuse problem, or some combination of the three.

Individuals with serious mental illness die 25 years earlier than non-affected peers; 30 years earlier if they have a concomitant substance abuse disorder. To achieve better results among this most challenging of patient populations, physical health, mental health, and substance abuse providers must operate within a single, seamless system of care.

Consolidation of services within a single, unified department will enhance the ability of the County to:

- Bi-directionally co-locate primary care and mental health services
- Consult and refer select patients for services between physical and behavioral health settings
- Case-manage care for individuals who are high utilizers of County health services
- Target high-cost, finite resources to those patients who stand to benefit the most
- Ensure patients are cared for in the least costly setting that is appropriate for their clinical condition
- Improve coordination of care for persons under the County's supervision: jail inmates, juvenile detainees, and foster care youth

Although more coordinated care can be achieved through closer collaboration of the Departments, it will always be harder to achieve when the Departments have separate supervisory structures, locations, policies, and strategic plans. Today, patients requiring services from more than one County health department must navigate a complicated web of eligibility and enrollment procedures, referral protocols, and programs. Patients fall through the cracks too often and, even when they do get the services they need, they are often not provided in a timely, efficient, or coordinated manner. A single, combined health department is best positioned organizationally to break down the bureaucratic barriers facing our patients, identify synergies between programs, streamline operations, optimize finances, and align incentives so that all County staff work toward the same goal: the provision of high-quality, patient-centered, cost-effective health services, across the full continuum of health services, for LA County residents.

Recent work with the Department of Children and Family Services (DCFS) illustrates the potential benefit of this consolidation. The services that DCFS needs for its children are currently provided by the three separate Departments (DHS administers the medical/forensic HUBS; DMH provides services directly and through contractors at the HUBS; children and caregivers needing substance abuse services are referred to DPH).

Deliver a full package of physical and behavioral health care services

Under managed care, health plans prefer delivery systems that can provide the full spectrum of services including physical, mental health, and substance abuse treatment. For example, under our contracts with LA Care and Health Net for the Medicaid expansion population, DHS is required to provide treatment for mild to moderate mental health disorders and perform Screening, Brief Intervention, and

Referral to Treatment (SBIRT) services for individuals with potential alcohol misuse. Medi-Cal managed care plans must also ensure that individuals receiving specialty mental health services under a County's Mental Health Plan, receive coordinated physical health services within their regular Medi-Cal provider network: both the physical health and behavioral health sides are expected to ensure patients receive the entirety of their health needs. This emphasis on integrated physical and behavioral health care is similarly seen in the ACA's Health Home option which California is now exploring, as well as in California's Coordinated Care Initiative in which up to 200,000 dually-eligible (Medicare and Medicaid) beneficiaries in Los Angeles County could shift to Medicaid managed care, with the health plan and ultimately their providers bearing greater responsibility for coordinating physical and behavioral health services.

Improve linkage between prevention and health services delivery activity

As currently structured, prevention and population health activities largely reside within DPH whereas the majority of personal health services reside within DHS; DMH possesses both types, operating though in silo from DPH and DHS. It is widely accepted that health services is only one determinant of a person's health. Social behavioral determinants, including poverty, education, literacy, diet, exercise, life stress have a far larger effect on health. Separating prevention programs and the funding streams supporting them, from direct patient care services, complicates efforts to closely link and merge interventions that could ultimately improve health outcomes. For example, the county funds nutrition and exercise programs in the community through public health, but often the patients most in need of these services are in the DHS system. Getting these patients to needed community programs would benefit both the individual and the program. A combined health department would offer opportunities to adopt new approaches to such areas as chronic disease prevention, environmental health, and community-based interventions and to ensure there is synergy and non-duplication between available funding streams.

Better control costs

Consolidation will enable the County to coordinate services for patients with complex needs. Patients with mental health issues who can be cared for in a non-locked residential setting should be promptly moved from restrictive, costly emergency or inpatient settings. Patients who frequent emergency rooms and psychiatric urgent cares may reduce their visit rate if they had a safe place to live and store their medicines.

Similarly, the three health departments could realize budgetary savings if they shared costly capital or administrative resources, while yielding tangible benefits for patients in terms of service delivery enhancements. Buildings currently used to offer a limited array of STD and tuberculosis services could shift to providing a full set of primary care services, expanding geographic access for patients. Over time, administrative overhead could be reduced through greater collaboration among departmental personnel in such areas as contracting, supply chain, etc. A combined department would also be able to achieve economies of scale in the areas of drug formulary management, ancillary services (e.g., laboratory studies), and have the potential for better use of 340b drug pricing. These and other initiatives would ensure the County is making the most cost-effective use of all available resources.

Achieving these savings in practice requires close collaboration and communication between administrative staff and clinical personnel who work in very different parts of the health care system. While the County has encouraged and supported inter-departmental collaboration, such as with the Housing for Health initiative and the psychiatric emergency services decompression plan, results are complicated by the different ways in which each department chooses to prioritize its time and funding. A more integrated approach is needed if we want to achieve better results across a broader scale.

Increase revenue by taking better advantage of existing funding streams

A combined department would enhance budget flexibility and increase the likelihood that the County can draw down the maximum Disproportionate Share Hospital (DSH) payments, available Measure B funding, and other revenue sources. An integrated behavioral and physical health program will also help the County maximize opportunities to support whole person care which will likely be a prominent part of the next Section 1115 Medicaid waiver. For example, the Centers for Medicare and Medicaid Services (CMS) has expressed that they would like the goals of the next 1115 waiver to include population health goals, such as decreasing the prevalence of smoking in a community. By combining our efforts, Los Angeles would be in a better position to respond to these demands. We would also be in a better position to apply for competitive grants that are focused on integrated delivery systems.

Proposed implementation and practical considerations:

Although the greatest benefits in care integration and financial savings through efficiencies would come from a full integration of the three Departments, this would be a large undertaking that would be time consuming and disruptive of current activities. Instead, I propose the three Departments operate as an agency, with the current Director of Health Services serving as the Director of this new unified health department.

In this model, DPH and DMH would remain as distinct individual divisions with separate finance structures, just as each of the hospitals within the current DHS operates as its own division with its own financial reporting. The Directors of DPH and DMH would report to the Director of Health Services and would serve on the Health Services Executive Team. If the new permanent Director of Public health is a physician she or he will be the County Health Officer. The Director of Mental Health will remain the County Mental Health Director.

The permanent Director of Public Health would be selected by the Board of Supervisors in consultation with the Director of Health Services, or by the Director of Health Services in consultation with the Board of Supervisors, as preferred by the Board.

Over time, as potential synergies are identified, administrative and back-office functions (e.g., finance, contracting, procurement) currently residing within each Department would be combined.

This proposal is consistent with the State of California's decision to transition the California Department of Mental Health into the California Department of Health Care Services in 2011, as well as how most counties organize their county physical and mental health services and public health activities. Although it is worth checking with County Counsel, this organization is the same as that of the majority of counties in California, including San Francisco, where I was the Director of a combined department for 13 years. Our Department included a traditional public health department with restaurant inspections, categorical STD and TB clinics, a clinical laboratory, and broad population health activities, two hospitals and an ambulatory care division, and a county mental health and substance abuse division which were combined into Behavioral Health.

If the Board wishes to go forward, the next steps would be:

– Private discussion with Interim CEO and the leadership of DPH and DMH to assure them that this consolidation is being done to enhance our joint missions, not to weaken the individual programs, and to be open to feedback on how best to accomplish this goal.

– Motion by the Board consolidating the Departments of Health, Public Health, and Mental Health into a single Department under the Director of Health Services with maintenance of separate financial accounting of the three Departments.

If you have any questions or need additional information, please contact me at (213) 240-8101.

MHK:jp

c: Sachi A. Hamai, Interim Chief Executive Officer

FINDINGS

I. Findings Regarding Los Angeles County's Restructuring of its Homeless Services

FINDING #1

LAHSA's coordination of housing, social and health services for the homeless (and those at risk of becoming homeless) in Los Angeles County has been siloed, fragmented and disjointed, generating limited results at a high cost.

FINDING #2

LAHSA's budget in 2024 was $875 million, with more than $300 million of that coming from LA County.

FINDING #3

LA County has decided to withdraw its contributions to LAHSA and redeploy them to provide homeless services directly (referred to herein as the Homeless Funds).

FINDING #4

LA County intends to merge the CEO Homeless Initiative (CEO-HI) and the DHS Housing for Health (DHS-HFH), creating a new County Department focused on the homeless (the Homeless Services Department).

FINDING #5

The currently proposed timeline for the Homeless Services Department initiatives is as follows: (1) merging the operation of CEO-HI and DHS-HFH by April 28, 2025, (2) creating the Homeless Services Department as of July 1, 2025, (3) Phase I implementation would then include the "integration of the CEO-HI and DHS-HFH core housing and supportive services," (4) Phase II would include "integration of County-funded programs and services administered by LAHSA" into the Homeless Services Department, (5) Phase III would "include the integration of programs and services administered by other County departments

as applicable," [emphasis added] and (6) County-sourced LAHSA funds and related staff would be transferred to the Homeless Department by July 1, 2026.

FINDING #6

The County's proposal for the "full" integration of County services for the homeless into one Homeless Services Department will have two major exceptions that will likely undermine the County's comprehensive approach to homelessness, possibly leading to the same "siloed, fragmented and disjointed services" that plagued LAHSA.

FINDING #7

The first category of likely exceptions to the County's integration of homeless services will be certain specified homeless services provided and retained by other County Departments, each of which will be assessed for integration appropriateness "in partnership" with the relevant Department (with the history of County Departments asserting the importance of their independence likely being a major hindrance in achieving full integration).

FINDING #8

The second category of exceptions includes those services that are "highly clinical and deeply integrated with DHS's core health provider and managed care functions for its empaneled population and financing," thereby keeping many of the County's major interactions with the homeless population within DHS.

FINDING # 9

There is no evidence that LA County has any plans to use the Homeless Funds to expand the County's CalAIM services (either ECM or Community Supports), including in connection with the County Hospitals' interactions with the homeless, especially regarding the significant opportunities for increased ECM enrollment by the County Hospitals (although the County does acknowledge the importance of CalAIM funding with respect to current DHS-HFH functions).

II. Findings Regarding the Coordination of Los Angeles County's Health Related Departments

FINDING #10

The County Departments of Health Services, Public Health and Mental Health have strongly preferred voluntary, non-binding consultations rather than centralized decision-making regarding their operations, which has created major challenges for the ongoing efforts to coordinate and integrate the County's health and social services.

FINDING #11

The County Departments are inclined to coordinate their roles as ECM providers solely on a voluntary basis, including the enrollment of Medi-Cal beneficiaries, assignment of Lead Care Managers and accessing Community Supports networks.

FINDING #12

LA County is creating a Restorative Care Village on the LA General campus, which promises to give patients, especially the homeless, expanded access to a broad continuum of social and health services; however, the various providers participating in the Restorative Care Village are not subject to any centralized management or control, and therefore there is little if any coordination, much less integration, of the various Restorative Care Village services. (There do, however, appear to be tentative plans to create an advisory "Care Coordination Committee" with representatives from DHS, DMH and DPH to provide voluntary guidance regarding effective coordination.)

FINDING #13

Although there are "Restorative Care Villages" located (or being built) on the campuses of each of the County Hospitals as well as MLK Community Hospital, there appears to be no County-wide strategic plan regarding the potential and purpose of the Restorative Care Villages and little if any communication among the Restorative Care Villages or the entities associated with them.

III. Findings Regarding CalAIM

FINDING #14

There have been no systematic analyses of the CalAIM program's overall impact on reducing homelessness, improving healthcare or reducing costs.

FINDING #15

There are major impediments to ECM and Community Supports provider participation in CalAIM based on associated costs, non-standardization of compliance processes, burdensome reporting requirements, and inadequate compensation.

FINDING #16

The enrollment of Medi-Cal beneficiaries in ECM has been lower than anticipated for ECM's target populations.

FINDING #17

The State estimates that only 30% of Medi-Cal beneficiaries who are identified as eligible for ECM will likely enroll in ECM, but no studies have been conducted to determine why that percentage is so low.

FINDING #18

DHS, as an ECM provider, only enrolls Medi-Cal beneficiaries in ECM who are empaneled with DHS, a relatively limited population compared with all ECM eligible beneficiaries in LA County.

FINDING #19

Communication and coordination between ECM providers and the Community Supports providers to whom ECM beneficiaries are referred could be improved,

FINDING #20

Children's Hospital of Los Angeles patients include a high percentage of ECM eligible Medi-Cal beneficiaries; and, by enrolling as an ECM provider, CHLA provides an exemplary example of the opportunities under CalAIM to support Medi-Cal beneficiaries, especially regarding the needs of discharged patients

FINDING #21

Providing Access and Transforming Health (PATH) has provided and continues to provide substantial funding for participants in the CalAIM initiatives, especially for infrastructure and start-up costs.

RECOMMENDATIONS SECTION

Recommendations Regarding the Restructuring of County Departments Providing Healthcare-related Services

RECOMMENDATION #1

The Board of Supervisors should rejuvenate the Health Agency originally approved by the BOS in 2015, empowering it to make binding decisions regarding collaboration and integration projects involving health-related County Departments, including the Departments of Health Services, Public Health, Mental Health and Aging and Disabilities, especially including CalAIM participation and the operation of the Restorative Care Villages. (In implementing this Recommendation, the BOS should read Dr. Katz's memorandum, attached as Exhibit A.)

RECOMMENDATION #2

The Board of Supervisors should direct the Chief Executive Officer, in consultation with DHS, to conduct a detailed study of the opportunity, ability and available budget for a rejuvenated Health Agency to assume responsibility for all LA County initiatives regarding the homeless.

Recommendation #3

The Board of Supervisors should direct the Chief Executive Officer, in consultation with DHS, to conduct a detailed study of the comparative benefits of the new Homeless Services Department to address homelessness as compared with a rejuvenated Health Agency serving the same function, as proposed under Recommendation 2.

RECOMMENDATION #4

The Board of Supervisors should direct the Hospitals and Health Care Delivery Commission to study and make recommendations regarding the proposed creation and operation of the Health Agency in order to further the coordination and integration of high quality health and social services, especially services for the homeless, across all County Departments; and the Board of Supervisors should review and respond to such recommendations.

Recommendations Regarding the County's Commitment to the CalAIM Program

RECOMMENDATION #5

LA Care, DHS and LA General should create a working partnership to fully implement CalAIM in LA County, addressing, among other things (1) effective strategies to maximize ECM enrollment, (2) the expected increase in cost saving resulting from expanded ECM enrollment, and how to connect those cost savings to the funding of CalAIM activities, and (3) effective lobbying of the State for increased funding of CalAIM.

RECOMMENDATION #6

LA General, in coordination with DHS, should seek ECM provider status from LA Care, and LA Care should expedite LA General's ECM provider status.

RECOMMENDATION #7

LA General and LA Care, in consultation with DHS, should work together to develop a written plan that maximizes LA General's impact in qualifying eligible Medi-Cal beneficiaries for ECM.

RECOMMENDATION #8

LA General, as an ECM provider, should work with LA Care to generate a study on the effective recruitment of ECM eligible beneficiaries for the purpose of increasing the current 30% success rate in enrolling ECM eligible beneficiaries.

RECOMMENDATION #9

The Board of Supervisors should direct DHS to conduct a detailed study of the incremental costs of DHS's current and anticipated participation in CalAIM as an ECM provider, and the resulting financial benefits to the County and the State.

RECOMMENDATION #10

The Board of Supervisors should direct DHS to conduct a detailed study of the incremental costs of LA General's anticipated participation in CalAIM as an ECM provider, and the resulting financial and operational benefits to both the County and the State.

RECOMMENDATION #11

LA General and LA Care, in consultation with DHS, should work together to develop strategies to obtain and analyze available data, including data generated by LA General's ECM patients, for the purpose of evaluating the impact of the CalAIM program on beneficiary well-being and cost reduction.

RECOMMENDATION #12

DHS and LA Genera; should seek grants from PATH to fund LA General's infrastructure and associated costs in connection with its participation as an ECM provider.

Recommendation Regarding the Restorative Care Village

RECOMMENDATION #13

The Board of Supervisors should direct the Hospitals and Health Delivery Commission to investigate the potential benefits and structural challenges of the LA County Restorative Care Villages, and make recommendations regarding their organization, management, coordination and operation for the purposes of maximizing high quality care for County patients, especially focusing on: (1) the importance of establishing centralized control and management over each Restorative Care Village, (2) the benefits of each Restorative Care Village effectively communicating and coordinating with its associated County Hospital, (3) the Restorative Care Village's effective participation in CalAIM, especially in coordination with providers of Community Supports, and (4) the apparent lack of

a County-wide vision for the Restorative Care Villages; and the Board of Supervisors should review and respond to such recommendations.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60 days) after the CGJ published its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made ninety (90) days after the CGJ published its report and files with Clerk of the Court. Responses shall be made in accord with Penal Code Section 933.05(a) and (b).

All responses to the recommendations of the 2024-2025 Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 West Temple Street, 13t Floor, Room 13-303
Los Angeles, CA 90012

REQUIRED RESPONSES – CHART

Agencies	Recommendations
LA Care Health Plan	5, 6, 7, 8, 11
Los Angeles General Medical Center	5, 6, 7, 8, 11,12
Los Angeles County Department of Health Services	2, 3, 5, 6, 7, 9, 10, 11, 12
Los Angeles County Commission on Hospitals and Health Care Delivery	4, 13
Los Angeles County Board of Supervisors	1, 2, 3, 4, 9, 10, 13
Los Angeles County Chief Executive Office	2, 3

ACRONYMS

AHI	Alliance for Health Integration
BOS	Los Angeles County Board of Supervisors
CalAIM	California Advancing and Innovating Medi-Cal
CEO-HI	Chief Executive Office Homeless Initiative
CGJ	2024-2025 Los Angeles County Civil Grand Jury
CHLA	Children's Hospital of Los Angeles
DHS	County Department of Health Services
DHS-HFH	Department of Health Services - Housing for Health
DHCS	California Department of Health Care Services
DMH	County Department of Mental Health
DPH	County Department of Public Health
ECM	Enhanced Care Management
ED	Emergency Department
LA	Los Angeles
LAHSA	Los Angeles Homeless Services Authority
JCOD	County Justice, Care and Opportunities Department
MCP	Managed Care Plan
PATH	Providing Access and Transforming Health
POF	Population of Focus

COMMITTEE MEMBERS

Committee Co-chair: Rick Ellingsen
Committee Co-chair: Victor Lesley
Committee Co-chair: Linda Esparza
Committee Member: George Davis
Committee Member, Margaret Hatfield

WHAT THEY SAID!

2024-2025
Los Angeles County
Civil Grand Jury

WHAT THEY SAID!

REVISITING THE CREATION OF A "HEALTH AUTHORITY" FOR COUNTY HEALTH SERVICES, INCLUDING LA GENERAL

EXECUTIVE SUMMARY

Twenty years ago, the 2004-2005 Los Angeles County Civil Grand Jury (the Old CGJ) recommended the creation of a Health Authority[1] to assume responsibility for the Los Angeles (LA) County Health Enterprise, composed of the County Hospitals[2] and Ambulatory Care Network.[3] The Old CGJ argued that the County Health Enterprise needed to become more flexible and nimble by eliminating unnecessary bureaucratic processes in order to achieve necessary efficiencies, innovation and effectiveness. Twenty years later, the same justifications for the creation of a Health Authority continue to exist, and various developments over these twenty years have indeed made the consideration and implementation of a Health Authority even more urgent.

The 2024-2025 Civil Grand Jury has in fact issued reports regarding the current bureaucratic processes that Los Angeles General Medical Center (LA General) still contends with as it struggles to be both efficient and effective in a highly competitive healthcare environment, specifically two reports under the general Chapter "The Los Angeles General Medical Center May Not Be So "General" After All," entitled "Hiring of Staff and Labor Relations" and "The Purchasing of Equipment and Supplies." These two reports reveal that the procedural thickets have changed very little over the last twenty years, and, although these reports

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[1] "Health Authority and Transition Process," pages 163-165, 2004-2005 Los Angeles County Civil Grand Jury Final Report, https://grandjury.co.la.ca.us/gjury04-05/LACGJFR_04-05.pdf (Accessed February 6, 2025)

[2] The current LA County general acute care hospitals are Los Angles General Medical Center (LA General), Harbor-UCLA Medical Center (Harbor-UCLA), and Olive View Medical Center (Olive View).

[3] Los Angeles County's Ambulatory Care Network has twenty-four community-based health clinics located throughout LA County. "Ambulatory Care Network – Who We Are," Los Angeles County Health Services Website. https://dhs.lacounty.gov/health-care-centers/who-we-are/ (Accessed February 6, 2025)

make recommendations for focused changes in the bureaucratic process, they also support the need for the more global solution provided by a Health Authority.

How the Last Twenty Years Show That the Time for a Health Authority Is Now

The potential benefits of a Health Authority are clear, but the details of implementation can be fuzzy, and the LA County Board of Supervisors (BOS) has been understandably wary of ceding substantial control to a Health Authority without a clear understanding of the expected, ongoing relationship between the BOS and the Health Authority.

Too often, proposals to create a Health Authority have neglected to recognize that the BOS is an essential strategic partner in the implementation and operation of a Health Authority, assuming the BOS would be completely supplanted by the new Health Authority; and, even when it's recognized that some ongoing involvement by the BOS would be beneficial, the nature of that involvement is often subject to confusion and controversy. Fortunately, we have had two major developments in the past several years that should provide both clarity and comfort for the BOS regarding the appropriate balancing of authority between the BOS and any new Health Authority.

1. Learning from the Stumbles of Alameda County

First, following a recent reassessment of the balancing of the BOS and Health Authority roles in Alameda County in response to major financial disruptions, a respected healthcare consulting firm reaffirmed the benefits of the Health Authority, but made specific proposals to increase strategic involvement by the BOS. We believe these proposals provide a helpful rebalancing based on the experience gained in operating California's oldest Health Authority and should be seriously considered for incorporation into any LA Health Authority.

2. Recognizing MLK Community Hospital as an Exemplar of Effective County Healthcare Services

Second, and most important, the BOS has directly participated in an extraordinarily successful experiment with the creation of the new Martin Luther King Community Hospital (MLK Hospital) governed independently by a private non-profit corporation, but in close strategic coordination with the BOS. As with a Health Authority, the MLK Hospital experiment eliminated unnecessary bureaucratic processes and facilitated creative approaches to a continuum of healthcare services, with the County creating and operating various support

services on the MLK Hospital campus; and it's generally acknowledged the results have been exceptional.[4]

The BOS should certainly be proud of its role in transforming the quality and efficiency of the healthcare services provided by a former County hospital through this unique public-private partnership. And it now has the opportunity to confidently "scale up" that experiment, using the Health Authority model to benefit all County Hospitals and the Ambulatory Network.

Applying the Lessons of the Last Twenty Years

No one doubts the benefits of a nimble, efficient, innovative and effective Health Enterprise or that a Health Authority is the best available vehicle to pursue those benefits. But there has been a legitimate concern whether the creation of a Health Authority might not fully deliver on its promise, or, worse, have unintended, negative consequences. We now have good answers to those concerns: we have learned from the extraordinary success of MLK Hospital how to pursue the promise of a Health Authority and from the missteps of Alameda County how to avoid the adverse consequences of a muddled governance structure.

QED: It's time for LA County to create a Health Authority.

[4] See Motion by Supervisor Holly Mitchell (November 21, 2023) "Ensuring the Ongoing Success of Martin Luther King, Jr. Community Hospital," https://file.lacounty.gov/SDSInter/bos/supdocs/186033.pdf (Accessed May 1, 2025)

BACKGROUND

This Report recommends the adoption of a Health Authority model which would require a major reorganization of LA County's health-related operations in order to achieve simplification and flexibility. In order to understand how we arrived at this recommendation, it's necessary, first, to review the County's current organization of its healthcare activities and, second, the available options for restructuring. This extensive background review will provide the necessary foundation for understanding the specific recommendations that follow.

In terms of the County's current operations, we consider two features:

1. The ultimate issue in this Report is how much oversight should be provided by the BOS regarding the LA County Health Enterprise, and, accordingly, it's important to understand the nature of the BOS's current oversight and how that compares with the oversight provided in other California counties.

2. The MLK Hospital public-private partnership is a unique restructuring alternative to a Health Authority, and it's therefore important to understand its genesis and operation.

After discussing the County's current operations, we then consider the restructuring options for the LA County Health Enterprise, with a focus on four topics:

1. We identify and discuss two options that we believe should be rejected as inadequate to meet the needs of the Health Enterprise: (1) maintaining the status quo, or (2) tweaking current operations in reaction to specific concerns as they arise.

2. We then revisit the MLK Hospital option, briefly discussing its beneficial features, but also considering the challenges in implementing this option County-wide.

3. Most important, we address the Health Authority option itself, briefly defining its nature and scope. We then provide a not-so-brief history of the Alameda Health Authority, recognizing its promise, which still resonates, but detailing some of its hard-won lessons, especially regarding the appropriate balancing of control between the BOS and Health Authority.

4. As a final note, we give a brief summary of a few of the many proposals regarding the adoption of an LA County Health Authority. Those

proposals support the continuing logic of implementing a Health Authority, and we contend in this Report that, in our current healthcare landscape, logic and reality finally meet.

AN OVERVIEW OF LOS ANGELES COUNTY'S ORGANIZATIONAL STRUCTURE AND HISTORY

In this Section, we describe the organization of the County's healthcare related services, focusing on two issues. We first consider the BOS's traditional oversight and control over the County Hospitals; and we then address MLK Hospital, which is an important exception to the BOS's typical oversight.

A. Current Oversight by the LA County Board of Supervisors of the County Health Enterprise

The BOS is ultimately responsible for the governance of the County Hospitals and Ambulatory Network. In that regard, the BOS has delegated general operational responsibility to the Department of Health Services (DHS) Director, but still maintains ultimate control.

LA County is one of only ten California counties that operates its associated County hospitals pursuant to the general control of the BOS.[5] (The alternatives to direct governance by the BOS are discussed below.) Even among these ten counties, LA County is unique in two respects: First, it is far and away the largest of the County hospital operations, and, second, although being the largest, the LA BOS exercises maximal direct control.[6]

Size: The annual budget of the LA County Health Enterprise in 2020 was approximately $3.7 Billion, larger than the next two County health enterprise budgets combined, with Santa Clara being $1.8 Billion and San Francisco being $1.3 Billion.[7] The remaining seven counties had vastly smaller annual budgets, ranging from $300 Million to $650 Million.[8]

Control: LA County is the **only** county where direct governance of the County health enterprise is exercised by the BOS as a "committee of the whole."[9] In six cases, governance is provided by a subcommittee

[5]Health Management Associates, "Alameda Health System (AHS) Governance Model Improvements – PowerPoint, pages 23-29 (June 3, 2021) https://www.alamedahealthsystem.org/wp-content/uploads/2021/06/2021-06-09-BOT-B-HMA-Alameda-Health-System-Governance-Model-Improvements-PRESENTATION.pdf (Accessed February 6, 2025)
[6] ibid
[7] ibid
[8] ibid
[9] ibid

determined by the respective county's board, allowing a subset of board members to develop and exercise enhanced expertise.[10] Further, in three cases – Contra Costa, Riverside and San Mateo – governance is provided by a combination of the board and a Medical Center governing board.[11]

The strict control exercised by the LA County BOS is further evidenced by the fact that the LA County BOS specifically selects the hospital chief executive officers, which is the case in only three other counties.[12]

B. **The History of the MLK Hospital Exception**

The predecessor of MLK Hospital, Martin Luther King Jr./Drew Medical Center ("MLK/Drew") was plagued with serious patient quality and financial issues, which was extensively covered by the Los Angeles Times in 2003 and 2004, and then summarized as follows: "Entire departments at the hospital, founded with high hopes after the 1965 Watts riots, were found to be rife with incompetence, infighting and, sometimes, criminality."[13] Following these revelations, MLK/Drew was investigated and threatened with the loss of accreditation, certification and licensure by the Joint Commission, the State of California and the Centers for Medicare and Medicaid Services, ultimately forcing MLK/Drew's closure in August 2007.[14]

Although continued operation of MLK/Drew was not a viable option, it was generally agreed it had to be replaced, and, given the serious historical problems, LA County was open to creative innovations in order to avoid a repetition of those problems. One of the suggestions was to ask "the state Legislature to create a health authority – a separate body that would have complete control over all the county hospitals."[15] It was, however, acknowledged that such changes "would be costly, time-consuming and perhaps controversial. Many experts say the system could use such sweeping reform, although none of the other facilities has problems as serious as King/Drew's."[16]

Given the urgency of creating a new hospital for a community with exceptional needs, the County decided at that time to avoid the complexity

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[10] ibid
[11] ibid
[12] ibid
[13] Weber, Tracy; Ornstein, Charles; and Hyman, Steve, "Massive overhaul of ailing hospital urged," Los Angeles Times, page 2 (February 25, 2013) https://www.latimes.com/health/la-me-solutions23dec23-story.html (Accessed February 6, 2025)
[14] Wikipedia, "Martin Luther King, Jr., Outpatient Center" https://en.wikipedia.org/wiki/Martin_Luther_King_Jr._Outpatient_Center (Accessed February 6, 2025)
[15] Massive Overhaul (n 13) page 4
[16] Massive Overhaul (n 13) page 5

of a health authority for the entire County, but instead obtain similar flexibility and nimbleness through a new non-profit with an independent governing board, replacing MLK Hospital's status as a public hospital with a largely contractual relationship with the County.[17]

> "What's new about King hospital begins with who runs it. Most safety net hospitals are public, run by a county or city government. The old hospital was run by LA County. The new hospital is governed by a private non-profit entity."[18]

The success of this new venture is nicely summed up in the title to an article in the news magazine Politico: "How "Killer King" became the hospital of the future."[19]

AN OVERVIEW OF RESTRUCTURING OPTIONS FOR LOS ANGELES COUNTY'S HEALTH ENTERPRISE

A. Summary of Reorganization Topics

Before discussing why and how a Health Authority should be created and implemented, it's important to outline the available restructuring options currently available for county hospitals in California, after which we focus on the Health Authority model and how that differs from its first cousin, the independent non-profit corporation model used with MLK Hospital.

The Alameda County Health Authority (the Alameda Authority) provides the template for any county interested in pursuing the Health Authority model, and the history of its operations provides valuable insights. We, accordingly, provide a not-so-brief history of the Alameda Authority, focusing especially on the recent challenges it has faced and the tentative responses to those challenges.

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[17] "In 2014, the County approved the hospital lease with Martin Luther King.Jr. – Los Angeles (MLK-LA) Healthcare Corporation, MLKCH's nonprofit board. The lease establishes the financial funding perimeters and terms by which the MLKCH nonprofit board would run the hospital…. The County committed to providing financial support to establish and maintain ongoing hospital operations with start-up funding, reserve funding, intergovernmental funding and an indigent care payment." Holly Mitchell motion (n 4) at pages 1-2.

[18] Pastor, Nancy, "How "Killer King" became the hospital of the future," Politico, page 6 (November 8, 2017) https://www.politico.com/agenda/story/2017/11/08/the-hospital-of-the-future-000572/ (Accessed February 6, 2025)

[19] ibid

Finally, we provide a brief summary of the many past recommendations encouraging LA County to pursue a Health Authority.

B. Structuring Options

The County of Alameda engaged the consulting group Health Management Associates (HMA) to identify possible alternatives and modifications to the existing Alameda Health Authority, but, prior to that assessment, HMA outlined the various ways in which board of supervisors exercise authority over county hospitals.[20] HMA specifically identified four options that would be theoretically viable for LA County:[21] (1) maintaining strict BOS control, (2) tweaking such strict BOS control to be a bit more flexible, (3) creating a new nonprofit entity that assumes control of one or more hospitals with indirect BOS contractual involvement, which model is exemplified by MLK Hospital, or (4) utilizing a Health Authority, as used in Alameda and Kern Counties, where a statutory Health Authority assumes control of the County Hospitals subject to ongoing statutory and contractual involvement by the BOS.[22]

1. Options Rejected by HMA

a. Maintain Strict BOS Control. Under this approach, the ultimate authority for the operation of the Health Enterprise would continue with the BOS, and the County Hospitals would continue to be subject to the various bureaucratic processes referenced above, especially regarding procurement and hiring.

b. Tweak Strict BOS Control. Although LA County's Health Enterprise is the largest of any operated by a California county, the BOS retains tighter reins over the Health Enterprise than any other county.[23] Under this approach, LA County would loosen the reins somewhat in line with other California counties. For example:

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[20] HMA (n 5) page 24

[21] HMA also identified two options that would eliminate ongoing BOS involvement, neither of which are feasible for LA County. First, the BOS could transfer the County facilities to an existing entity such as the University of California, which option has been utilized by Fresno, Orange, Sacramento and San Diego Counties, although it's difficult to conceive of any interested and qualified organizations in LA County. Second, the BOS could simply close the County facilities and have existing private hospitals provide care for the medically indigent subject to payment by the County for those services in accordance with County's statutory obligations as defined in Section 17000 of the California Welfare & Institutions Code. This option has been utilized by approximately thirty counties, particularly smaller ones, but it's clearly not feasible for LA County where the County Hospitals are irreplaceable sources of indigent medical care. HMA (n 5)

[22] HMA (n 5) pages 15-19

[23] ibid pages 24-27

i. **Subcommittee.** LA County could use a subcommittee of the Board to govern the LA Health Enterprise as six other California counties do,[24] thereby facilitating a subgroup to be especially focused on these operations which would enable them to develop specialized expertise. (This approach might become more feasible with the upcoming expansion of the BOS from five to nine members, and it would also likely counter the impression among some that each Supervisor is singularly focused on the County Hospital within her own district.)
ii. **Advisory Medical Center Boards.** LA County could create Medical Center Governing Boards for the County Hospitals, as three California counties already do,[25] even if the BOS uses such boards in a largely advisory capacity.
iii. **Selection of Chief Executive Officers.** The BOS could delegate responsibility for selecting new Hospital Chief Executive Officers to persons who are closer to Hospital operations, such as the DHS Director, as four California counties already do.[26]

We should emphasize that we do NOT recommend any of these steps as effective solutions to the overarching problems of the LA County Health Enterprise. They would be at most small, positive but inadequate steps in the right direction.

2. **The MLK Option - Transfer County Hospitals to Independent Nonprofit Corporations.** The County could seek to replicate the extraordinary success of MLK Hospital by utilizing one or more independent non-profit corporations to govern the County Hospitals. Given the success of the MLK model, it's worthwhile to consider the expansion of that model to the County Hospitals, especially since the MLK model has all of the major benefits provided by a Health Authority; i.e., elimination of bureaucratic approval processes and an operationally focused governing board.
We certainly don't think it would be a mistake for the County to pursue the MLK model for the County Hospitals, but there are several reasons why the County should probably prefer the Health Authority model for the entire Health Enterprise:
First, it's important to note that MLK Hospital is a comparatively small hospital, having only 131 beds, compared with LA General (676 beds), Harbor-UCLA (570 beds), and Olive View (355 beds). Accordingly, it's likely more manageable to address the County's relationship with MLK

[24] ibid page 27
[25] ibid
[26] ibid

through contractual arrangements than it would be with the much larger and far more complex County Hospitals.

It's also important to note that under the Health Authority model (but not the MLK model), the Hospitals continue to be "public" hospitals, with virtually no ability for them to take unilateral action to modify their County relationship. It may seem unlikely that MLK Hospital would independently take any such action, but even a remote possibility of such action with the other County Hospitals would likely be unacceptable.[27]

Finally, the County Hospitals' coordination with the County's other healthcare activities, especially mental health services, is strategically important in our evolving healthcare system, and the more tightly bound relationships under the Health Authority are likely to better ensure such coordination.

C. The Health Authority Model

What is a Health Authority? A Health Authority is simply a **public** entity **authorized under State law** whose purpose is to operate hospitals and clinics, and provide related services for the general community, especially the medically indigent. The Health Authority is governed by an **independent board of directors**, with varying oversight by the related county. Accordingly, the essential features of a Health Authority are that it is (1) a public entity, (2) specifically authorized under State legislation, (3) governed by an independent board of directors, and (4) focused on the operation of healthcare providers, especially hospitals.

The necessity for enabling State legislation is acknowledged in the statute authorizing the Alameda Authority, the Alameda County Health Authority Act (Alameda Authority Act):

> "The Alameda County Board of Supervisors has determined that a transfer of governance of the Alameda County Medical Center to an independent governing body, a hospital authority, is needed to improve the efficiency, effectiveness and economy of the community health services provided at the medical center…. **Because there is not general law under which this authority could be formed, the adoption of a special act and the formation of a special authority is required.**[28] [Emphasis added.]

[27] "The County built [MLK Hospital] with tax-exempt bonds. This means the building must be operated as a hospital as long as the bonds are outstanding (until December 1, 2045)." Mitchell Motion (n 4). It seems likely that so long as MLK Hospital continues to operate successfully, it's life as a hospital will extend far beyond 2045, but the County will likely not be able to mandate such continuation.

[28] California Health & Safety Code, Section 101850(a)(1)

The Alameda Authority Act addresses a variety of structural and operational features applicable to any the new health authority, including the definition and creation of an independent board[29] and the specific health services to be provided.[30]

If LA or any other California county desires to establish a Health Authority, it will be necessary to obtain enabling legislation, and the Alameda Authority Act provides a template in that regard, which can of course be somewhat modified to address the specific concerns of the individual county. In fact, that's exactly what Kern County did when enacting the Kern County Hospital Act in 2016,[31] which lies adjacent to the Alameda Authority Act. It's informative in that regard to see Kern County repeat the justifications for the health authority in its enabling legislation, both in terms of eliminating a hobbling bureaucracy and positioning Kern Medical Center for essential strategic initiatives:

> "[I]t is necessary that Kern Medical Center, while continuing as a designated public hospital…, is provided with an organizational and operational structure that facilitates and improves its ability to function with flexibility, responsiveness, and innovation to promote a patient-centric system…. This can best be accomplished … under a new hospital authority that is able to pursue … population health management strategies, [and] is effectively positioned for health plan-provider alignment…."[32]

The California HealthCare Foundation funded a Report in 2009, which generally reviewed the benefits of Health Authorities based on the experience of the Alameda Authority.[33] The Report initially outlines the challenges faced by the Alameda County Medical Center (ACMC) prior to the creation of the Health Authority due to the direct control exercised by the County Board of Supervisors:

> "Like other county hospitals [directly governed by the County Board of Supervisors], ACMC was faced with familiar challenges:

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[29] California Health & Safety Code, Section 101850(c)
[30] California Health & Safety Code, Section 101850(r)
[31] California Health and Safety Code, Section 101852
[32] California Health & Safety Code, Section 101852(d)(3)
[33] Bharucha, Farzan, MBA, MS, Oberlin Shelley, MBA, MHA, MS (Kurt Salmon Associates), "Governance Models among California Hospitals," California Healthcare Foundation (2009). https://www.chcf.org/wp-content/uploads/2017/12/PDF-GovernanceModelsCAPublicHospitals.pdf (Accessed February 6, 2025)

> "Lack of purchasing authority made it difficult for ACMC to participate in low-cost bidding, further straining the financial position of the hospital.
>
> "Adherence to the county civil service model and salary standards made it difficult to attract and retain new graduates in a market that is highly competitive for physicians, nurses, and other allied health professions. In addition, it was difficult to dismiss staff that did not meet quality and services standards.
>
> "Bylaws presented a challenge to developing a board with a contemporary composition that was attuned to the leadership needs required to govern a hospital." [34]

The California HealthCare Foundation Report then went on to note how the new Health Authority governance structure "enabled Alameda County Medical Center to accomplish the following:

> Build a board based on the competencies of the board members….
>
> Create a buffer between the governing body of the hospital and county politics….
>
> Offer a competitive, market-based salary structure for physicians and other professionals to improve recruitment and attract new graduates….
>
> Improve its financial position through better purchasing/procurement laws and using more flexible financial instruments to manage expenses and debts.
>
> ….
>
> Improve the hospital's nimbleness by shifting more authority to the CEO (reporting to the [Authority] board) around management, operational issues, and financial issues."[35]

In summary, the Alameda Authority, like all Health Authorities, promoted more strategic leadership and operational flexibility for the purpose of effectively addressing a challenging and rapidly evolving healthcare environment.

[34] ibid at page 24
[35] ibid page 25

A NOT SO BRIEF HISTORY OF THE ALAMEDA HEALTH AUTHORITY – PROMISES, CHALLENGES AND ADJUSTMENTS

As noted above, the Alameda Authority was authorized in 1996, and upon transfer of the Alameda County Medical Center to the Authority in 1998, it became operational. The hopes were high for the Alameda Authority, and the California HealthCare Foundation Report noted that the actual success of the new Alameda Authority was strongly supported by the fact that the "ACMC was the only county hospital in California in 2007 with a positive operating margin."[36]

Notwithstanding its early successes, the Alameda Authority was not a panacea. For example, another function of the Alameda Authority was to enhance Alameda County's public safety net, and in that regard it acquired Alameda Hospital and San Leandro Hospital, two public safety net hospitals largely serving Medi-Cal beneficiaries, which compounded the already substantial financial challenges of the Alameda Authority.[37] Even with the improved governance features of the Alameda Authority, significant financial and other challenges required it to revisit and restructure its significant payment obligations to Alameda County on a regular basis.[38]

With the Alameda Authority's financial challenges continuing to be a serious public concern over the years, the 2014-15 Alameda Civil Grand Jury (Alameda Grand Jury) initiated an investigation, with the resulting report highlighting the lack of coordination and cooperation between the Alameda Authority and Alameda County. According to the Alameda Grand Jury, these coordination issues arose in large part because of distinctly different perceptions of the nature and scope of the Alameda Authority's "independence" and the corresponding authority and responsibility of the County Board of Supervisors to provide appropriate oversight.[39]

The Alameda Grand Jury also found that the traditional appointment process for the Alameda Authority trustees perpetuated an insular attitude, and that the Alameda Authority resisted when the Board of Supervisors attempted to address this by asserting greater control over some appointments:

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[36] ibid

[37] 2014-2015 Alameda Civil Grand Jury Final Report, "Alameda Health System Governance and Oversight," generally pages 51-71, and specifically pages 51, 54 and 57 https://grandjury.acgov.org/wp-content/uploads/2023/01/final2014-2015.pdf (accessed February 13, 2025)

[38] ibid pages 53-54

[39] ibid pages 55-56

> "Although AHS is governed by an independent public hospital authority (board of trustees), the Alameda County Board of Supervisors appoints the trustees and has control over the bylaws of AHS. The Grand Jury learned … that the selection of trustees has been a serious point of contention between AHS trustees and the board of supervisors…. AHS board bylaws … formalized the long-standing practice of submitting suggested appointees to the board of supervisors. The Grand Jury believes this pre-selection process by the trustees breeds insularity…. As the Grand Jury learned, a previous attempt by the board of supervisors to install an independent trustee was met with resistance by the AHS….[T]he appointment was originally rejected by AHS but once they realized they did not have the authority to reject an appointment, AHS made efforts to stall the appointment."[40]

In addition to both confusion and disagreement about the appointment of the Alameda Authority trustees, the Alameda Grand Jury found that "the relationship between the trustees and the supervisors is unclear and neither is sure of their respective roles."[41] Even on the major issue of the financial health of the Alameda Authority, "several members of the board of supervisors indicated their lack of understanding of AHS's financial status, in part due to their limited communications with trustees."[42]

It appears that neither Alameda County nor the Alameda Authority adequately addressed the Alameda Grand Jury's findings and concerns, since only four years later, in 2019, major problems at the Alameda Authority regarding labor union strife, general financial uncertainty and allegations of lack of transparency resulted in the County firing and replacing the entire Alameda Authority board of trustees as a first step in a possible reorganization.[43]

The Alameda Grand Jury investigation in 2014-15 and the collapse of the relationship between the County and the Alameda Authority in 2019 highlighted a major area of ambiguity in the initial creation of the Alameda Authority that demanded resolution in order to regain institutional stability. Specifically, the Alameda Authority was initially lauded for its "independence," without acknowledging that both the statute and common sense required some ongoing oversight by the board of supervisors. It was apparently assumed by some that the historical control exercised by the County was

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[40] ibid
[41] ibid page 56.
[42] ibid
[43] Kassabian, Sara, "Alameda Health System trustees removed as physicians speak out about "retributive" workplace culture," The Oaklandside (October 22, 2020) https://oaklandside.org/2020/10/22/alameda-health-system-trustees-removed-as-physicians-speak-out-about-retributive-workplace-culture/#:~:text=Alameda%20Health%20System%20trustees%20removed,the%20public%20health%20system's%20governance. (accessed February 13, 2025)

being fully replaced by the Alameda Authority to the complete exclusion of the County, when in fact a nuanced balancing of coordinated control and oversight was needed.

What impact should this bumbling history have on LA County's consideration of a Health Authority? This history specifically highlights the importance of addressing the essential question of how to appropriately balance, on one hand, the health operations expertise and operational nimbleness provided by a substantially independent Health Authority against the public interest and oversight regarding essential community issues uniquely provided by a politically elected Board of Supervisors.

In order to answer that question, Alameda County retained Health Management Associates to look at options to improve the governance of the Alameda Authority, with a specific focus on this appropriate balancing of responsibility and control between the County and the Alameda Authority. And the results of the HMA report are highly instructive as LA County considers the creation and implementation of its own Health Authority.

HMA identified four feasible structuring options: (1) maintain the status quo, (2) return the Alameda County Hospitals to Alameda County, (3) retain the Alameda Authority but have the BOS serve as the Board of Directors for the Alameda Authority, or (4) improve the existing Authority model by expanding the participation of the BOS.[44]

HMA reiterated the significant operational advantages of the Health Authority model, as discussed above, and therefore rejected the first three options.[45] HMA then concluded that an independent (but not too independent) Board of Directors for the Alameda Authority provided the most effective oversight for the Alameda Authority, and, accordingly, recommended a modified Board structure with enhanced involvement (but not direct control) by the board of supervisors. For example, it recommended that one third of the Authority Board seats be specified by the Board of Supervisors.[46] We have included HMA's specific governance recommendations in our discussion on Health Authority governance under the "Nuts and Bolts" Section, below, and recommend their inclusion in any LA County Health Authority.

[44] HMA (n 5) pages 14-18
[45] ibid page 21
[46] ibid page 12

A BRIEF SUMMARY OF RECURRING PROPOSALS TO CREATE A HEALTH AUTHORITY FOR LOS ANGELES COUNTY HOSPITALS

There has been an abundance of proposals over the years regarding the restructuring of LA County's Health Enterprise, with a continuing focus on the Health Authority option.[47] Many of these are outlined in the Old CGJ report,[48] and include:

a. A December 1995 report by a Health Crisis Manager appointed by the BOS
b. A 2001 report by a group representing the UCLA School of Public Health, the Los Angeles County Medical Association and the USC School of Medicine
c. A May 2003 report by a team from the University of Southern California.
d. A January 31, 2005 legislative proposal by Assembly Member Mervyn Dymally.
e. As noted above, the possibility of an LA Health Authority was also discussed in 2015 in connection with the restructuring of MLK Hospital, and was in fact advocated by the DHS Director at the time, Thomas Garthwaite.[49]

We spoke with an author of one of the cited academic articles recommending a Health Authority for LA County.[50] He indicated that he was unaware of specific recommendations regarding a Health Authority over the last decade or so, but speculated that was because of the distractions associated with the creation of the new MLK Hospital as well as major healthcare reform initiatives, especially the Affordable Care Act. He also suggested that the current environment seems to present an opportunity to revisit the potential benefits of a Health Authority, especially with the major improvements recognized at MLK Hospital that have been achieved through an analogous although more limited restructuring.

[47] "Superfluity does not vitiate." California Civil Code, Section 3537
[48] Old CGJ (n 1) page 39
[49] Ornstein, Charles, Weber, Tracy and Rabin, Jeffrey, "Garthwaite Quits County Health Agency," Los Angeles Times (November 30, 2005) https://www.latimes.com/archives/la-xpm-2005-nov-30-me-garthwaite30-story.html (accessed February 13, 2025)
[50] Cousineau, Michael et al, "An Analysis of Alternative Governance for the Los Angeles County Department of Health Services" (May 2003) (See Old CGJ (n 1) page 19)

METHODOLOGY

In researching this Report, we focused initially on multiple interviews with LA General leadership, seeking details about the adverse impact of the current County organizational structure on the efficiency and efficacy of LA General operations. Some of those impacts involved hiring, procurement and operational flexibility, as detailed in the Reports, respectively, on "Hiring of Staff and Labor," "Purchasing of Equipment and Supplies" and "CalAIM."

We then researched various models for restructuring public hospital services in California and elsewhere, focusing on the Health Authority model as implemented in Alameda County as the most promising. In researching the Health Authority model, we identified the Old CGJ's report with its extensive recommendations on the adoption and implementation of the Health Authority model, which provided a general roadmap for this investigation.[51]

Other documents that were especially helpful in preparing this Report include:

1. The Health Management Associates PowerPoint presentation regarding County Hospital restructuring options in general and recommendations regarding modifications to the Alameda Health Authority in particular;[52]

2. The California HealthCare Foundation Report on County Hospital restructuring options, with a detailed analysis of the Alameda Health Authority option; and[53]

3. An excellent historical summary of the LA County Hospitals authored by Michael Cousineau and Robert Tranquada, "Crisis & Commitment: 150 Years of Service by Los Angeles County Public Hospitals, American Journal of Public Health, April 2007.[54]

[51] Old CGJ (n 1)
[52] HMA (n 5)
[53] CHF (n 39)
[54] https://pmc.ncbi.nlm.nih.gov/articles/PMC1829364/pdf/0970606.pdf (accessed February 24, 2025)

DISCUSSION

Twenty years ago, the Old CGJ investigated whether the County Health Enterprise, especially LA General and the other County Hospitals, should be restructured to enable greater efficiency and effectiveness. The Old CGJ strongly recommended the creation of a Health Authority patterned on the Alameda Authority to assume responsibility for the County Health Enterprise. Notwithstanding the apparent support of the DHS Director for the Old CGJ recommendations,[55] the BOS did not pursue the creation of a Health Authority.

The Old CGJ initially focused on concerns regarding Rancho Los Amigos Hospital, but ultimately concluded it would be better to address those concerns by focusing on the overall structure and operations of DHS, especially in connection with the County Hospitals:

> "At the inception of the Health & Social Services Committee, several sub-committees were formed under its umbrella. The "Rancho Los Amigos" committee was one of them. It began because a few committee members had an interest in the fate of that nationally recognized hospital…. As we researched the tribulations of that institution…,we discovered that the entire health delivery system in Los Angeles County also had severe problems. We kept coming across the idea of a "health authority" for Los Angeles County…. In September of 2004, after three months of research and study, our sub-committee decided to investigate the feasibility of forming a new form of governance for the entire DHS system…."[56]

The 2024-2025 Civil Grand Jury also initially focused its attention on one County Hospital, LA General, and, although we have addressed several specific issues regarding LA General in the preceding Reports, we, like our predecessor Old CGJ, have concluded that it's also essential to address the overall structure and operations of DHS in which LA General and the other County Hospitals are embedded.

The Civil Grand Juries of both 2004-2005 and 2024-2025 concluded that the operating structure for the LA County Hospitals are plagued with significant inefficiencies and other problems because of general County and specific DHS procedures, and that those procedures should be replaced in order to ensure the County Hospitals can compete in a challenging healthcare marketplace; and in

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[55] Responses to the Final Report of the 2004-2005 Los Angeles County Civil Grand Jury, Letter from Thomas L. Garthwaite, M.D., Director of the Department of Health Services, to the Board of Supervisors, pages 30-31 (August 12, 2005) https://www.grandjury.co.la.ca.us/gjury04-05/gj%20response%2004-05.pdf (accessed February 13, 2025)

[56] Old CGJ (n 1) page 43

both cases the Civil Grand Jury concluded that the best solution to these issues would be the creation of a Health Authority.

PROPOSAL: LA COUNTY NEEDS A HEALTH AUTHORITY

We are fortunate to have a high quality Health Enterprise in LA County, but it's important to consider what our Health Enterprise needs in order to maintain and improve those high standards, what stands in the way of addressing those needs, and how we can eliminate unnecessary barriers.

A. What a Health Enterprise Needs

It's essential that our County Hospitals be efficient, innovative and effective.

Given the massive costs of our County Health Enterprise, it's crucial that the County Hospitals be as **"efficient"** as possible, reducing all unnecessary costs. Given the ongoing rapid progress in healthcare delivery, medical science and associated technology, it's crucial that the County Hospitals be as **"innovative"** as possible in order to maintain their high standards in an incredibly competitive healthcare environment. Perhaps most important, given the huge impact of the County Healthcare Enterprise on the health and well-being of County residents, it's crucial that the County Hospitals be empowered to be as **"effective"** as possible, taking all necessary action to remedy illness and alleviate pain for their patients, many of whom are our most vulnerable citizens.

B. What Stands in the Way

The County's bureaucratic processes help ensure fairness and avoid graft, but they can also interfere with efficiency, innovation and effectiveness. In this and associated Reports, we give examples where compliance with these bureaucratic processes (1) created penny-wise delays for promising cost-reduction initiatives, (2) scuttled full deployment of innovative programs such as "Safer at Home" and have potentially threatened the full implementation of the California Advancing and Innovating Medi-Cal program (CalAIM) and its transformative goals, and (3) perhaps most concerning, delayed hires and purchases in ways that adversely impacted optimal patient care services.

Ensuring fairness and avoiding graft are salutary goals, but the cost of these bureaucratic prophylactics is unacceptably high for County Hospitals and should be replaced with appropriate alternatives, such as efficient and effective global budgeting and reasonable auditing.

C. The Benefits of a Health Authority

Why do we need a Health Authority in Los Angeles? A Health Authority would eliminate the counterproductive bureaucratic processes and associated delays in the management of the County Hospitals, thereby giving them the ability to be both flexible and nimble, unleashing the exemplary skills of their management and staff to enhance quality care, reduce overall costs and respond to new opportunities with creativity and innovation.

ANALYSIS: THE WHY AND HOW OF CREATING A HEALTH AUTHORITY

This Section will focus initially on the problems created by the current County organizational structure, especially (1) the limited attention the BOS and DHS Director are able to give to County Hospital operations because of their vast array of unrelated responsibilities, and (2) the inflexible bureaucratic approval processes that fail to accommodate the exigencies of a competitive and complex healthcare industry, especially one that's anticipated to require vastly increased innovation to address simultaneous demands to improve population health and reduce overall healthcare costs.

Next, this Section will focus on how a Health Authority would address the problems currently entrenched in the County structure. Since this is a revisiting of the recommendations by the Old CGJ, it's also important to note various changes in the healthcare landscape over the last twenty years that make the Health Authority option even more compelling at present.

Once it's recognized and accepted that a Health Authority should be adopted to correct a system that is objectively broken and certainly inadequate to effectively address the ever-changing healthcare landscape, it's necessary to discuss the specifics of the restructuring, both in terms of its scope and the "nuts and bolts" of its implementation.

A. What Are the Inherent Competitive Problems for the County Hospitals Based on the Tight Control Exercised by the Board of Supervisors?

1. Current County Governance Discounts Local Focus and Expertise

a. The County's Size and Complexity Means the Health Enterprise Receives Inadequate Attention

The BOS is the governing body for the County Hospitals and Ambulatory Care Network, although it has delegated operational responsibility for this Health Enterprise to the DHS Director, subject, however, to continuing BOS oversight and approvals: "The supervisors officially delegate operation of the county's five [now four]

public hospitals to the Department of Health Services, but they have intervened sporadically, usually for political reasons… "[57]

LA County is the largest county in the country, with a population of over ten million that encompasses more than one-quarter of the entire State's population.[58] The size and expanse of LA County imposes huge challenges for effective governance, requiring the creation of an immense bureaucracy. Specifically, LA County has thirty eight separate Departments, each of which report to the BOS;[59] and the Director of DHS, just one of those Departments, has thirteen direct reports, including each of the County Hospitals along with the Ambulatory Network.[60]

Each of the County Hospitals is a major enterprise in its own right, with LA General having an annual budget of approximately $2 Billion,[61] and each of Harbor-UCLA and Olive View having annual budgets of approximately $1 Billion;[62] and those Hospitals are all operating within an industry that is hugely complicated and rapidly changing in terms of financing, provider integration and technological innovation.

Given the size and complexity of the LA County Health Enterprise, it is not surprising that LA County's top-down organizational structure provides inadequate focus, expertise and leadership necessary for the effective operation of County Hospitals and the Ambulatory Care Network.

b. But the Board of Supervisors Is a Valuable Partner Regarding "Big Picture" Issues

Too often, serious concerns regarding organizational structure for the Health Enterprise are answered with simplistic proposals to fully replace the valuable leadership provided by both the BOS and DHS Director, rather than seeking to simultaneously retain that leadership and empower the expertise of those directly engaged with the Health Enterprise.

Before focusing on the flaws of the current governance structures under the control of the BOS, it's appropriate to highlight some

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[57] Massive Overhaul (n 13) pages 3-4
[58] "About LA County," County of Los Angeles website https://lacounty.gov/government/about-la-county/about/ (accessed February 13, 2025)
[59] County of Los Angeles, Department of Health Services Organizational Chart (April 19, 2021 https://file.lacounty.gov/SDSInter/dhs/1055876_Visio-DHSOrganizationalChart5.20.19.pdf (accessed February 13, 2025)
[60] ibid
[61] LA General PowerPoint Presentation
[62] LA General leadership interview

examples of the impressive leadership that has been provided by the BOS and DHS:

i. The BOS is responsible for the new LA General, which opened in 2010**,** and, notwithstanding the management challenges outlined in this Report, is recognized for providing high quality care for an extremely challenging population, including a prestigious Leap Frog A designation for safety and quality in November 2025, which is granted to far less than half the hospitals in California.[63]
ii. The BOS has funded a major renovation of Harbor-UCLA Medical Center, which, like the new LA General, promises to greatly expand the availability of quality healthcare services for a challenging population.[64]
iii. The BOS has spearheaded Restorative Care Villages at or near the campuses of LA General,[65] Harbor-UCLA,[66] Olive View,[67] Rancho Los Amigos[68] and MLK Hospital,[69] which are important strategic commitments to integrative healthcare, using County Hospitals as a hub for the full continuum of care rather than as isolated and insular islands of acute care.
iv. The BOS has been an integral partner in the successful creation and operation of the new MLK Hospital through a unique public-private partnership that has transformed "Killer King" into an exemplary healthcare institution of the future.[70]

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[63] Ludwig, Ashley, "128 CA Hospitals Get "A" Rating on New Safety Grades," Patch (November 15, 2024) https://patch.com/california/temecula/128-ca-hospitals-get-rating-new-safety-grades-see-full-list (accessed February 13, 2025)

[64] "Harbor-UCLA Medical Center Replacement Program, Department of Public Works – Los Angeles County https://pw.lacounty.gov/projects/harbor-ucla-medical-center-replacement-program/ (accessed February 13, 2025)

[65] Sampana, Jorge, "LA General Plans for a Restorative Care Village," Los Angeles County Department of Health Services website https://dhs.lacounty.gov/my-health-la/lageneral-plans-for-restorative-care-village/ (accessed February 13, 2025)

[66] Harbor-UCLA Restorative Care Village, Perkins-Eastman Website https://www.perkinseastman.com/projects/harbor-ucla-restorative-care-village/

[67] Olive View Restorative Care Village, Abbott Construction Website https://www.abbottconstruction.com/projects/restorative-care-village/ (accessed February 13, 2025)

[68]Pierce, Eric, "LA County changing Restorative Care Village treatment providers," The Downey Patriot (November 14, 2022) https://www.thedowneypatriot.com/articles/la-county-changing-restorative-care-village-treatment-providers (accessed February 13, 2025)

[69]"[T]he County built and opened other facilities on the MLKCH campus [including] the Department of Mental Health's busiest psychiatric urgent care center,… DHS' busiest urgent care center,… the County's first medical campus sobering center,…nearly 100 unlocked substance abuse and recovery beds,….[and soon] nearly 32 psychiatric health facility beds,…and 50 locked justice-involved and general population mental health beds for seriously mentally ill County patients." Mitchell Motion (n 4)

[70] Politico (n 18)

v. The BOS, working closely with the DHS Director, greatly expanded its ambulatory care network in response to the new incentives under the Affordable Care Act for preventive and cost-effective care, ensuring the County health system would be an essential player in the healthcare landscape transformed by health reform.[71]

The BOS has provided exemplary leadership in making strategic investments in necessary healthcare infrastructure (LA General and Harbor-UCA), addressing big picture healthcare reconfiguration in response to major financial restructuring (ambulatory care expansion in response to the Affordable Care Act), and uniquely creative actions as necessary to address past failings (the transformation of MLK Hospital).

c. Although the BOS Strategic Vision Should Not Undermine the Empowering of the Health Enterprise Institutional Leaders To Use Their Operational Expertise

The BOS has given appropriate priority to the "big picture" healthcare needs of LA County with exceptional results, but the County has also often failed in the middle ground of operational strategies for each of the major County Hospitals, where the focused expertise and creativity of institutional leaders is hobbled. The Old CGJ summarized its concerns with BOS and operational strategies as follows: "The Board of Supervisors has been criticized for its lack of health care expertise and difficulty balancing its other priorities against the hospital and healthcare system needs of the County. In addition, the Board's approach to governance has reportedly created a risk adverse environment that suppresses management innovation."[72] Concern has also been expressed that there is often a singular focus by individual Supervisors on their individual districts to the detriment of the global perspective that's become increasingly necessary for effective healthcare delivery.[73]

There are two dangers associated with a failure to empower local institutional leaders' expertise on operations. The obvious danger is that important opportunities aren't identified and pursued. The other

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[71] Sewell, Abby, "Mitch Katz poised to lead L.A. County's consolidated healthcare agency," Los Angeles Times, page 5 (September 9, 2015) https://www.latimes.com/local/countygovernment/la-me-mitch-katz-20150929-story.html (accessed February 13, 2025)

[72] Old CGJ (n 1) page iii

[73] "[A] rational system of health planning … was overcome by the increasingly political nature of the county health care system. Individual supervisors focused on problems in their own jurisdictions rather than in the larger system." Cousineau (n 60) page 6. At the same time, it's important to acknowledge the many successes that have resulted from the personal involvement and advocacy of supervisors regarding their individual districts, but we need **both** that focused advocacy and a global approach to County-wide issues, especially regarding healthcare services.

and equally serious danger, as discussed below, is that a vacuum of operational leadership is filled with bureaucratic processes that hinder nimble and flexible responses required in our healthcare environment.

d. Can You Have Both the Strategic Vision and Support of the BOS and the Operational Insight and Expertise of Local Leadership?

The answer is "yes." This dual benefit has in fact been achieved at MLK Hospital, which the BOS has recognized as a "first-of-its kind public/private partnership wherein the County was vested in the success of the hospital."[74] And what's good for MLK Hospital would be equally so with the County Hospitals under a Health Authority.

2. Current County Governance Lacks Competitive Nimbleness Because of Inflexible Bureaucratic Processes

As discussed in the prior Reports on "Hiring of Staff and Labor" and "Purchasing of Equipment and Supplies," bureaucratic approval processes undermine the flexibility and nimbleness necessary in dynamic enterprises such as the County Hospitals, and, even more important, they hinder actions necessary to respond to the healthcare needs of their patient populations with appropriate promptness.

It's important to emphasize that these approval processes not only hinder advantageous hiring and procurement themselves, but also hobble important initiatives that are dependent on necessary hiring and procurement.

One example among many is the Safer at Home initiative developed by LA General during the Covid pandemic, an innovative and highly respected program that allows patients to receive sophisticated care at home, thereby both enhancing quality of care and significantly reducing healthcare costs. LA General was able to create and implement this innovative program by redeploying certain nurses whose employment had already been approved, but we understand that other County hospitals, although interested in the many benefits of the Safer at Home program, have been unfortunately thwarted in its implementation because of the County's rigid hiring processes.[75]

An even more salient example relates to the strong recommendation in our Report regarding CalAIM that LA General, in coordination with DHS, serve as an Enhanced Care Management ("ECM") provider. As discussed extensively in that Report, the purpose of an ECM provider is to directly assist high-risk Medi-Cal beneficiaries in navigating the

[74] Mitchell Motion (n 4)
[75] LA General leadership interview

healthcare and social services system, thereby enhancing their care and fostering overall health and well-being. An ECM provider usually accomplishes this through Community Health Workers (CHWs), and it's anticipated that LA General would need to hire a dozen or more. (Children's Hospital of Los Angeles, which has a similar program that's been in operation for more than a year, currently employs almost twenty CHWs and intends to hire more as its program expands.)[76] Given the number of necessary hires, the requirements of the County civil service program will likely substantially slow implementation of the ECM program. Of even more concern is the expected inability of the County to effectively address the unique hiring criteria established by the State for CHWs. "The minimum requirements aren't academic, but rather experiential: 4,600 hours of *lived experience*. Lived experience covers a lot of ground, but the intention is to have people in the job who have shared the predicaments and crises that families on Medi-Cal often face."[77] In this context, hiring decisions will be necessarily subjective regarding the relevance of an individual's "lived experience" to the highly varied although uniformly vulnerable patient population. The CHW applicants will certainly not be fungible, with very different experiences regarding the medical system, poverty, homelessness or addiction, and these hiring decision should be made by hospital personnel who are well-informed and sensitive regarding the unique circumstances and varied needs of their patients, not well-meaning civil servants adhering to rigid protocols.

B. Why Create a Complex New Health Authority Rather Than Surgically Tweaking the System to Address Specific Problems?

As discussed in detail, below, we strongly recommend the implementation of a Health Authority in order to eliminate sclerotic approval processes so that the newly energized operational leadership is empowered to lead. However, the creation of a Health Authority will be a complicated process, as seen in the "Nuts and Bolts" section below, so it is certainly legitimate to ask if a more narrow strategy focused on addressing specific issues wouldn't be equally effective and more efficient. But the answer, based on twenty years of experience between the Old CGJ report and now, is clearly, "no."

1. As an Alternative, Should the BOS More Actively Engage With and Guide its Internal Experts?

We have met a number of County Hospital leaders and have been uniformly impressed with their knowledge, commitment and expertise;

[76] Interview with leadership of the ECM program at Children's Hospital of Los Angeles

[77] Jeff Weinstock, "Community Health Workers Offer Hands-on Help to Medi-Cal Families," CHLA Blog, page 5 (July 16, 2024) https://www.chla.org/blog/serving-community/community-health-workers-offer-hands-help-medi-cal-families (accessed February 13, 2025)

and that expertise should be available regardless of any DHS restructuring. Those County Hospital leaders have, however, been hobbled by a lack of recognition and empowerment by an overburdened BOS, and there seems to be little if any reason to hope the BOS will find the time in the future to review and address the many needs of these County Hospital leaders. It seems clear that it would be far better to unleash their expertise and leadership within the Health Authority governance structure rather than hope against all odds that their talents will somehow gain the attention and focus of an already overstretched BOS.

2. **As an Alternative, Would it be Better To Simply Tweak the Bureaucratic Process as Problems Arise?**

Rather than a wholesale replacement of the current bureaucratic infrastructure through the creation of a Health Authority, the other option would be to address each operational issue and make specific adjustments to current County processes. In fact, the current Civil Grand Jury has made such recommendations in its Reports regarding "Hiring of Staff and Labor" and the "Purchasing of Equipment and Supplies," and we strongly recommend the implementation of those interim solutions as the approval process for the Health Authority proceeds. Although we believe the adoption of those recommendations will significantly improve the bureaucratic process for Hospital leadership, we are unfortunately pessimistic that it will be adequate.

First, there is a long history of the County's optimistic tinkering generating feeble results. The Old CGJ outlines the general problems with the County's civil service rules, noting that, as is still the case today, "recruitment and hiring processes are lengthy and time consuming. Review and approval of job bulletins, selection criteria, position information, and classifications can delay the hiring process."[78] It then notes that, "[t]o address some of these concerns, DHS has begun to reengineer its Human Resources function."[79] **That was twenty year ago – and virtually the same problems remain!** Recently, DHS has informed us once again that civil service reforms are being investigated, emphasizing "the significance of enhancing recruitment processes through planned Civil Service Reforms [that] 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."[80] It is of course salutary that there is a continuing

[78] Old CGJ (n 1) page 72
[79] ibid page viii
[80] Los Angeles County Hospitals and Health Care Delivery Commission Annual Report June 2023 – May 2024, page 9.

review of these often onerous procedures, and we assume the current review process will likely result in some improvement. But it also seems reasonable to assume that the new changes, just like those twenty years ago, will be constrained by the general civil service framework and accordingly inadequate to truly address the ongoing hiring challenges of County Hospitals. Hospitals need a lot more flexibility than will be afforded by some minor adjustments of the civil service straight jacket.

Second, it's important to recognize that the necessity of hospital personnel constantly negotiating adjustments to bureaucratic processes distracts from their primary focus on maximizing quality and efficient care. In this regard, consider once again the situation described in the 2024-2025 Los Angeles Civil Grand Jury Report on "Hiring of Staff and Labor Relations" when LA General had a clear patient need for an oral surgeon, but the negotiated hiring flexibility was limited to physicians and therefore unavailable in hiring an oral surgeon trained as a dentist. Rather than spending their time aggressively seeking and hiring a talented oral surgeon for the benefit of LA General's patients, LA General staff were forced into extended internal negotiations as to why the flexibility in hiring physicians should also apply to dentists. Who and what exactly was protected by this process?

C. Is a "Health Authority" the "Best" Solution for Competitive Problems Posed by the Current County Governance Structure?

The short answer is "yes."

1. The Health Authority Provides Necessary Strategic Focus and Expertise

The Health Authority provides new governance structures under which experienced health care leaders are empowered while still being subject to appropriate strategic oversight by the Board of Supervisors (as opposed to giving the Board of Supervisors exclusive control that intermittently seeks operational expertise).

2. The Health Authority Provides Competitive Nimbleness Through the Elimination of Inflexible Approval Processes

The Health Authority would replace most of the bureaucratic processes applied County-wide with refined processes that take into account the

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https://file.lacounty.gov/SDSInter/dhs/1167404_2024HospitalsandHealthCareDeliveryAnnualReport_V03.pdf (accessed February 14, 2025)

specific needs of healthcare operations. In this regard, the Health Authority statute provides that "[t]he hospital authority shall not be governed by, nor subject to, the charter of the county and shall not be subject to policies or operational rules of the county, including, but not limited to, those relating to personnel and procurement."[81]

3. The "Health Authority" is a Known Quantity

A Health Authority is a known quantity being used by both Alameda and Kern Counties. Further, its historical operations in Alameda County provide insight and guidance for the structuring of an LA Health Authority, especially regarding the appropriate balancing between operational nimbleness and BOS oversight.

4. **What About the MLK.Hospital Model?**

The only other viable solution is the MLK Hospital option, which, as noted earlier, is arguably best suited for a relatively smaller hospital as opposed to a major multi-hospital system.

D. Why a Health Authority in 2025 if not in 2005?

In 2005, the Old CGJ recommended the creation of a Health Authority, and the response from County agencies was generally positive, subject of course to BOS approval. The BOS, however, apparently decided against pursuing a Health Authority at that time. Although we are unaware of any stated reasons by the BOS for that decision, there were in fact some legitimate reasons for concern at that time. However, as discussed below, we believe the legitimate concerns in 2005 are not applicable today.

1. **Distracted by Other Restructuring Initiatives**. At about the same time as the Old CGJ recommendations, there was a competing focus on the creation of a new Department of Public Health. The new Department was in fact created in July 2006, having been severed from the Department of Health Services.[82] The creation and implementation of this new Department was a major and positive undertaking that undoubtedly competed with the time and resources otherwise needed to implement the Health Authority.

2. **Uncertainty About the Future.** During the early years of the new century, there was significant uncertainty about the future of the County Hospitals, and it's understandable that the County would not want to cede control over organizations that were plagued with unresolved issues:

[81] California Health and Safety Code, Section 101850(j)
[82] DHS Response to Old CGJ (n 61)

a. **MLK/Drew:** It was a time of massive financial and quality issues with MLK/Drew that would ultimately result in its closure in August 2007. (It certainly didn't help that a major advocate for the creation of a Health Authority was the DHS Director, Thomas Garthwaite, who some of the Supervisors held largely responsible for the MLK/Drew problems.)[83]
b. **LA General.** It was a time during which the LA General replacement was being built, with all of the uncertainty of a relaunch.[84]
c. **Healthcare Reform.** There was general uncertainty regarding healthcare finance reform, and the continuing challenge of public hospitals to compete. Specifically, with the passage of the Affordable Care Act in 2014 there was significant concern that the "county would lose patients en masse to the private healthcare system under Obamacare."[85]

3. The Uncertainty in 2005 Has Been Largely Resolved

a. **MLK Hospital.** MLK Hospital is currently on firm footing, from both financial and quality perspectives.[86]
b. **LA General.** The construction of LA General was completed in 2010 and it is generally thriving.[87]
c. **Healthcare Reform.** Most important, major healthcare reform initiatives have been implemented, especially the Affordable Care Act, which, despite initial concerns, has largely resulted in LA County Hospitals becoming more financially stable as a result, in large part, by locking in Medi-Cal patient populations under managed care.[88]

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[83] Garthwaite Quits (n 55)
[84] "Prodded by harsh fiscal reality, the Los Angeles County Board of Supervisors voted … to dramatically downsize County-USC Medical Center, the nation's busiest public hospital…. [A]pparently uppermost in the supervisors' minds was the memory of how the public health system's costs nearly drove the county to the brink of bankruptcy two years ago." Rabin, Jeffrey; Bernstein, Sharon, "Supervisors Agree on Downsized Hospitals," Los Angeles Times (November 13, 1997) https://www.latimes.com/archives/la-xpm-1997-nov-13-me-53345-story.html (Accessed May 1, 2025)
[85] Sewell, Abby, "Mitch Katz poised to lead L.A. County's consolidated healthcare agency," Los Angeles Times, page 5 (September 9, 2015) https://www.latimes.com/local/countygovernment/la-me-mitch-katz-20150929-story.html (Accessed May 1, 2025)
[86] See Mitchell Motion (n 4)
[87] "Los Angeles General Medical Center Achieves Leapfrog 'A' Grade: Our Ongoing Commitment to Unwavering Standards in Patient Care!" Los Angeles County Website (November 15, 2024) https://lacounty.gov/2024/11/15/los-angeles-general-medical-center-achieves-leapfrog-a-grade-our-ongoing-commitment-to-unwavering-standards-in-patient-care/ (Accessed May 1, 2025)
[88] See Mitch Katz (n 85)

d. Increased Need for Restructuring in the Healthcare Environment of Today. The specific uncertainties in 2005 have largely disappeared, but the need for competitive flexibility and innovation became paramount with the 2014 passage of national healthcare reform,[89] and that need is only increasing with a "longer-living population, the emergence of transformative technologies with applications across the healthcare spectrum, and continued global economic uncertainty."[90]

E. What Portion of the DHS Health Care Enterprise Should Be Absorbed by the "Health Authority"

Health Authorities have been traditionally used to govern County hospital and ambulatory care services, as is the case in Alameda and Kern Counties. A major open question, however, is to what extent other services, especially mental health and substance abuse services, should be covered by the Health Authority.

The Old CGJ ultimately concluded that mental health services should not be encompassed by the Health Authority, but, rather, "[t]he Department of Mental Health should remain an independent County department that is separate from the Health Authority."[91]

This conclusion was based in part on the fact that "[r]epresentatives from Public Health and the Mental Health Department spoke of their concerns that service integration within a health authority, which is primarily focused on providing hospital and clinic services to the uninsured and indigent populations, might diminish the standing of the public health and mental health functions within the organization….[T]hese individuals expressed added concern that diminished standing could result in losses in funding that might otherwise occur."[92]

Further, mental health services in LA County, then and now, are often provided through contracted entities, "serving a broader community than just the uninsured and indigent residents of the County," and the Old CGJ

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[89] "The transformative climate of health reform demands an unprecedented pace of change, and innovation will therefore be a means to infuse new ideas and accelerate improvements." Lyles, Courtney et al, "Innovation and Transformation in California's Safety-net Healthcare Settings: An Inside Perspective," American Journal of Medical Quality (October 29, 2013) (Accessed May 1, 2025)

[90] Marr, Bernard, "The 10 Biggest Trends Revolutionizing Healthcare in 2024," Forbes (October 3, 2023) https://www.forbes.com/sites/bernardmarr/2023/10/03/the-10-biggest-trends-revolutionizing-healthcare-in-2024/ (Accessed May 1, 2025)

[91] Old CGJ (n 1) page ii

[92] ibid page 22

also argued that these mental health services "are more closely aligned with non-health services functions such as criminal justice and welfare."[93]

However, a well-respected academic article argued that, to the contrary, the "new Authority [should] govern the delivery of mental health, and drug and alcohol services."[94] That article cites the fact that mental health and substance abuse ailments are frequent co-morbidities, especially with patient populations such as the homeless served by LA General, and that optimal patient care should address these health issues on a coordinated basis, which would be greatly facilitated by an expansive Health Authority.

Considering the significant benefits of coordinated healthcare services, it seems "ideal" to ensure physical and mental health services are fully coordinated, which suggests an expansive Health Authority; however, as a "practical" matter, the Department of Mental Health has established a network of contracted mental health services that could be difficult to integrate into a coordinated system.[95]

Balancing the "ideal" and the "practical," we believe the County should strive to integrate medical and mental health services, but recognize this may require further study by the County following the initial implementation of the Health Authority.

F. The "Nuts and Bolts" of a Transition to a "Health Authority"

Once it's decided to create a Health Authority, there are a variety of implementation issues that need to be addressed. We outline below some of the broad issues that need to be addressed, and also make some specific suggestions where experience, especially in the case of the Alameda Authority, is likely to enhance the success of an LA County Health Authority.

1. **Health Authority Governance Structure.** As mentioned above, the Alameda Authority was initially committed to the Authority's ultra-independence, but, when that became unworkable, the Authority struggled to find an appropriate balance between County oversight and Health Authority independence. As discussed above, Alameda County retained a consulting firm, Health Management Associates, to make

[93] ibid page 32

[94] Cousineau, Michael et al, "An Analysis of Alternative Governance for the Los Angeles County Department of Health Services," Los Angeles: University of Southern California Keck School of Medicine, Community Health (May 2003).

[95] "[T]he County Department of Mental Health partners with over 150 contracted providers to provide outpatient, residential and acute inpatient behavioral health services." "LA County builds network of contracted service providers and 10 million people with strategic efficiency and interoperability," Netsmart Client Spotlight https://www.ntst.com/resources-and-insights/success-stories/la-county-success-story (Accessed May 1, 2025)

recommendations regarding a modified management structure, and we believe that HMA's recommendations, which are focused on creating forums for robust communications between the County and the Health Authority, are a thoughtful balancing of interests and recommend that they be incorporated into any LA County Health Authority governance model:[96] They can be briefly summarized as follows:

a. Have three members of the BOS appointed members on the Health Authority Board out of a total of nine (or a similar ratio).
b. Have the Health Authority present an annual proposed budget and operating plan to the BOS. This should involve at least consultation with and possibly approval by the BOS in certain situations, e.g., where budgets are not met or there are projected deficits beyond a specified amount.
c. Establish Health Authority Trustee qualifications to ensure appropriate expertise and representation.
d. Establish an advisory committee with County and Health Authority representatives regarding Health Authority operations and financial strategies.

2. **County Support Services.** The County provides certain central services to County Departments, including payroll, accounting, building maintenance, insurance, legal and other general support activities.[97] An item for discussion is to what extent the Health Authority should be given the option to (1) continue to purchase services from the County, (2) purchase services from other sources, or (3) provide services in-house.

3. **Transfer of County Assets and Liabilities.** The County has invested significant resources in facilities and equipment used to provide hospital and health services. As a result, decisions will need to be made regarding asset ownership, responsibility for debt repayment and the ongoing maintenance and improvement of related County infrastructure. The County also has long-term unfunded liabilities in connection with the employees and operations otherwise to be assumed by the Health Authority that will need to be addressed.[98]

4. **Health Authority Legislation and Transition Process.** Legislation will need to be developed to authorize creation of the Health Authority, with the Alameda County legislation being a helpful starting point; and

[96] HMA (n 5) pages 23-29
[97] Many of these support services are provided by the County Internal Services Department (ISD). https://www.ntst.com/resources-and-insights/success-stories/la-county-success-story (Accessed May 1, 2025)
[98] See Joffe, Marc, "LA County's $25 Billion OPEB Debt" Reason Foundation (September 7, 2017) https://reason.org/commentary/la-countys-25-billion-opeb-debt-2/ (Accessed May 1, 2025)

the transition process necessary for Health Authority implementation will of course require careful planning.

G. How Would the New Health Authority Relate to Other County Departments Connected With Health Issues?

As a final note, it's essential the new Health Authority doesn't function in isolation, but, rather, operates in conjunction with the wide variety of health-related services the County provides for its citizens. Specifically, it's essential to consider the new Health Authority's relationship with other County Departments, including DMH, DPH, the remaining elements of DHS, and, the County's most recent addition, the Department of Aging and Disability.

As discussed in the companion Report on CalAIM, the County has frequently struggled with the appropriate coordination and possible integration of these healthcare related Departments, and we strongly recommend in that Report a restructuring of the County Departments to foster healthcare integration, and the Health Authority should be an integral component of that recommended restructuring.

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Over the last twenty years, LA County has creatively experimented with the regular restructuring of its County Departments and continuously tinkered with its bureaucratic processes in an attempt to improve the effective management of the County Health Enterprise. But it's time to admit that LA County has unsuccessfully, if valiantly, fiddled with the Gordian Knot of the Los Angeles Health Enterprise. It's now time for an Alexandrian solution – an LA County Health Authority.

FINDINGS SECTION

FINDING #1

Because of its current organizational structure, the County Health Enterprise is overall not as efficient, innovative or effective in providing optimal health care as it could or should be.

FINDING #2

The current leadership of both the County generally and the Department of Health Services specifically have massive responsibilities over many disparate operations, leaving little time and resources to develop the knowledge and expertise regarding the complex and detailed operations of the County Health Enterprise, which are further complicated by a rapidly changing healthcare environment.

FINDING #3

Los Angeles General Medical Center's required compliance with the procedural requirements imposed by the County, especially regarding hiring and procurement, presents significant impediments to its innovative, effective, efficient and competitive operation.

FINDING #4

It is both important and challenging to find the appropriate balance of authority between the Board of Supervisors and the direct leadership of the County Health Enterprise, but exclusive control by either has a history of dysfunctionality.

RECOMMENDATIONS SECTION

RECOMMENDATION #8.1

The Board of Supervisors should pursue the creation and implementation of a "Health Authority" to assume responsibility for the operations of the County Health Enterprise, composed of the County Hospitals and Ambulatory Care Network, as currently operated by the Department of Health Services.

RECOMMENDATION #8.2

The Board of Supervisors should direct the Hospitals and Health Care Delivery Commission to study and make recommendations regarding the implementation of a "Health Authority" to assume responsibility for the County Hospitals and Ambulatory Care Network, especially regarding the balancing of authority between the Board of Supervisors and the direct leadership of the County Health Enterprise, and the Board of Supervisors should review and respond to those recommendations.

RECOMMENDATION #8.3

The Board of Supervisors should direct the Hospitals and Health Care Delivery Commission to study and make recommendations regarding whether the mental health services provided by the Department of Mental Health, and any other County services directly serving the personal health needs of County residents, should be covered by the "Health Authority," and the Board of Supervisors should review and respond to such recommendations

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60 days) after the CGJ published its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made ninety (90) days after the CGJ published its report and files with Clerk of the Court. Responses shall be made in accord with Penal Code Section 933.05(a) and (b).

All responses to the recommendations of the 2024-2025 Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 West Temple Street, 13t Floor, Room 13-303
Los Angeles, CA 90012

REQUIRED RESPONSES

AGENCIES	RECOMMENDATIONS
LOS ANGELES COUNTY BOARD OF SUPERVISORS	8.1, 8.2, 8.3
LOS ANGELES COUNTY HOSPITALS AND HEALTH CARE DELIVERY COMMISSION	8.2, 8.3

COMMITTEE MEMBERS

Committee Co-chair: Rick Ellingsen
Committee Co-chair: Victor Lesley
Committee Member: George Davis
Committee Member: Linda Esparza
Committee Member: Margaret Hatfield

DOES IT PASS THE SMELL TEST?

2024-2025
Los Angeles County
Civil Grand Jury

DOES IT PASS THE SMELL TEST?

"THE BREATHALYZER"

EXECUTIVE SUMMARY

As a result of the mandated inspections of all lock up facilities in Los Angeles County by the Civil Grand Jury (CGJ) it was observed that there was an issue at a number of facilities with non-working Breathalyzers. The following report describes the situation, and includes findings and recommendations to correct the problem.

If evidence of alcohol use is present while driving a vehicle, a field breath test is given. If the Blood Alcohol Content (BAC) is .0.08% it is high enough for the driver to be arrested. Upon arrival at the police station and after being booked, another breathalyzer test is administered. Breathalyzers are used to measure the Blood Alcohol Content (BAC) in the arrested person's bloodstream. If a breathalyzer is not available the arrestee may be escorted by two sworn law enforcement personnel to the nearest hospital or medical facility, where a blood and urine test is administered, to ensure the level of alcohol is present in the system for possible prosecution.

BACKGROUND

Driving drunk or under the influence of alcohol is a universally bad idea. Lending Tree Insurance analyzed tens of millions of insurance quotes and determined which of the largest cities in the United States (U.S.) had the highest Driving Under the Influence (DUI) rates. Los Angeles (LA) ranked third with 1.12 DUIs per 1000 drivers.[1] Raleigh, North Carolina and Sacramento, California were numbers 1 and 2 respectively. The data also looked at the age groups Gen Z (18-26), Millennials (27-42), Gen X (43-58), Baby Boomers, (59-77). Silent generation (78-95). They also analyzed the vehicle makes and models, insurance rate payments, type of insurance coverage, and the percentage of fatal crashes. [2]

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[1] https://www.lendingtree.com/insurance/drunken-cities study/ Lending Tree analysis of quote Wizard by Lending Tree insurance quote data from July 9, 2023 through July 9, 2024 and includes all 50 states. December 10, 2024

[2] Ibid December 10, 2024

DUI's according to California Laws apply both to alcohol and drugs.[3] DUI is illegal and affects your ability to drive. According to California law there is no difference between illegal drugs and prescribed medications you get from a doctor when operating a vehicle.[4]

The deleterious effects associated with Blood Alcohol Content (BAC) are outlined at the National Highway Safety Administration web site.[5] In addition several guidance documents covering impaired driving are also available.[6] According to these sources, a BAC of 0.08% or higher is associated with impairments of muscular coordination, detection of danger, speech, reaction time, and hearing. Common effects of driving are impaired concentration, impaired speed control and signal detection, and impaired perception.

When an officer of the Los Angeles County Sheriff's Department (Sheriffs), Los Angeles City Police Department (LAPD), California Highway Patrol (CHP) or City Police is reasonably suspicious of a driver driving under the influence, the officer may detain the individual and perform a Field Sobriety Test (FST). The test is a preliminary pre-arrest blood alcohol test and is done with a handheld breathalyzer. The handheld device calculates and displays the field test BAC level of the driver. Studies have confirmed that such devices, when maintained and used by properly trained individuals, offer a reasonable estimate of the evidential test performed using forensic laboratory equipment.[7]

The use of breathalyzers and subsequent conviction for drunk driving ensures road safety and enforces the regulations against drunk driving.[8] The test should be administered within two hours upon arrest.[9] The person is closely observed; they can't chew gum, use mouthwash or put anything in their mouth while waiting for the test.

It is important to note, the breathalyzer devices are not foolproof and may at times provide inaccurate results. Calibration of the devices require specific circumstances to make sure accurate readings are produced.[10] If an individual has a multiple non-alcohol based methyl compound in their breath, these compounds may lead to a higher BAC reading. Individuals may also have a

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[3] https://www.dmv.ca.gov/portal/handbook/california-driver-handbook/alcohol-and-drugs/, accessed May 5, 2025
[4] ibid
[5] https://www.nhtsa.gov/risky-driving/drunk-driving, accessed May 5, 2025
[6] https://www.nhtsa.gov/laws-regulations/guidance-documents, accessed May 5, 2025
[7] California Code of Regulations Title 17, section 1221.2-Standards of Procedures Secretary's message paragraph four accessed May 6, 2025
[8] https://www.dmv.ca.gov/portal/handbook/california-driver-handbook/ accessed May 5, 2025, scroll down to see Secretary's Message, paragraph 4
[9] Information from in-person interview with FSD staff, November 20, 2024
[10] Ibid

higher BAC as a result of other methyl groups due to untreated diabetes, people following a diet e.g. Keto, someone who is fasting, chronic smokers, heavy drinkers, someone exposed to glue, lacquer or fumes.[11]

If a driver's BAC exceeds 0.15%, it is considered a very dangerous blood alcohol level. At this percentage the person may experience an altered mood, nausea, vomiting, loss of balance and some muscle control.[12] The judicial system relies very heavily upon the results of the breathalyzer when the individual appears in court. For the first offence the charges and ultimate conviction may result in:

- Fines of up to $2,000
- Potential jail time for a maximum duration of six months
- Compulsory use of an ignition interlock device (IID) for six months

If the person's BAC is over 0.20%, the sentence is much higher and the Department of Motor Vehicles (DMV) will suspend or revoke their driving privileges.[13]

From modest beginnings going back to 1874, the breathalyzer has made great improvements over the years.[14] Robert F. Borkenstein[15], inventor of the Breathalyzer, further improved the breathalyzer with a model for use in police stations eliminating the need of a doctor's report or transporting the suspect to a hospital for the drawing of blood and urine test. Prior to the widespread use of the breathalyzer, blowing into a balloon was the primary method of checking a suspect's intoxication. This method was used primarily during the 1960's - 1980's.[16]

Law enforcement must follow meticulous procedures[17] to meet testing standards;

- For each person tested, breath alcohol testing shall include analysis of 2 separate breath samples which result in determination of breath alcohol concentrations which do not differ from each other by more than 0.02 grams or 210 liters of breath.
- The instruments shall be checked for accuracy with reference samples which are known water solutions or dry-gasses of alcohol.

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[11] https://www.dmv.ca.gov/portal/handbook/california-driver-handbook/alcohol-and-drugs/, accessed May 5, 2025, see also https://pubmed.ncbi.nlm.nih.gov/25526794/
[12] ibid
[13] ibid
[14] https://www.latimes.com/archives/la-xpm-2002-aug-18-me-borkenstein18-story.html accessed May 5, 2025
[15] Ibid
[16] Ibid
[17] California Code Regulations ("CCR"),.Title 17,§1221.1-Standards of Procedure

- Breath alcohol testing shall be performed using procedures for which the operators have received training; such training to include at minimum the following schedule of subjects:
    - Theory of operation
    - Detailed procedure of operation
    - Precautionary checklist
    - Practical experience
    - Written exam
- Training curriculum in the procedures of breath alcohol testing shall be developed by a forensic alcohol analyst. An operator shall be a forensic alcohol analyst or a person who has successfully completed the training.[18]

Can the Breathalyzer be wrong? Although the breath testing device measures estimated BAC, it can be incorrect. If the BAC test results are over 0.08%, the driver is considered impaired. The test result is an estimate.[19] A blood test is a much more reliable means of measuring the BAC. However, escorting the arrestee to the hospital for the blood test is time consuming and requires extra police/sheriff manpower. Due to the severe implications to the arrestee's driving privileges, financial hardship and loss of freedom in many cases result in litigation.

The breathalyzer test can be wrong for the following reasons:

- Alcohol-containing substances can be in a person's mouth.
- Device is not in proper working condition.
- Improper calibration.[20]

Title 17 of the California Code of Regulations sets the DUI chemical testing procedures.[21] The following list of rules is set forth and must be strictly adhered to in under Title 17:

- The breath testing device must be kept in good working order[22]
- The device must be calibrated every 10 days or 150 uses (whichever occurs first)[23]

[18] CCR, Title 17, § 1221.2 – Standard of Procedure
[19] https://www.lawinfo.com/resources/dui/questioning-breathalyzer-calibration.html accessed May 6, 2025
[20] Ibid
[21] CCR, Title 17, §1221.2 – Standard of Procedure; https://www.shouselaw.com/ca/dui/laws/title-17/ accessed April 1, 2025
[22] CCR, Title 17, § 1220.2 (a) (5) and 17 CCR 1221.2 (6)
[23] CCR, Title 17, §1221.2 (a) (2) (B)

- The person giving the test must be trained on the specific device used. The arrestee must be observed continuously for 15 minutes before the breath test is given and during this time he/she must not be permitted to[24]
  1. Smoke
  2. Eat, drink or put anything in their mouth
  3. Burp, regurgitate, or vomit (which could bring alcohol from the stomach into their mouth)
- The breath test operator must collect air from deep in the lungs (deep, "alveolar" air)[25]
- The operator must obtain two samples that do not differ from each other by more than 0.02 grams per million of blood alcohol (note that this may require more than two blows)[26]
- The laboratory performing the analysis must keep detailed records of the equipment, calibration, personnel and test results[27]

The bottom line, if the BAC is 0.08% or higher the person is deemed legally drunk and actually impaired.

There are four types of witnesses commonly involved in DUI court cases:
Forensic Toxicologists - specialist in analyzing and interpreting the effects of alcohol and drugs in humans.

- Breathalyzer Experts - focus specifically on the accuracy and functioning of breath testing devices.
- Field Sobriety Test Experts – are knowledgeable about the standardized tests used to assess impairment at the scene of a DUI stop.
- Psychologists and Medical experts – may be called upon to address issues related to a driver's mental or physical state at the time of the arrest.[28]

Expert witnesses play an important and very crucial role in the California court system by providing expert testimony. Their expertise often may impact the outcome of complex cases.

[24] CCR, Title 17, article 3
[25] CCR, Title 17, §1215
[26] CCR, Title 17, § 1221.2 (a) (1)
I[27]ibid
[28] CCR, Title 17,§1222 and 1221.1

Defendants have the right to challenge the results in court.[29] When the defense attorney challenges the results, their strategy may involve;[30]

- Questioning the device's reliability.
- Citing issues such as improper calibration or maintenance.
- Technical flaws or inconsistencies.
- Scrutiny of the Officer's conduct.
- Challenge all legal protocols that were followed.
- Question if reasonable grounds to administer the test were followed.

Any deviation from the established procedures may present doubt which could lead to the exclusion of evidence, and could result in a not guilty verdict or hung jury.

The legal framework for Breathalyzer tests is based on case law and statutory law which established the parameters for administering and contesting the tests.[31] All United States laws mandate that a driver agrees to the chemical testing, as a condition of obtaining a driver's license[32]. These laws allow law enforcement to gather evidence.

When a driver is stopped by law enforcement and asked to take a breathalyzer test, certain protections are in place.[33] The officer must clearly explain the reasons and implications of taking or refusing the test. The potential legal ramifications are to ensure the individual is making an informed decision. The individual has the right to expect the administration of the test will be conducted properly and the calibrations are accurate. Upon arrest the individual must be observed for a specific period of time. Failure to follow these procedures may raise questions regarding the validity of the test. The Criminal Court System is the primary beneficiary of the expertise and data results collected by the Los Angeles County Forensic Science Department.[34]

METHODOLOGY

The Los Angeles County Sheriffs Forensic Science Department (FSD) was visited by the Committee on November 20, 2024. The FSD is staffed by the

[29] https://legalclarity.org/understanding-breathalyzer-tests-legal-grounds-and-your-rights/, accessed May 5, 2025
[30] https://legalclarity.org/breathalyzer-accuracy-and-legal-challenges-in-dui-cases/ accessed May 5, 2025
[31] https://legalclarity.org/understanding-legal-rights-and-challenges-of-breathalyzer-tests/ accessed May 5, 2025
[32] https://www.nolo.com/legal-encyclopedia/dui-implied-consent-laws-and-chemical-testing.html accessed May 5, 2025
[33] Ibid
[34] During interview with FSD they provided the information on November 20, 2024

Forensic Specialists in collaboration with LAPD and Sheriff Department personnel.[35] This section is responsible for the following:

- Analyzing the readings.
- Repairing the devices.
- Ensuring the calibrations are correct.
- Inquiring when an analyzer is not reporting any data.
- Testifying in court.
- Ensuring the technicians have the proper training and certification for the equipment used and able to testify. Responsible for training law enforcement personnel end users in the field.[36]

The current equipment is old and approaching end of life. In addition, it is difficult to get parts when needed to replace or repair the current devices.[37]

The Sheriff Department, LAPD, CHP, and the various independent city police departments currently use the Data Master DMT breathalyzer devices which were purchased in or about 2011.[38] The devices are outdated and FSD is actually cannibalizing devices to extract parts to repair existing devices when needed.[39]

[35] Information provided by LAPD and Sheriff Department staff on November 20, 2024
[36] https://legalclarity.org/understanding-legal-rights-and-challenges-of-breathalyzer-tests/ accessed March 5, 2025
[37] Information provided by LAPD and Sheriff Department staff on November 20, 2024
[38] Information and photo provided by FSD on March 6, 2024
[39] Committee visited the section and saw the various devices being repaired on November 6, 2024

DATA MASTER DMT

DISCUSSION

As part of the duties of the CGJ, the California Penal Code section 919, subsection B mandates the CGJ must inquire and visit to examine the condition and management of every public detention center, jail and courthouse holding inmates.[40] One of the CGJ Teams was tasked with visiting the jail facilities in the South Bay area which included Long Beach, Palos Verdes Estates, Redondo Beach, Manhattan Beach, Carson, Gardena, Torrance, Long Beach Courthouse, Catalina, Harbor, Bell Gardens, Hermosa Beach, and Signal Hill. During the assigned Team's visit of the jails located in the South Bay area, it was discovered that a number of the Breathalyzers located in the jails were not working upon

[40] FindLaw.com - California Code, Penal Code - PEN § 919 - last updated January 01, 2023 | https://codes.findlaw.com/ca/penal-code/pen-sect-919/

arrest. In addition some of the smaller stations in proximity to each other shared a single Breathalyzer device.

During the visits, the assigned Team was given tours of the facilities, and the officers answered the list of prepared questions.[41] The visiting Team always gave the officers an opportunity to tell what the officers needed to make their jobs better. It was soon discovered, the Breathalyzers in a number of the stations were inoperable. The officers either had to take the arrestee to a nearby station or to the nearest hospital for the test to be administered. This was not only very time consuming, but two officers from the station were assigned to accompany the arrestee, meanwhile the blood alcohol level count drops. The reason for the arrest and evidence was vaporizing very quickly. The assigned Detention Committees shared this information with the entire CGJ and discovered a number of stations throughout the County which were suffering from the same dilemma.

The Sheriff's Department Forensic Alcohol Section (FAS), which is a section within the FSD, recently purchased 35 new state of the art Breathlyzers. The new device, the Intoxilyzer 9000, is very advanced, smaller in size, and performs well in obtaining accurate and precision detection. This device utilizers pulsed infared tecchnology, eliminating chopper motors or mechanical filters in the analylitcal system.[42] The new devices are much smaller and efficient.[43] The new devices are expected to be delivered in June 2025 and the FAS staff will receive training.[44] They in turn will train the staff on how to use the devices.[45] The current Breathyzers are at least 14 years old and are third generation.[46] According to the staff, the 35 new devices will be installed at Sheriff Department Stations only and their staff trained on operating the new devices.[47]

The FSD will inform all contracted police departments of the new devices and advise them of the cost to puchase the new equipment. If a department chooses to purchase a different machine, the FSD will not be responsible for the maintenance of the equipment.

COMMENDATIONS

[41] Questions developed by the 2024 Detention Committee for jury to use during visits
[42] Information from intoximeters.com on March 6, 2025
[43] Intoximeters.com on March 6, 2025
[44] Information provided during interview with FSD on March 5, 2025
[45] ibid
[46] ibid
[47] ibid

The Committee would like to express our appreciation to all the agencies and individuals for the expert information and cooperation shown to us during the course of this investigation.

FINDINGS

Finding #1: The Breathalyzers currently being used by the Sheriff's, LAPD stations, CHP, and law enforcement agencies of smaller cities are third generation, very old and replacement parts are not readily available.[48] There are a total of 110 breathalyzers maintained by the Sheriff's Department FAS. FAS is responsible for reporting under Title 17 to the State of California, the maintenance, repairs, training, technical testimony in court and the purchase of equipment. In addition, they oversee the alcohol, blood and urine analysis needed as evidence for Court.[49] As explained they use salvaged parts of un-repairable breathalyzers to repair the current supply of devices. Of the 110 devices only 80 are working, and the remaining devices for the most part, are nearing the end of their usable life.

Finding #2: We were informed the 35 Intoxilyzer 9000 Digital Breathalyzers, at a cost of $10,000 per device, have been purchased by The County and will be received in June 2025. The new devices require 2 servers to operate, currently has only one server. The FDS needs an additional server to be purchased at a cost of $30,000. This initial purchase, paid for by the County, will provide devices for the Sheriff's Department only, however the remaining 80 devices will still need to be maintained.

The Intoxilyzer 9000

[48] Information provided during interview on March 5, 2025
[43] Ibid

Finding #3: All law enforcement personnel who operate the Breathalyzers need to be trained by certified staff. In addition, there are 7 to 8 technicians who maintain the equipment. Ideally FSD needs at least 10 technicians to adequately perform the duties. The technicians are required to be trained, have a certificate and credentials in order to be able to testify in civil and or criminal court.[50]

Finding #4: While transitioning to the new Intoxilyzer 9000 device, the remaining devices still need maintenance and many are approaching end of operational life.

Finding #5: Further, new equipment will require training. The current Lab personnel will need to develop an in-house training program and provide the training.

Finding #6: There was a website available for law enforcement agencies, which enabled them to identify locations with available and working Breathalyzers.[51] Due to lack of confidentiality, access to the web site has been terminated. A secure website is needed for all stations to utilize.

Finding #7: The new equipment being purchased will be distributed to the Sheriff's Department stations only. Other law enforcement agencies contracted with FSD will be required to purchase their own equipment. However, calibrations and maintenance will be continued by FSD if other law enforcement agencies purchase the Intoxilyzer 9000.

RECOMMENDATIONS

9.1 The Forensic Alcohol Section should advise and provide information to LAPD, CHP and other city police departments regarding the cost and the need to purchase the new Intoxilyzer 9000. Law enforcement agencies in geographic proximity should combine their resources and/or request monetary grants, if available, to purchase the new equipment for their use.

9.2. Purchase one additional server to ensure the new equipment is operational.

9.3 The County should develop a secure website that allows all the law enforcement stations to be aware of the lists of the locations of working Breathalyzers.

[50] Information provided during interview with FSD held on November 20, 2024
[51] Ibid

9.4 Additional qualified and certified professionals and 3 specialists should be hired to conduct the training, to ensure the training of the thousands of law enforcement personnel is met, on the operation of the new Intoxilyzer 9000.

9.5 The FSD should develop online and in-house training and expand it to the extent, as part of the training curriculum. Consider cross training all the existing lab training personnel.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60 days) after the CGJ published its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made ninety (90) days after the CGJ published its report and files with Clerk of the Court. Responses shall be made in accord with Penal Code Section 933.05(a) and (b).

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REQUIRED RESPONSES

Agencies	Recommendations
Los Angeles County Board of Supervisors	9.1,9.2,9.3,9.4,9..5
Los Angeles County Chief Executive Officer	9.1,9.2,9.3,9.4,9.5
Los Angeles County Sheriff's Department	9.1,9.2,9.3,9.4.9.5
Los Angeles Office of the Mayor	9.1 ,9.4
Los Angeles City Council	9.1, 9.4
City of Los Angeles City Manager	9.1, 9.4
Los Angeles Police Department	9.1, 9.4
Los Angeles County Sheriff's Forensic Department	9.1,9.2,9.3,9.4.9.5

ACRONYMS

ACRONYMS	**AGENCIES**
BAC	Blood Alcohol Content
CHP	California Highway Patrol
DMV	Department of Motor Vehicles
DUI	Driving Under the Influence
FST	Field Sobriety Test
FAS	Los Angeles County Sheriff's Department of Forensic Alcohol Section
FSD	Los Angeles County Sheriff's Department of Forensic Science Department
CGJ	Los Angeles County Civil Grand Jury
Sheriff's	Los Angeles County Sherriff's Department
LAPD	Los Angeles City Police Department

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WHAT IS A REGIONAL CENTER AND HOW ARE THEY SUPPORTING THE INTELLECTUALLY DISABLED RESIDENTS OF LOS ANGELES COUNTY?

2024-2025
Los Angeles County
Civil Grand Jury

WHAT IS A REGIONAL CENTER AND HOW ARE THEY SUPPORTING THE INTELLECTUALLY DISABLED RESIDENTS OF LOS ANGELES COUNTY?

EXECUTIVE SUMMARY

> "A child with an intellectual disability is not ignoring you, they are simply waiting for you to enter their world."
>
> - Parent of an autistic child

Regional Centers were established to assist individuals with developmental disabilities (commonly abbreviated as IDD) to live their best life rather than be segregated in state or private hospitals. Developmental disabilities include the diagnoses of Intellectual Disability, Epilepsy, Cerebral Palsy and Autism, among others. The regional center system in California is unlike any other state.[1] California's Regional Center system is unique because of its extensive support system for the developmentally disabled.[2] There are 21 Regional Centers in the state serving 400,000 clients.[3] Seven of these Regional Centers are located in Los Angeles County (County) and based on information provided by them serve a total of approximately 118,300 clients.[4]

Regional Centers contract with service providers and vendors who provide a variety of services[5] to enable the developmentally disabled to live their lives at each individual's highest functioning level. Services can include day care, in home and out of home care, respite services for family members, medical equipment, support groups, translation services, a variety of therapies, transportation, educational services, employment support, and social skills

[1] https://lsahomes.org/article/the-california-regional-center-system, Accessed May 1, 2025
[2] Interviews with executive personnel from different Regional Centers, August 2024 to February 2025
[3] https://www.arcanet.org/, Accessed: May 1, 2025
[4] Interviews with executive personnel from all seven Los Angeles County Regional Centers, August 2024 to February 2025
[5] https://edd.ca.gov/, accessed April 10, 2025

classes.[6] These services provide the support necessary to enable their clients to live fulfilling and productive lives. All services are contracted by the Regional Centers at no or nominal cost to their clients and services are available from birth until death.[7]

Many of our jury members were unaware of the role Regional Centers play or the services they provide to the developmentally disabled community. Extrapolating, we surmised that it is then likely that many residents of the County are similarly unaware. Therefore, we chose to focus our report primarily on an investigation into the effectiveness of the County Regional Center network in managing services for the county's IDD community but with an approach that is accessible and informative to the County's general population.

We began our investigation by visiting all seven of the County Regional Centers to educate all committee members and to better understand how the Regional Centers support the County's developmentally disabled residents. These visits included a meeting with the Executive Director, supporting staff members, contracted service providers, vendors and some of the Regional Center clients.

Given the size and scope of Los Angeles County, it is understandable that one Regional Center in a rural part of the county has different needs than those in an urban environment. However, our investigation found that a greater focus on sharing best practices, such as law enforcement interactions, enhancing non-governmental funding options and addressing language barriers, could benefit all clients. In addition, we noted that an existing Memorandum of Understanding (MOU)[8] between the Regional Centers, Los Angeles County Department of Mental Health (DMH), Los Angeles County Department of Children and Family Services (DCFS) and the probation department was in large part being ignored by most of the members.

Every Center reported on the difficulty of hiring and retaining paid staff, mostly due to the mandated reimbursement rates from the State Department of Developmental Services (DDS).[9]

We were repeatedly impressed by the dedication and compassion shown by directors and staff at every Regional Center. We witnessed scores of service consumers enjoying activities that some Centers have to offer. We spoke with several adult consumers to gauge the quality and quantity of support they received and in general, their responses were favorable. However, the good work

[6] Interviews (see citation 5)
[7] https://www.dds.ca.gov/services/pfp/ accessed April 10, 2025
[8] https://dmh.lacounty.gov/our-services/developmental-disabilities/county-policy/. accessed April 10, 2025
[9] https://www.dds.ca.gov/rc/vendor-provider/rate-reform/rate-models/, accessed April 10, 2025

that the Regional Centers perform is somewhat offset by lack of adequate coordination between the centers themselves and relevant County agencies.

REGIONAL CENTERS RESPONSE TO PALISADES AND EATON FIRES

We contacted both the Westside Regional Center and the East Los Angeles Regional Center (ELARCA) to inquire about any effects these two massive fires, Eaton and Palisades, had on their clients and their families. In response, ELARCA described to the Jury the actions that they took as described below.

The ELARCA watched the news on January 6th, 2025, the day before the fires, and listened to the dire predictions of strong winds. They sent emails and texts to all clients warning them of possible problems the winds could create. After the Eaton fire, they did a database search for all clients living within 5 miles of the fire. They found 3 families in the mandatory evacuation area who had limited resources and located and funded hotel stays for all three. One family had an autistic child and had to move again because the child had a hard time in unfamiliar crowded surroundings. The Regional Center moved them to a more suitable location that was easier for the child to handle. A further 11 clients were not evacuated, but were affected by the fire and were in frequent touch with their service coordinators. Three employees were under an evacuation warning and worked remotely until the crisis had passed.

The Westside Regional Center did not notice increased activity resulting from the Palisades fire. They did have a coordinator who was prepared to assist clients and they have a plan in place for emergencies.

As the Jury's report was preparing to go to press, Governor Newsom's office released a "Master Plan for Developmental Services: A Community-Driven Vision." This plan addresses at a state level many of the issues, findings and recommendations for Regional Centers, and training of Law Enforcement addressed in our report for Los Angeles County. As such, we see the CGJ report as complementary to Governor Newsom's plan. We hope Governor Newsom's committee will read our report and take our recommendations into account.

California Regional Centers

BACKGROUND

"We as a Nation have long neglected the mentally ill and the mentally retarded. This neglect must end, if our nation is to live up to its own standards of compassion and dignity and achieve the maximum use of its manpower. This tradition of neglect must be replaced by forceful and far-reaching programs carried out at all levels of government, by private individuals, and by state and local agencies in every part of the Union."

President John F. Kennedy, February 5, 1963

In California, in the first half of the 20th century, the only out-of-home care for developmentally disabled individuals was in large public or private institutions. At the time, the theory of Eugenics posited that the gene pool should be protected from "undesirable genes" by preventing the developmentally disabled from reproducing. This was accomplished by segregating them into institutions or by involuntary sterilization. Institutions experienced rapid growth between the 1920's and the 1940's in response to the theories of the Eugenics movement.[10]

Even though the concept of Eugenics lost favor following WWII, many health care professionals and public policy makers had been influenced and continued to support these ideas. They continued to impact public policy and the lives of people with intellectual disabilities for another 20 years, by continuing institutionalization and involuntary sterilization practices.[11]

It wasn't until the 1950's that some families of children with mental retardation began to join forces, organize and then create their own support communities and service systems as alternatives to institutional care. They created parent-run organizations such as Aid to Retarded Citizens in San Francisco and the Exceptional Children's Foundation in Los Angeles. These parental groups created their own support systems and service organizations as an alternative to institutionalization. They established private schools, sheltered workshops and activity centers for their children who had been denied public education and vocational services because of their disabilities.[12]

The civil rights movement and the election of President John F. Kennedy sped up changes and led to federal policies and funding for community services for people with mental retardation.

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[10] https://www.history.com/articles/eugenics, accessed April 3, 2025
[11] ibid
[12] https://www.altaregional.org/history-regional-centers, accessed March 2, 2025

In 1964, with 13,000 people with developmental disabilities in four overcrowded state hospitals and 3,000 more on waiting lists, the California Legislature appointed a subcommittee at the urging of concerned parents to investigate the situation. This investigation found serious problems with the care in the state hospitals and found that building additional large institutions would be too costly so the legislature sought alternative solutions. In 1966, Frank D. Lanterman co-authored legislation to establish two pilot regional centers, one in Northern California and one in Southern California.[13] Their main purpose was to provide community-based services to support individuals with the aim of keeping them from entering state hospitals. In the first year, 559 clients were served by the pilot project.

The success of the pilot project prompted the Legislature to design a statewide system. In 1969, the Lanterman Retardation Act[14] established the regional center system comprising 21 centers throughout California. At the time, there were 21 million people living in California, so each Regional Center served a million residents. In 1973, the Act was expanded to include the conditions of cerebral palsy, epilepsy, autism and other neurological handicapping conditions.

In 1976, the Act, renamed the Lanterman Developmental Disabilities Service Act, was amended to establish the right of the developmentally disabled to receive treatment, assistance and individualized program planning to enable them to live in society with dignity and independence.[15]

As a result of the availability of community based services, by 1985 there were only 7,100 people remaining in state developmental centers and over 78,000 individuals receiving services through the regional centers.

In 1992, the philosophy of the Lanterman Act was updated by the California Senate passing SB 1383. New services were introduced and the revised philosophy emphasized “empowerment” by establishing individually focused planning which gave Regional Center clients, and their families, additional authority to make personal decisions.

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[13] https://www.dds.ca.gov/transparency/laws-regulations/lanterman-act-and-related-laws/ accessed April 10, 2025

[14] Divisions 4.1, 4.5, and 4.7 of the Welfare and Institutions Code and Title 14 of the Government Code, https://www.dds.ca.gov/transparency/laws-regulations/lanterman-act-and-related-laws/, Accessed May 1, 2025

[15] Ibid

By the turn of the century, a major shift in California's system was evident with only 3,800 people still living in state hospitals and 163,000 receiving community-based services.

Recognizing that approximately 70% of people with developmental disabilities have also been diagnosed with at least one mental health disorder, the Los Angeles County Regional Centers signed a Memorandum of Understanding with the DMH, DCFS, and the County Probation Department in 1999.[16] The MOU states, in part, that all parties will collaborate and coordinate on a range of activities and training in support of the intellectually disabled community. Training shall include crisis prevention with a focus on proactively recognizing crises and intervening effectively with clients/consumers who are dually diagnosed."[17]

As of February 2015, only 1,147 people were residing in State institutions and about 287,000 were receiving community based services coordinated through the Regional Center system.

[16] https://dmh.lacounty.gov/our-services/developmental-disabilities/county-policy/ Accessed April 3, 2025
[17] ibid

METHODOLOGY

We started our investigation by interviewing the directors and management teams of all seven of the Southern California regional centers; starting each conversation with the same set of questions. We asked about the history of their centers, their organizational structure and the scope of services provided by the staff. We were given an overview of their operations, the geographic area they serve, ethnic and language diversity of their clientele and an idea of the socioeconomic background of their clients and their families. During the interviews we were informed about the positive aspects of their programs, and the challenges facing the developmentally disabled, their families and the government rules dictating many of their policies.

We met with service providers who work directly with the developmentally disabled. They described the programs they provide and the positive and negative aspects of their ability to implement those programs.

We met with the head of DMH and got her view on the Regional Centers and service providers and their relationship with DMH. We met with her again after all our meetings with the Regional Centers to get her perspectives on what we had learned from them. This second meeting was held via zoom and included 4 members of her staff.

The committee researched the Lanterman Act. It looked at the history of the law establishing the Act and the changes, and modifications made to the Act since its founding.[18]

We also looked at news articles pertinent to the Regional Centers, the Lanterman Act and private organizations which deal with the autistic and those with developmental disabilities.

The committee also studied the response of law enforcement toward client crises at the Regional Centers and in response to calls where those with autistic or mental disabilities were in crisis.

[18] https://www.altaregional.org/history-regional-centers, accessed April 10, 2025

DISCUSSION

We visited and interviewed each of the seven Regional Centers located in Los Angeles County. At each Center, we spoke with the executive director and, in most cases, members of the staff. Our discussions covered many topics, including their concerns, successes, and challenges. We asked about the history of their centers, their organizational structure and the scope of services provided.

Based on our research, we discovered there are a few concerns that are universal among all of the Centers. The primary concern is money and the way it must be managed per state mandates. In light of reporting that Centers returned funds to the California General Fund, this seems difficult to understand.[19] It's not so much that they need more money, but they would like more freedom on how it is spent. The State Department of Developmental Services (DDS) establishes allowable reimbursement rates that are based on multiple factors including the Regional Center providing the service, the specific location at which the service will be provided, the experience level of the individual providing the service, the specific needs of the consumer, and other factors. Unfortunately, this formula can produce reimbursement rates that only approach or barely reach the state minimum wage. On January 1, 2025 a new rate structure was approved. The revised structure provided some improvement to reimbursement rates, but still left a shortfall relative to other businesses in the County.[20]

The workers who deal directly with Regional Center clients perform many tasks including, but not limited to, assistance in daily living, transportation, respite care, physical therapy assistance, and any number of other tasks. In this case, the Regional Center or their contracted service provider are in direct competition for hiring individuals with unskilled jobs in the fast food industry which, in Los Angeles, now pays as much as $20 per hour**.** Even if the service provider would rather work with the intellectually disabled rather than flip burgers, he/she will go where the money is. This reimbursement rate contributes to another major problem for all the Centers: turnover. Employee turnover creates difficulties in forming and maintaining relationships between the clients and service providers, between departments such as DMH and the Centers, and between the employees working at the Regional Centers.

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[19] https://www.latimes.com/california/story/2024-08-20/unused-money-at-regional-centers accessed April 3, 2025

[20] https://www.dds.ca.gov/rc/vendor-provider/rate-reform/rate-models/ Accessed April 3, 2025

Funds provided by the State of California are highly controlled. There are, however, a few options available to the Centers to increase their available funds. Of the Regional Centers we met with, one reassigned funds from the general budget to supplement the wages they are allowed to pay. One established a charitable foundation as a separate legal entity to raise funds in support of the Center's mission and then applied a portion of these funds to augment fees paid to independent service providers for client services without the restrictions of the state-mandated rates. One Regional Center constructed a well-equipped coffee shop in the lobby of their building. It was fully staffed by clients of the Center and it gave them real life training to prepare them to earn a living in the neurotypical world. Finally, a couple of the Regional Centers use foundation funds to give their staff cash bonuses to reward good work, improve morale and increase employee retention rates.

Another issue common to most of the Centers is language issues. Six of the seven Centers have a majority of clients who identify as Hispanic, many of whom are mono lingual. In addition to Spanish, clients speak Chinese, Farsi, Armenian, Korean and as many other languages as people in Los Angeles County speak. Finding bilingual service providers is not an easy task. For example, one Center had been looking for a few years for an English/Korean speaking person to hire. Once hired, such hires may not stay long, because bilingual people with professional training can find better-paying employment elsewhere.

Another topic that was raised during our discussions by most of the Regional Centers is the MOU between County Regional Centers, DMH, DCFS and the Los Angeles County Probation Department. Of particular note, the MOU lays out specific criteria for patients/clients who have a dual diagnosis (comorbidity), that is, a diagnosis appropriate to the Regional Center (autism, cerebral palsy, developmental disability, etc.) combined with a diagnosis that falls within the DMH purview (mental illness of any description). Some specific examples of the guidance provided in the MOU and its appendices include:[21]

1. To provide joint training of staff in both departments regarding the needs of individuals with developmental disabilities and a mental health comorbidity, and to improve the quality of mental health outcomes for persons who are dually diagnosed.
2. The LACRC directors will each designate a representative who has the responsibility for coordination of the activities required to carry out the agreement.
3. Mental Health staff shall provide consultation and training to LACRC's staff concerning the recognition of mental disorders in developmentally disabled

[21] https://dmh.lacounty.gov/our-services/developmental-disabilities/county-policy/ Accessed April 3, 2025

clients/consumers. Training shall include orientation to the Mental Health System of Care, as well as information related to day programs, residential facilities and intermediate care facilities. This training shall also include crisis prevention with a focus on proactively recognizing crises and intervening effectively with clients\consumers who are dually diagnosed.

4. The director of the local regional center and the director of the county mental health agency or their designees shall meet as needed, but no less than annually to do the following:
    a. Review the effectiveness of the interagency collaboration
    b. Address any outstanding policy issues between the two agencies
    c. Establish the direction and priorities for ongoing collaboration efforts between the two agencies

Despite these clear and indisputable directives in the MOU, signed by the director of DMH and the director of each Regional Center, it appears through our research and interviews that the MOU and its addendum are frequently being ignored by both parties. We heard complaints from both DMH and Regional Centers about the lack of cooperation between the agencies.

We asked during each visit to a Regional Center about cooperation with DMH and six of the seven Regional Centers responded by saying there had been limited or essentially no existing cooperation.[22] Only one Regional Center reported an excellent relationship with DMH. We asked DMH why and the response was that there is a great deal of turnover among staff at the Regional Centers, making it difficult to establish a meaningful relationship.[23]

According to a senior employee of DMH, the Regional Centers have a small percentage of clients who need the services of the DMH. If accurate, this is contrary to medical research that has found that intellectually disabled individuals have accompanying comorbidities at a significantly higher rate than the general population such as autism spectrum disorder, seizure disorder, attention deficit disorder, anxiety, cerebral palsy, vision disorders, hearing loss, and depression.[24]

DMH feels that monthly meetings between DMH and all seven Regional Centers are necessary to rebuilding cooperative relationships.[25] One unsolved problem to be discussed at these meetings has to do with children in foster care.[26] The children often are moved from foster home to foster home, and they could be eligible for services from two different Regional Centers in a short amount of

[22] Interviews (see Citation 5)
[23] Ibid
[24] https://pmc.ncbi.nlm.nih.gov/articles/PMC4551707/pdf/12875_2015_Article_329.pdf Accessed April 10, 2025. The results of the article state, awkwardly, that nearly 70% of people with intellectual disabilities have a mental health comorbidity.
[25] Conversation with the head of DMH September 16, 2024
[26] ibid

time. DMH complains that the care is inconsistent from center to center.[27] It's always difficult to find care for foster children, but DMH feels some centralized accountability between the Regional Centers would help bring some stability to these children who are already facing unsettled situations.[28] The Jury feels that DMH, DCFS, and the Regional Centers could, together, benefit from cooperative monthly meetings.

During the twentieth and twenty first centuries, law enforcement has increasingly been called upon to intervene in crisis situations involving people with mental health and intellectual disabilities. Approximately 10% of calls involving law enforcement agencies had to do with persons who have behavioral or intellectual health concerns.[29]

Prior to the 1960's, people with behavioral health conditions were incarcerated for disorderly or disturbing actions.[30] No concern was given to their mental disabilities. This made interactions with law enforcement more confrontational.[31]

Some individuals with developmental disabilities such as Autism, are more vulnerable to stress and may experience these stressors more frequently than people without such disabilities. Often, environmental support available to autistic individuals change and trigger depression or anxiety.[32] Someone experiencing a mental health crisis can at times appear hostile or resistant, and their symptoms can interfere with their ability to respond to instructions from law enforcement. Tragically, the use of law enforcement in situations regarding developmental disabilities can become lethal. Between 2015 and 2020, 25% of all fatal police shootings involved people with neurodivergent illness.[33]

Although individuals on the autism spectrum are not at a higher risk of offending compared to the general population, they are reported to be coming into contact with police personnel at disproportionate rates. Two incidents illustrate this

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[27] ibid
[28] ibid
[29] https://www.washingtonpost.com/graphics/national/police-shootings-2016/ accessed April 10, 2025
[30] https://mhanational.org/resources/responding-to-behavioral-health-crises/, Accessed: May 1, 2025
[31] Ibid
[32] https://experienceautism.com/wp-content/uploads/2021/05/Experience_Autism_Effectiveness-by-Lilian-Medina-del-Rio.pdf accessed April 10, 2025
[33] Fletcher RJ, Baker, St Croix JS, Cheplic M. Mental health approaches to intellectual/developmental disability: a resource for trainers NADD 2015, available for purchase at https://www.amazon.com/Mental-Approaches-Intellectual-Developmental-Disability/dp/1572561424 accessed April 10, 2025

fact.[34],[35] In one incident, law enforcement officers were called out to homes where people with autism lived. a nonverbal 17-year old boy with autism was fatally shot by Pocatello police.[36] In each case, the parents called for help because their adult children were experiencing traumatic behavior. In both cases, the behavior by the adult children was misinterpreted by the officers, resulting in fatal outcomes. In these cases, had the officers been trained to understand the non-communicative behavior of those with autism, the outcomes could have been different.

Research indicates, those officers trained to understand behavioral concerns of people with autism and other neurodivergent conditions are less likely to use force when encountering crisis situations.[37]

A new outlook on the treatment of neurodivergent individuals emerged after the passing of the Lanterman Act. Law enforcement had to respect people with signs of neurodivergent illness. Through the Lanterman Act, first responders were required to train in how to resolve active situations. In this regard, the Lanterman Act benefitted law enforcement, as well as those it was designed to assist. Welfare and Institution code section 5150, established criteria by which first responders could deal with the complexities inherent in dealing with the neurodivergent population.[38] They were then able to place those people on psychiatric hold with established institutions rather than incarcerate them.

The Act encouraged Regional Centers to establish crisis resolution services to intervene when situations arose regarding their clients.

In our interviews with the seven Regional Centers in Los Angeles County, we identified only four which actively promoted a program for crisis situations for their clients, and with those working closely with the autistic or developmentally disabled.

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[34] Calton S, Hall G. Autistic adults and their experiences with police personnel: a qualitative inquiry. Psychiatr Psychol Law. 2021 Jul 13;29(2):274-289. doi: 10.1080/13218719.2021.1904455. PMID: 35755156; PMCID: PMC9225786. Accessed: May 1, 2025

[35] https://www.boisestatepublicradio.org/news/2025-04-21/autism-police-national-advocates-training-changes, May 1, 2025

[36] Ibid

[37] Founder of Autism Interactive Solutions Personal Interview, zoom call December 17, 2024

[38] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=5150, Accessed April 14, 2025

RESPONDERS

Besides having developed their own Mental Evaluation Teams (METs), the LASD, LAPD, and several other law enforcement agencies, have regular training with private consultants regarding their dealings with people with mental health issues and intellectual disabilities, including autism. [39]

[39] https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/41672c7c-1b6f-4b5d-b320-da8be46b2868/METFinalReport.pdf Accessed 3/15/2024

FINDINGS

FINDING #1A

State Mandated Service Reimbursement Rates make it difficult for Regional Centers and their contracted service providers to hire and retain qualified staff.

FINDING #1B

The difficulty outlined in Finding #1A is compounded by the large numbers of multi-lingual Regional Center consumers which necessitates the hiring of multi-lingual case workers. In Los Angeles County, according to the US Census, non-English and bilingual speakers make up 56% of the population.[40]

FINDING #2

The existing MOU between Regional Centers, the DMH, the DCFS and the Probation Department has not consistently been adhered to. The Department of Mental Health told the committee that they are rarely asked by a Regional Center to assist with the evaluation or treatment of one of their clients. It is problematic to assume this is because of a lack of need, given that research shows that the rates of comorbidity involving mental health issues is much higher for those with intellectual disabilities than for the general population.[41]

FINDING #3

The frequency and effectiveness of coordination among County Regional Centers is perceived differently among the Centers. However, a majority of Centers reported to us that coordination is inconsistent and frequently ineffective. All Centers would benefit from more frequent and substantive coordination

[40] https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia/PST045223 accessed April 10, 2025

[41] https://dmh.lacounty.gov/our-services/developmental-disabilities/county-policy/ accessed April 2, 2025

focused on the sharing of lessons learned, effectiveness of processes, resolution approaches to unanticipated situations, etc.

FINDING #4

Though facing significant funding limitations from the State of California, most of the County's Regional Centers are not taking advantage of the few options that might be available to augment State funding. One Center established a charitable foundation as a separate legal entity to raise funds to augment fees paid to independent service providers for client services without the restrictions of the state mandated rates. Another Center applied for, and received, grants; the funds were used to supplement staff salaries. One of the Regional Centers uses foundation funds to give their staff cash bonuses to reward good work, improve morale and increase employee retention.

FINDING #5

Not all County Regional Centers have established robust training and cooperation programs with First Responders in their jurisdictions.[42] Programs which identify to first responders the residences of intellectually disabled individuals can be lifesavers. Some, but not all, Los Angeles County Regional Centers currently have excellent programs to address these issues as well as ones that seek to educate their clients on how to respond when faced with such an emergency.

[42] https://www.latimes.com/socal/glendale-news-press/news/tn-gnp-glendale-police-attend-autism-workshop-20130910-story.html accessed April 10, 2025

RECOMMENDATIONS

RECOMMENDATION #10.1

This Recommendation addresses Findings 1A and 1B

The seven County Regional Centers should develop a shared network of multilingual case manager advisors in a multitude of languages who are focused on providing language services and consulting with the local Regional Centers on the language, customs, lifestyles, etc. of non-English speaking consumers and their families. Also explore cost efficient shared translation services if multilingual staff are unavailable.

RECOMMENDATION #10.2

This Recommendation addresses Finding 2

The County Department of Mental Health (DMH) should seek additional funding authorization from the County Board of Supervisors to hire a coordinator with the primary job responsibility to regularly and proactively engage with case managers and/or their supervisors to evaluate and address active or emerging mental health issues of service consumers at all 7 County Regional Centers. Such coordination is particularly important for coordination between Regional Centers and the Department of Mental Health (DMH) to identify and treat individuals exhibiting a combination of intellectual impairment and mental health issues. Coordination and treatment of comorbidities are particularly important, because the occurrence of comorbidities is significantly more common among the intellectually disabled community than the general population.[43] [44]

RECOMMENDATION #10.3

This Recommendation addresses Findings 1, 2, and 3

[43] https://pubmed.ncbi.nlm.nih.gov/34177661/ Accessed 3/2/2025
[44] https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2021.673169/full. accessed March 10, 2025

A high quality of service to the consumer should not be impacted by which Regional Center is providing those services. Therefore, the Director of DMH or DCFS should be authorized to coordinate health and safety issues that are common to a majority of Regional Centers with the primary focus being on ensuring that best practices, lessons learned, innovative solutions, and successful hiring practices are captured and shared among all Centers on a regular basis

RECOMMENDATION #10.4

In cooperation with The Association of Regional Center Agencies (ARCA) or other appropriate agency, the County Regional Centers should increase both the general public and elected officials' awareness of the vital role Regional Centers play in supporting a safe and fulfilling life for the County's intellectually disabled residents. These efforts should also inform elected officials on how funding restrictions are directly impacting consumers and their families. In parallel with this initiative, all Regional Centers should establish a charitable foundation as a separate legal entity to raise discretionary spending funds. More aggressive approaches to pursuing grant funding should also be taken.

RECOMMENDATION #10.5

This Recommendation address Finding 5

Crisis teams are crucial in addressing the public safety and mental health of the citizens of the county. Regional Centers should cooperate to provide comprehensive and recurring training to all county Law Enforcement, Fire Departments, and other First Responder organizations regarding behaviors and characteristics frequently encountered among the Developmentally Disabled Community.[45] In addition, there should be education that includes effective approaches to defuse situations, rather than exacerbate them. Traditional responses to crises can magnify the event rather than resolving it. Training should be cooperatively led by Regional Center representatives and the Department of Mental Health unit. It should be mandatory for each Regional Center to contact its local law enforcement and fire units and inform them of the programs the Centers provide and the types of clients they serve.

[45] https://file.lacounty.gov/SDSInter/bos/supdocs/106163.pdf accessed April 10, 2025

In addition, County Regional Centers should, as a cohesive group, develop a 24/7 emergency notification and response system that is focused on the special needs of the intellectually disabled community. This system should include direct ties to law enforcement agencies and other first responders throughout the County.

RECOMMENDATION #10.6

This Recommendation addresses Findings 1, 2, and 3

County Regional Centers should be required to conduct annual satisfaction surveys focused on measuring the degree to which each Regional Center is meeting the needs of the diverse ethnic groups prevalent in the County. The results of this survey should be made available to the general public through the Regional Center's public website.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60) days after the CGJ publishes its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made no later than ninety (90) days after the CGJ publishes its report and files with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

All responses to the recommendations of the 2024-2025 County of Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 W Temple Street, Thirteenth Floor, Room 13-303
Los Angeles, CA 90012

REQUIRED RESPONSES - CHART

Responses to the recommendations of this report are requested from the following:

Agency	Recommendation
All 7 Regional Centers	Recommendation #10.1, #10.4, #10.5, #10.6
County of Los Angeles Board of Supervisors	Recommendation #10.2, #10.3, #10.4, #10.6
Department of Mental Health	Recommendation #10.2, #10.3, #10.4, #10.6
Los Angeles County Sheriff's Department	Recommendation #10.5
Los Angeles County Fire Chief	Recommendation #10.5

ACRONYMS

ARCA	Association of Regional Center Agencies
DCFS	Department of Child and Family Services
DMH	Los Angeles County Department of Mental Health
ELARCA	East Los Angeles Regional Center
Jury	2024 -2025 Los Angeles County Civil Grand Jury
LARC	Los Angeles County Regional Centers
LASD	Los Angeles Sheriff's Department
MET	Mental Evaluation Team
MOU	Memorandum of Understanding
5150WIC	Welfare Institution Code 5150

COMMITTEE MEMBERS

Tom Hartmann	Committee Chair
Margret Hatfield	Committee Co-chair
Lela Hung	Committee Secretary
Ken Jefferson	Member
Jenalea Smith.	Member
George Davis	Member

THE EFFECTS OF RAT INFESTATION IN LOS ANGELES

2024-2025
Los Angeles County
Civil Grand Jury

THE EFFECTS OF RAT INFESTATIONS IN LOS ANGELES

“RATS ARE MORE THAN PESTS”

EXECUTIVE SUMMARY

The significance of rats cannot be overstated since there are notable human diseases associated with these animal pests. These diseases include flea-borne typhus (FBT), hantavirus pulmonary syndrome (HPS), tularemia, rat-bite fever (RBF), lymphocytic choriomeningitis (LCM), leptospirosis, and Bartonella-associated illnesses (BAL). Rat infestations contribute to the spread of these diseases through direct contact, contamination of food and water sources, and by acting as hosts for diseases-carrying vectors like fleas.

The 2024-25 Los Angeles County Civil Grand Jury (CGJ or Jury) has investigated the extent of infestations of rats/rodents and their likely effects on the spread of these diseases in Los Angeles County (County), particularly in the City of Los Angeles. The Jury's primary reason for initiating this inquiry is to assess its potential risks and impacts on the health of County residents. The Jury also investigated existing programs within the County that address rat infestations and rat-borne diseases.

This Report highlights the following:

- **Widespread Infestations**: Rat and rodent infestations are pervasive throughout the County, with notable concentration and persistence in certain areas of the City. These observations are supported by two primary sources of information: (1) reports from pest control companies and (2) complaints submitted by County residents to the Los Angeles County Department of Public Health (DPH).
- **Persistent Infestations and Homelessness**: Some areas of the City experience recurring rat infestations, which most likely tend to coincide with a higher prevalence of homelessness in those localities.
- **Rising Cases of FBT**: The County has seen a significant increase in flea-borne typhus cases.
- **FBT-Related Fatality**: A death associated with FBT was reported in connection with a homeless encampment.

- **Infections among Homeless Individuals**: Evidence suggests that rat-borne pathogens have infected some individuals within the homeless population.
- **Lack of a Surveillance System**: The County currently lacks a surveillance system to monitor the spread and prevalence of infections caused by rat-borne pathogens within the homeless community.

DPH's existing programs have the capability to address the issues stated above.

BACKGROUND

Rats/rodents are health hazards because they harbor organisms (bacteria, protozoa, virus, and parasitic worms)[1] that cause human diseases and, therefore, serve as important vectors for these diseases. Disease can be spread to humans by an infected flea bite or by direct contact with infected rodents, their urine, feces, or nests.[2]

Some of the important diseases associated with rats and rodents are listed in Table 1 below:

Table 1. Rats-associated diseases.

Disease	Transmission Method	Typical Symptoms	Standard Treatment Options	Potential Long-term Health Consequences
Leptospirosis (also known as Lepto) (Ref)[3]	Contact with water or soil contaminated by the urine of rats infected with bacteria *Leptospira interrogans*	Wide range: no illness to mild flu-like symptoms (fever, headache, muscle pain, rash) to severe disease (kidney damage, meningitis, liver failure, respiratory distress)	Antibiotics (doxycycline, penicillin); severe cases may require hospitalization	Most recover fully; severe cases can be fatal (5-20%); potential long-term complications like ocular issues, chronic fatigue, headache, or depression
Hantavirus Pulmonary	Inhalation of aerosolized rodent	Fever, fatigue, muscle aches,	Supportive care (rest, hydration,	Recovery takes weeks to months;

[1] Strand, T. M., & Lundkvist, Å. (2019). Rat-borne diseases at the horizon. A systematic review on infectious agents carried by rats in Europe 1995–2016. Infection Ecology & Epidemiology, 9(1). https://doi.org/10.1080/20008686.2018.1553461. https://pubmed.ncbi.nlm.nih.gov/30834071/. Accessed: February 11, 2025

[2] Ibid

[3] Center for Disease Control – Leptospirosis. https://www.cdc.gov/leptospirosis/about/index.html. Accessed: February 10, 2025

Disease	Transmission Method	Typical Symptoms	Standard Treatment Options	Potential Long-term Health Consequences
Syndrome (HPS) (Ref)[4,5,6]	excreta (primarily deer mice *Peromyces maniculatus*); House mice or roof rats are still not known to carry hantavirus[7]	headache, dizziness, chills, abdominal problems; late symptoms: coughing, shortness of breath, fluid in lungs	breathing support); no specific antiviral treatment	high mortality rate (30-40% in California)
Flea-borne typhus (FBT; also known as murine typhus) (Ref)[8]	Bite of infected rodent flea. Bacteria *Rickettsia typhi* are carried by rat fleas (*Xenopsylla cheopis*). Bacteria *Rickettsia felis* are associated with cat fleas (*Ctenocephalides felis*)[9]	Fever, headache, chills, muscle pain, rash On rare cases, meningitis (swelling of the brain lining) and endocarditis (swelling in heart valves) are observed	Antibiotics (doxycycline)	Most recover completely; severe untreated cases can cause organ damage
Tularemia (also called as rabbit fever or deerfly fever) (Ref)[10,11]	Direct contact with rats (or their droppings), as well as through tick infected by bacteria *Francisella tularensis*	Range of symptoms (fever, fatigue, swollen lymph nodes).	Antibiotics (doxycycline, gentamicin, or ciprofloxacin)	If left untreated, it can lead to severe complications such as pneumonia and organ failure

[4] Los Angeles County Department of Public Health – About Hantavirus Pulmonary Syndrome http://publichealth.lacounty.gov/acd/VectorHantaVirus.htm. Accessed: February 10, 2025
[5] California Department of Public Health – Hantavirus Infection https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/HantavirusPulmonarySyndrome.aspx. Accessed: February 11, 2025
[6] Los Angeles County Department of Public Health – Facts about Hantavirus in California - http://www.publichealth.lacounty.gov/eh/docs/safety/facts-hantavirus-california.pdf. Accessed: February 11, 2025
[7] Ibid
[8] Los Angeles County Department of Public Health – About Flea-Borne Typhus http://www.publichealth.lacounty.gov/acd/VectorTyphus.htm. Accessed: February 11, 2025
[9] Brown, L.D., Macaluso, K.R. Rickettsia felis, an Emerging Flea-Borne Rickettsiosis. Curr Trop Med Rep 3, 27–39 (2016). https://doi.org/10.1007/s40475-016-0070-6. Accessed: February 11, 2025
[10] Los Angeles County Department of Public Health – Tularemia - http://publichealth.lacounty.gov/acd/diseases/tularemia.htm. Accessed: February 11, 2025
[11] California Department of Public Health – Tularemia - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Tularemia.aspx. Accessed: February 11, 2025

Disease	Transmission Method	Typical Symptoms	Standard Treatment Options	Potential Long-term Health Consequences
Rat-bite fever (RBF) (Ref)[12,13,14]	Contact with rodents infected with the bacteria *Streptobacillus moniliformis* or *Spirillum minus*	Early symptoms similar to flu, fever, vomiting, headache, muscle pain, joint pain or swelling, and rash.	Antibiotics (penicillin, doxycycline or streptomycin)	Although RBF is rare in the US, it can be serious and deadly.
Lymphocytic choriomeningitis (LCM) (Ref)[15]	Contact with rodent urine, saliva, or droppings; bites or contaminated objects	Often mild or asymptomatic; fever, fatigue, muscle aches, headache, nausea, vomiting; may progress to encephalitis (stiff neck, drowsiness, confusion)	Supportive care; anti-inflammatory drugs for neurological symptoms; ribavirin may be considered	Possible temporary or permanent nerve damage, deafness, or arthritis; can be serious for immunocompromised patients; infection during pregnancy can cause severe birth defects
Bartonella-associated illnesses (BAL) (Ref)[16,17,18,19]	Contact with rats infected by pathogenic *Bartonella* species (which are red blood cell-associated zoonotic microorganisms)	Initial symptoms: rash, fever, and fatigue; endocarditis (swelling in heart valves) and neuroretinitis (inflammation of the retina and optic nerve)	Antibiotics (macrolides, tetracycline); for immunocompromised patients, combination of other antibiotics	Cognitive dysfunction, memory issues, cardiac complications; enlarged liver and spleen in severe cases

[12] Center for Disease Control – About Rat-bite Fever - https://www.cdc.gov/rat-bite-fever/about/index.html. Accessed: February 11, 2025
[13] Cleveland Clinic – Rat-Bite fever: Causes, Symptoms & Treatment https://my.clevelandclinic.org/health/diseases/25153-rat-bite-fever. Accessed: February 11, 2025
[14] M. Graves and J.M. Janda, Rat-bite fever (Streptobacillus moniliformis): A potential emerging disease, International Journal of Infectious Diseases, 5(3):151-154, 2001, https://doi.org/10.1016/S1201-9712(01)90090-6. Accessed: February 26, 2025
[15] Center for Disease Control – About Lymphocytic Choriomeningitis https://www.cdc.gov/lymphocytic-choriomeningitis/about/. Accessed: February 26, 2025
[16] Himsworth CG, Parsons KL, Jardine C, Patrick DM. Rats, cities, people, and pathogens: a systematic review and narrative synthesis of literature regarding the ecology of rat-associated zoonoses in urban centers. Vector Borne Zoonotic Dis. 2013 Jun; 13(6):349-59. doi: 10.1089/vbz.2012.1195. Epub 2013 Apr 16. PMID: 23590323. https://pubmed.ncbi.nlm.nih.gov/23590323/. Accessed: February 11, 2025
[17] B. A. Ellis, R. L. Regnery, L. Beati, F. Bacellar, M. Rood, G. G. Glass, E. Marston, T. G. Ksiazek, D. Jones, J. E. Childs, Rats of the Genus Rattus are Reservoir Hosts for Pathogenic Bartonella Species: An Old World Origin for a New World Disease?, The Journal of Infectious Diseases, Volume 180, Issue 1, July 1999, Pages 220–224, https://doi.org/10.1086/314824. Accessed: March 6, 2025
[18] Breitschwerdt EB, Kordick DL.2000. Bartonella Infection in Animals: Carriership, Reservoir Potential, Pathogenicity, and Zoonotic Potential for Human Infection. Clin Microbiol Rev 13:.https://doi.org/10.1128/cmr.13.3.428. https://journals.asm.org/doi/10.1128/cmr.13.3.428. Accessed: February 11, 2025
[19] Klarity Health Library – Prognosis and Long-term Outcomes in Bartonellosis - https://my.klarity.health/prognosis-and-long-term-outcomes-in-bartonellosis/. Accessed: March 6, 2025

Two species of the so-called commensal rats, *Rattus rattus* (known as black rats) and *Rattus norvegicus* (known as Norway rats), are among the most ubiquitous and important pest species.[20] Aside from public health nuisance, rats also bring serious economic destruction and their presence can cause mental health toll for people who come in contact with them.[21] Based on 2007 statistics, it is estimated that rats can cause about $27 billion damage just in the United States alone.[22] Aside from causing enormous economic loss, rats can severely damage structures and other property by their behavior, and can cause fires by gnawing on the insulation of electrical wires.

There is no doubt that rat population needs to be controlled. An increase in rat population could potentially lead to an increase in the incidence and/or outbreaks of the above-mentioned diseases within the County. Considering that rats can multiply quickly (about 6-12 babies every three weeks and a pup can reach maturity after just 4-5 weeks), a pair of rats can produce up to 1,250 descendants in one year.[23]

Recent media reports indicate that Los Angeles City is now considered one of top “rattiest” city in the United States where rats are becoming ubiquitous.[24, 25] The primary source of these reports are the tracking information about rats sightings and customer reports, which are collected by pest control companies like Orkin[26] and Terminix.[27]

Pest control measures can be aggravated and complicated by other factors like climate change. Recent scientific study published in the journal Science Advances by a consortium of scientists from several countries showed that **climate change is linked to increase in rat population** especially in urban

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[20] Ebani, Valentina Virginia. 2022. "Commensal Rodents: Still a Current Threat" Pathogens 11, no. 12: 1483. https://doi.org/10.3390/pathogens11121483. Accessed: February 10, 2025

[21] Lam, Raymond, et al. “Special Report: Beyond Zoonosis: The Mental Health Impacts of Rat Exposure on Impoverished Urban Neighborhoods.” Journal of Environmental Health, vol. 81, no. 4, 2018, pp. 8–13. JSTOR, https://www.jstor.org/stable/26530743. Accessed: February 10, 2025.

[22] Pimental, D., "Environmental and Economic Costs of Vertebrate Species Invasions into the United States" (2007). Managing Vertebrate Invasive Species. 38. https://digitalcommons.unl.edu/nwrcinvasive/38/?a_aid=3598aabf. Accessed: February 10, 2025

[23] https://www.thepestinformer.com/pest-guides/rodents/how-many-babies-can-a-rat-have/

[24] https://www.pbs.org/newshour/show/what-led-to-the-rat-population-boom-and-how-cities-are-responding. Accessed: February 10, 2025

[25] https://ktla.com/news/local-news/several-california-cities-among-the-rattiest-in-the-u-s-according-to-orkin/. Accessed: February 10, 2025.

[26] Orkin – Top Rodent Infested Cities in 2024 - https://www.orkin.com/press-room/top-rodent-infested-cities-2024. Accessed: February 10, 2025

[27] Terminix – The US Cities with the Most Rodents - https://www.terminix.com/rodents/top-rodent-cities/? Accessed: February 10, 2025

areas worldwide.[28] This study was the focus of news articles in several media outlets including the Los Angeles Times,[29] National Public Radio,[30] ABC News,[31] and Discover Magazine,[32] among others. Cities included in the scientific study were Washington, D.C., San Francisco, Toronto, New York City, Amsterdam, Buffalo, Chicago, Boston, Kansas City, Cincinnati, and Dallas, among the 17 global cities. Although Los Angeles City was not included in the study, the significance and implications of the results can very well apply to the City and to the whole County. The **whole state of California is already experiencing the results of climate change**, exemplified by summer and fall temperatures continued to increase and severe drought and wildfires become common.[33,34]

OBJECTIVES

It is essential to ascertain why the rat population is proliferating in Los Angeles County and how this growth impacts the prevalence of rat-borne diseases. To address these concerns, the Jury decided to initiate an investigation with the following objectives:

1. To assess the extent of rat and rodent infestations across Los Angeles County;

2. To evaluate the effects of these infestations on the prevalence of rat-associated diseases within the County; and

3. To examine the measures currently implemented by the County to combat rat and rodent infestations.

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[28] Jonathan L. Richardson et al., Increasing rat numbers in cities are linked to climate warming, urbanization, and human population. Sci. Adv.11, eads6782 (2025). https://www.science.org/doi/10.1126/sciadv.ads6782. Accessed: February 10, 2025
[29] Karen Kaplan, LA Times - January 31, 2025 - https://www.latimes.com/environment/story/2025-01-31/climate-change-could-cause-an-explosion-of-urban-rats. Accessed: February 10, 2025
[30] Lauren Sommer, NPR, January 31, 2025 - https://www.npr.org/2025/01/31/nx-s1-5279426/population-rats-climate-change-cities. Accessed: February 10, 2025
[31] Christopher Wachaku, ABC News - https://abcnews.go.com/Health/rats-worldwide-enjoying-perks-climate-change/story?id=118284253. February 10, 2025
[32] Sam Walters, Discover Magazine, February 6, 2025 - https://www.discovermagazine.com/environment/rat-populations-rise-as-climate-change-warms-larger-cities. February 10, 2025
[33] 2022 Report: Indicators of Climate Change in California by the Office of Environmental Health Hazards Assessment. https://oehha.ca.gov/climate-change/2022-report-indicators-climate-change-california. Accessed: February 13, 2025
[34] Indicators of Climate Change in California by the Office of Environmental Health Hazards Assessment. https://storymaps.arcgis.com/stories/a10c7fae8e8b449e84257f6321484e15. Accessed: February 13, 2025

METHODOLOGY

The Jury requested from DPH about the number of rat- or rodent-related complaints submitted to the Department either through regular letters or through the online form available at the Department's website.[35] The data provided included the number of complaints according to year, zip codes and, if available, whether the complaint is residential or commercial. Sorted data was used for mapping purposes using the software available at ArcGIS Online.[36]

The Jury downloaded some statistical data related to the Leptospirosis (Lepto)[37] and flea-borne typhus (FBT)[38] from the DPH website. If data is not updated or not available online, specifically for hantavirus pulmonary syndrome (HPS), tularemia, rat-bite fever (RBF), lymphocytic choriomeningitis (LCM), and Bartonella-associated disease (BAL), the Jury requested the information from DPH. Interviews of relevant officers from DPH were conducted by phone and/or Zoom meeting.

Relevant information available from the websites of the following government agencies were accessed and studied by the Jury:

- Centers for Disease Control and Prevention (CDC)[39]
- Cleveland Clinic[40]
- Klarity Health Library[41]
- Los Angeles County Department of Public Health (DPH)[42]
- Los Angeles Home Services Authority[43]
- Mayo Clinic[44]
- State of California Office of Environmental Health Hazard Assessment (OEHHA)[45]

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[35] Los Angeles County Department of Public Health – Complaint Form - https://ehservices.publichealth.lacounty.gov/servlet/guest?service=0&formId=4&saveAction=5. Accessed: February 13, 2025
[36] https://www.arcgis.com/index.html
[37] Los Angeles County Department of Public Health – Leptospirosis - http://publichealth.lacounty.gov/vet/Leptospirosis2021.htm. Accessed: February 11, 2025
[38] Los Angeles County Department of Public Health – Flea-Borne Typhus – 2011-2016 http://www.publichealth.lacounty.gov/acd/VectorTyphus.htm. Accessed: February 11, 2025
[39] Centers for Disease Control and Prevention - https://www.cdc.gov/.
[40] Cleveland Clinic - https://my.clevelandclinic.org/health/diseases?dFR[type][0]=diseases
[41] Klarity Health Library - https://my.klarity.health/
[42] Los Angeles County Department of Public Health - http://publichealth.lacounty.gov/
[43] Los Angeles Home Services Authority - https://www.lahsa.org/data-refresh/home/
[44] Mayo Clinic - https://www.mayoclinic.org/diseases-conditions
[45] California Office of Environmental Hazard Assessment - https://oehha.ca.gov/. Accessed: February 13, 2025

- State of California Department of Public Health[46]

Relevant information and scientific publications from the following journals and government agency reports were downloaded, studied, and used by the Jury as references:

- Current Tropical Medicine Reports[47]
- Emerging Infectious Diseases Journal[48]
- Infection Ecology & Epidemiology[49]
- International Journal of Infectious Diseases[50]
- Journal of Clinical Microbiology[51]
- Journal of Environmental Health[52]
- Journal of Veterinary Internal Medicine[53]
- Morbidity and Mortality Weekly Report[54]
- Pathogens[55]
- Science Advances[56]
- The American Journal of Tropical Medicine and Hygiene[57]
- The Journal of Infectious Diseases[58]
- Tropical Medicine and Infectious Disease[59]
- Vector-Borne and Zoonotic Diseases[60]
- Viruses[61]

[46] California Department of Public Health - https://www.cdph.ca.gov/. Accessed: February 13, 2025
[47] Current Tropical Medicine Reports - https://link.springer.com/journal/40475. Accessed: February 11, 2025
[48] Emerging Infectious Diseases - https://wwwnc.cdc.gov/eid/about. Accessed: February 28, 2025
[49] Infection Ecology and Epidemiology - https://www.tandfonline.com/journals/ziee20. Accessed: February 11, 2025
[50] International Journal of Infectious Diseases - https://www.sciencedirect.com/journal/international-journal-of-infectious-diseases. Accessed: February 10, 2025
[51] Journal of Clinical Microbiology - https://journals.asm.org/journal/jcm. Accessed: March 13, 2025
[52] Journal of Environmental Health - https://www.neha.org/jeh. Accessed: February 10, 2025
[53] J. Veterinary Internal Medicine - https://onlinelibrary.wiley.com/journal/19391676. Accessed: February 28, 2025
[54] CDC Morbidity and Mortality Weekly Report - https://www.cdc.gov/mmwr/index.html
[55] Pathogens - https://www.mdpi.com/journal/pathogens. Accessed: February 10, 2025
[56] Science Journal - https://www.science.org/. Accessed: February 10, 2025
[57] The American Journal of Tropical Medicine and Hygiene https://www.ajtmh.org/view/journals/tpmd/tpmd-overview.xml. Accessed: February 10, 2025
[58] Journal of Infectious Diseases - https://academic.oup.com/jid. Accessed: February 10, 2025
[59] Tropical Med and Infectious Disease - https://www.mdpi.com/journal/tropicalmed. Accessed: February 28, 2025
[60] Vector-Borne and Zoonotic Diseases - https://home.liebertpub.com/publications/vector-borne-and-zoonotic-diseases/67. Accessed: February 10, 2025
[61] https://www.mdpi.com/journal/viruses

Online articles posted on the websites of the following pest control companies were downloaded: Orkin[62] and Terminix[63].

Articles and reports from the following news organizations were accessed and studied by the Jury: ABC News[64], LAist Online[65], Los Angeles Times[66], KTLA,[67] Reno Gazette Journal,[68] and San Francisco Chronicle.

DISCUSSION

There is a Rat Infestation in Los Angeles

The Jury concluded that there is a rat infestation in the City of Los Angeles. This conclusion was based on the following information: First, residential requests for rodent treatments had been tracked and collected by pest control companies like Orkin[69] and Terminix.[70] For Orkin, the information was collected from September 1, 2023 to August 31, 2024, and for Terminix, the data was from 2023. The tracking data from these companies are proprietary and the details of the information are not available to the Jury. However, both reports cited the City of Los Angeles in the top three rattiest cities in the United States.[71]

Second, to determine if the claims of Orkin and Terminix can be corroborated by other surrogate indicators, the Jury looked at the number of rats/rodents-related complaints submitted to the DPH. This information is summarized in Table 2.[72] During the period between 2018 and 2023, the average number of complaints filed within the County was about 3,026. Majority of the complaints were coming from residential areas with an average of about 73% of the total complaints for the period mentioned (see Table 2). About 9.9% of the complaints were considered commercial (i.e., groceries, restaurants, hotels & lodgings).

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[62] https://www.orkin.com/
[63] https://www.terminix.com/
[64] https:abcnews.go.com/
[65] https://laist.com/
[66] https://latimes.com/
[67] https://ktla.com/
[68] https://www.rgj.com/
[69] Orkin – Top Rodent Infested Cities in 2024 - https://www.orkin.com/press-room/top-rodent-infested-cities-2024. Accessed: February 10, 2025
[70] Terminix – The US Cities with the Most Rodents - https://www.terminix.com/rodents/top-rodent-cities/? Accessed: February 10, 2025
[71] Ibid, Orkin and Terminix
[72] Based on documents provided by Interviewee from DPH, February 27, 2025 and March 12, 2025

For the period 2018 to 2023, the total number of complaints appears to be declining, which is an encouraging trend. However, when complaints were analyzed by Zip Code and year (as summarized in Table 3), several notable findings emerged. First, over the past four to five years, the majority of complaints have been concentrated in a few specific areas, including 90057, 90017, 90044, 90006, and 90011. Second, as illustrated in Figure 1, the yearly number of complaints in these Zip Codes has shown little to no significant reduction during the mentioned time frame.

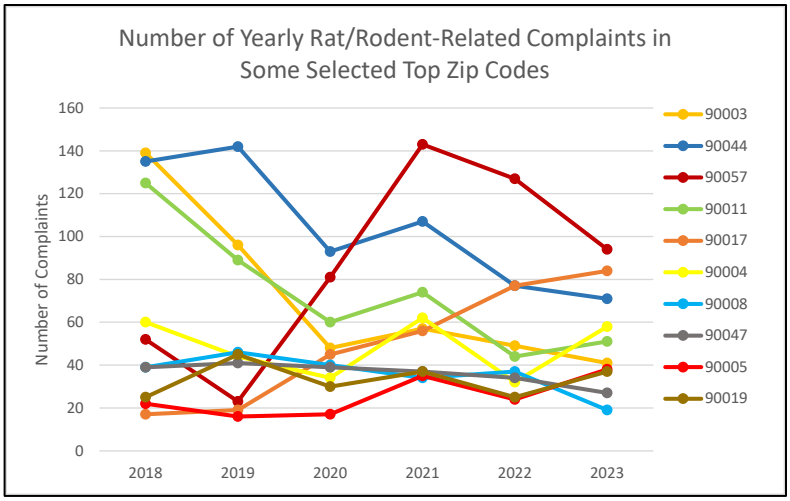
Table 2. Number of complaints submitted to the Department of Public Health from 2018 to first half of 2024.

	2018	**2019**	**2020**	**2021**	**2022**	**2023**	**2024 (Jan to June)**
Total Number of Complaints Per Year (County-wide)	3,767 *	3,619 **	2,890 **	2,881 *	2,562 *	2,442 *	989 **
Number of Complaints Classified as Residential	##	2,788 ** (77.1%) #	2,241 ** (77.5%) #	##	##	##	660 ** (66.7%) #
Number of Complaints Classified as Commercial	##	299 ** (8.2%) #	231 ** (8.0%) #	##	##	##	142 ** (14.4%) #
Unclassified Complaints	##	532 ** (14.7%) #	418 ** (14.5%) #	##	##	##	187 ** (18.9%) #

Footnotes to Table 2:

* – Numbers based on document provided by DPH to the Jury on February 27, 2025.
** – Numbers based on the updated documents provided by interviewee from DPH on March 12, 2025.
# - The percent (%) values included after the numbers were calculated by dividing the number within the category with the total number of complaints and multiplied by 100.
- Breakdown of numbers into residential or commercial classification was not available for the specified years in the documents provided by DPH.

Figure 1. The number of yearly rats/rodents-related complaints from selected Zip Codes (in the top-rank in Table 2) in Los Angeles from 2018 to 2023.



To better understand the specific origins of these complaints within the County, the Jury used ArcGIS[73] Online mapping software to visually map their locations by Zip Code. The mapping results are highlighted in Figure 2 (for 2023) and Figure 3 (for 2024). The two maps reveal a similar distribution pattern, with a notably higher concentration of complaints localized in certain areas of downtown Los Angeles and its neighboring vicinities (see detailed views in the right panels of Figures 2 and 3). A selection of these neighborhoods is provided in Table 4.[74]

Taken together, the pieces of information highlighted in Tables 2, 3 & 4 and Figures 1, 2 & 3, are consistent with and corroborate the claims of several pest control companies that Los Angeles City is infested with rats or rodents.

[73] https://arcgis.com
[74] Zip Code and Data Maps - https://www.zipdatamaps.com/. Accessed: March 17, 2025

Table 3. Distribution by Zip Codes of complaints related to rats/rodents submitted to the Department of Public Health for the period between 2018 and first half of 2024.
Note: This is a partial list; only the top 35 Zip Codes are included per year (out of the 313 total number of Zip Codes in the County). Some selected Zip Codes are highlighted in colors to facilitate scrutiny of data.

	2018		2019		2020		2021		2022		2023		2024 (up to June only)	
	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#
1	90003	139	90044	142	90044	93	90057	143	90057	127	90057	94	90057	48
2	90044	135	90003	96	90057	81	90044	107	90017	77	90017	84	90017	32
3	90011	125	90037	90	90011	60	90011	74	90044	77	90044	71	90044	32
4	90037	77	90011	89	90043	53	90004	62	90003	49	90004	58	90006	24
5	90001	60	90026	60	90003	48	90003	57	90006	48	90006	57	90011	22
6	90004	60	90001	58	90017	45	90006	57	90037	48	90015	52	90012	22
7	90006	56	90046	55	90026	45	90017	56	90011	44	90011	51	90063	22
8	90015	56	90022	52	90006	44	90037	51	90015	40	90003	41	90005	20
9	90018	53	90002	49	90250	43	90020	42	90026	38	90005	38	90026	19
10	90057	52	90043	49	90008	40	90001	41	90008	37	90019	37	90003	18
11	90002	50	90731	47	90047	39	90002	41	90063	36	90018	34	90008	16
12	90062	50	90008	46	90731	37	90007	37	90250	35	90026	29	90027	16
13	90033	49	90019	45	90001	36	90019	37	90047	34	90046	28	90020	15
14	90043	47	90004	44	90037	36	90047	37	90004	32	90047	28	90014	14
15	90250	46	90028	44	90002	35	90731	37	90016	32	90037	27	90016	14
16	90026	42	90029	44	91402	35	90018	36	90022	31	90036	26	90018	14
17	90016	40	90021	42	90004	34	90026	36	90043	29	90021	25	90255	14
18	90008	39	90047	41	90046	34	90005	35	90036	27	90027	25	90019	12

	2018		2019		2020		2021		2022		2023		2024 (up to June only)	
	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#
19	90028	39	90063	39	90034	33	90008	34	90255	27	90001	24	90047	12
20	90047	39	90018	38	90063	33	90043	33	90002	26	90038	24	90037	11
21	90063	37	90062	37	90015	32	90063	32	90020	26	90731	24	90731	11
22	90023	36	90744	37	90018	32	90029	31	90019	25	90029	23	90001	10
23	90027	36	90023	36	91331	32	90015	30	90731	25	90002	22	90004	10
24	90302	36	90250	36	90013	30	90023	29	90005	24	90007	22	90007	10
25	90022	35	90012	33	90019	30	90022	28	90046	24	90250	22	90062	10
26	90007	34	90033	33	90065	27	90250	28	90221	23	90008	19	90250	10
27	91331	33	90007	32	90022	26	90033	26	93550	23	90020	19	91331	10
28	90029	32	90016	30	90032	25	90038	26	90012	22	90063	19	90021	9
29	90255	32	90027	29	91406	25	91335	26	90018	21	90301	19	90028	9
30	90301	31	90280	29	90007	24	91406	26	91606	21	90034	18	90031	9
31	90221	29	91406	29	90062	24	90027	24	90001	20	90042	18	90033	9
32	91335	29	90006	28	90016	23	90028	24	90007	20	91331	18	90035	9
33	91343	29	91744	27	90038	23	91606	24	90028	20	91402	18	90036	9
34	90046	28	90025	26	90280	23	90016	22	90059	20	90022	17	90046	9
35	93550	28	91343	26	91405	23	91605	22	90062	20	90033	17	90002	8

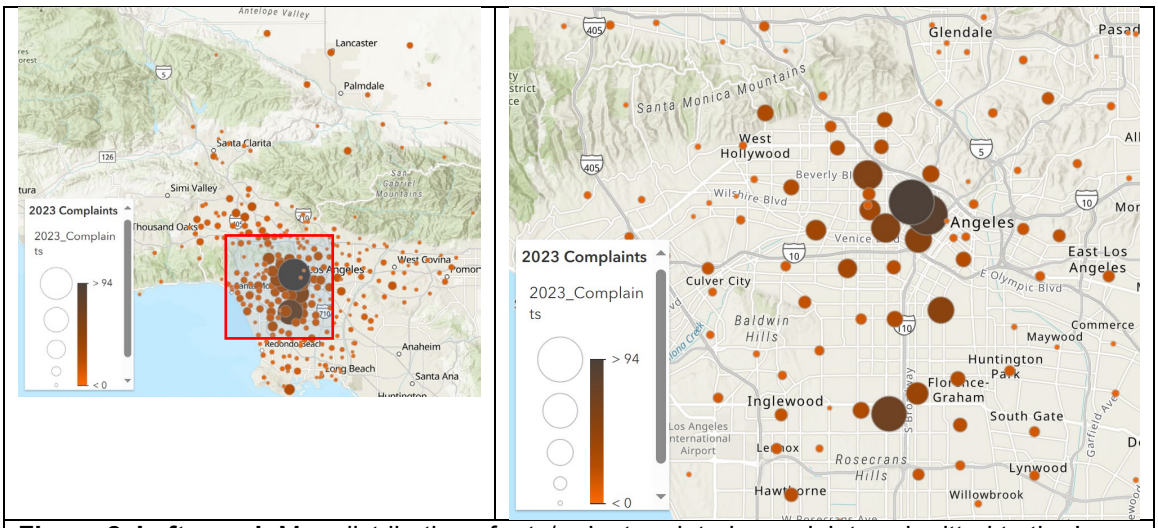


Figure 2. Left panel: Map distribution of rats/rodents-related complaints submitted to the Los Angeles County Department of Public Health in **2023**. **Right panel:** Enlarged portion of the approximate area highlighted by the red rectangle in the left panel. Note: The size of the circle and the intensity of the color indicate the prevalence of complaints.

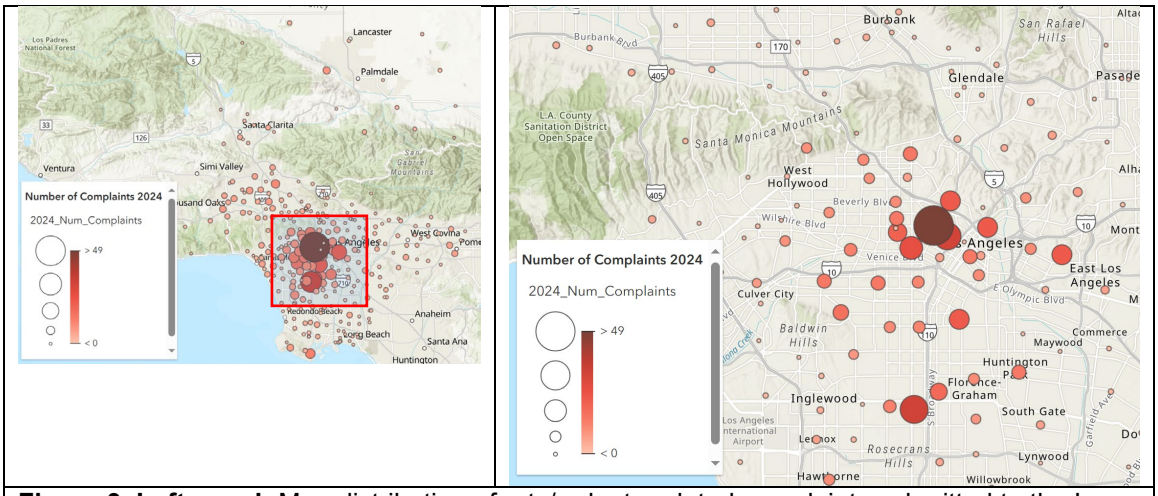


Figure 3. Left panel: Map distribution of rats/rodents-related complaints submitted to the Los Angeles County Department of Public Health in the first half of 2024. **Right panel:** Enlarged portion of the approximate area highlighted by the red rectangle in the left panel. Note: The size of the circle and the intensity of the color indicate the prevalence of complaints.

Table 4. Selected neighborhoods in downtown Los Angeles and their adjoining vicinities with higher concentration of rat-related complaints. Source of data: Zip Code and Data Maps (https://www.zipdatamaps.com/).

Zip Code	Neighborhood Areas	Average Household Income (2021 figure)	Zip Codes Adjacent to Code Included in Column 1
90057	Westlake, Knob Hill, and North & Southeast MacArthur Park	$43,796	90004, 90006, and 90017
90017	South Park (downtown), City West, and Little Central America	$44,607	90003 and 90047
90044	West Athens, Vermont-Slauson, Magnolia Square, and Vermont Knolls	$43,388	90003 and 90047
90004	Part of East Hollywood, Koreatown, and Mid-Wilshire	$54,947	90057
90011	South Park (South LA), South Central, and Central-Alameda	$47,126	90003
90003	Broadway Square, Florence, and Century Palms	$47,733	90011 and 90044
90047	West Park Terrace, Canterbury Knolls, and Manchester Square	$62,399	90044
90008	Baldwin Hills Estates, Leimert Park, and Baldwin Hills	$49,379	
90006	Byzantine-Latino Quarter, part of Koreatown, and Little Central America	$41,068	90017 and 90057
90005	Part of Koreatown, Country Club Heights, and Wilshire Park	$44,913	90006 and 90057
90019	Arlington Heights, Longwood Highlands, and Picfair Village	$61,616	90005 and 90006

Impact of Socioeconomic Factors and Infrastructure on Rat Infestations

Disparities in sanitation and housing conditions across various communities can influence the likelihood of rat infestations.[75] Lower-income communities often face challenges such as inadequate waste management services, dilapidated housing with more entry points for rodents, and limited financial resources for pest control.[76] These conditions can create environments that are more conducive for rat survival and proliferation.

The Jury examined the average household income of the selected neighborhood areas listed in Table 4. The income figures for these neighborhoods are significantly lower than the median household income for Los Angeles City ($80,366) and Los Angeles County ($87,760).[77]

Occurrence and Outbreaks of Rat-borne Diseases in Los Angeles County

To evaluate whether or not the apparent rat infestations in the City and County significantly impact rat-borne diseases, the Jury accessed data available online and requested DPH for data updates regarding the cases of diseases listed in Table 1 in the Background section of this Report.

In Los Angeles County, outbreaks of some of these diseases had occurred as discussed below.

Flea-borne Typhus (FBT)

Between 2011 and 2019, a total of 881 cases of FBT were reported in California, about 97% of those were from Los Angeles and Orange Counties.[78] The number of FBT cases in Los Angeles County shows an **increasing trend** (see Figure 4). Based on statistical information available in the DPH website, the County had

[75] DPH Rodent-Borne Diseases: Risk Reduction Recommendations - http://www.publichealth.lacounty.gov/eh/docs/safety/rodent-borne-diseases-risk-reduction-recommendations.pdf. Accessed: March 17, 2025

[76] Pest Prevention: Effective Solutions for Rodent Control in Los Angeles Apartments - https://www.tenantslawfirm.com/news-insights-1/r8lz3fty29omwhcrxnmms87yqkfi70?rq=rodent%20control. Accessed: March 17, 2025

[77] Los Angeles Almanac - https://www.laalmanac.com/employment/em12.php. Accessed: March 17, 2025

[78] Yomogida K, et al., Surveillance of Flea-Borne Typhus in California, 2011-2019. Am J Trop Med Hyg. 2023 Dec 18; 110(1):142-149. doi: 10.4269/ajtmh.23-0272. PMID: 38109767; PMCID: PMC10793031. https://pubmed.ncbi.nlm.nih.gov/38109767/. Accessed: February 11, 2025

observed FBT outbreaks in 2013, 2015, 2017, 2018, 2021, 2022, and 2024 (highlighted by asterisks in Figure 4).[79,80]

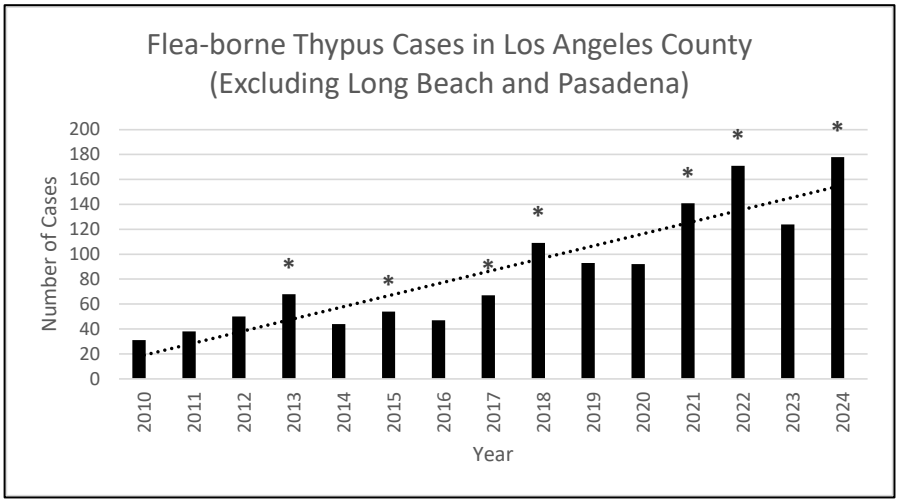


Figure 4. Outbreaks (marked by *) of flea-borne typhus in Los Angeles County. Source: Los Angeles County Department of Public Health. Note: The dotted line is overlaid on the bar graph to indicate trend.

Between 2012 and 2016, a small proportion of FBT cases (approximately 2.3% to 12%) occurred in the younger age group (i.e., ages between 1 and 14).[81]

Prior to 2022, the last FBT-related death reported in the County occurred in 1993.[82] However, in 2022, the County recorded three (3) fatalities attributed to FBT.[83] There were five (5) additional deaths in 2023-2024.[84]

The potential exposure and causes of deaths for the three deaths in 2022 are listed in Table 5.[85] The Jury wants to underscore the potential exposure to homeless encampments highlighted in **Case #3** and its relevance to the "Occurrence of Rat-Borne Pathogens in Homeless Populations" part (see below) of the Discussion in this Report.

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[79] Los Angeles County Department of Public Health – Flea-Borne Typhus – 2011-2016 http://www.publichealth.lacounty.gov/acd/VectorTyphus.htm. Accessed: February 11, 2025
[80] Los Angeles County Annual Morbidity Reports – 2011-2016 - http://www.publichealth.lacounty.gov/acd/Diseases/Typhus.pdf. Accessed: February 11, 2025
[81] Ibid
[82] Alarcón J, Sanosyan A, Contreras ZA, et al. Fleaborne Typhus–Associated Deaths — Los Angeles County, California, 2022. MMWR Morb Mortal Wkly Rep 2023;72:838–843. DOI: http://dx.doi.org/10.15585/mmwr.mm7231a1. https://www.cdc.gov/mmwr/volumes/72/wr/mm7231a1.htm. Accessed: March 24, 2025
[83] Ibid
[84] Based on the document provided to the Jury by Interviewee from DPH, April 9, 2025
[85] Ibid, Alarcon et al 2023

Table 5. Some epidemiologic and clinical characterizations of flea-borne typhus-associated deaths in Los Angeles County in 2022.

	Case 1	Case 2	Case 3
Potential Exposure	Proximity of the patient's home to a highway and litter	Stray kitten in patient's backyard	Lived in an encampment inhabited by persons experiencing homelessness
Cause of death	FBT-induced hemaphagocytic lymphohistiocytosis* (HLH)	Myocarditis**	Septic shock associated with shock liver, hyperkalemia,*** and lactic acidosis****

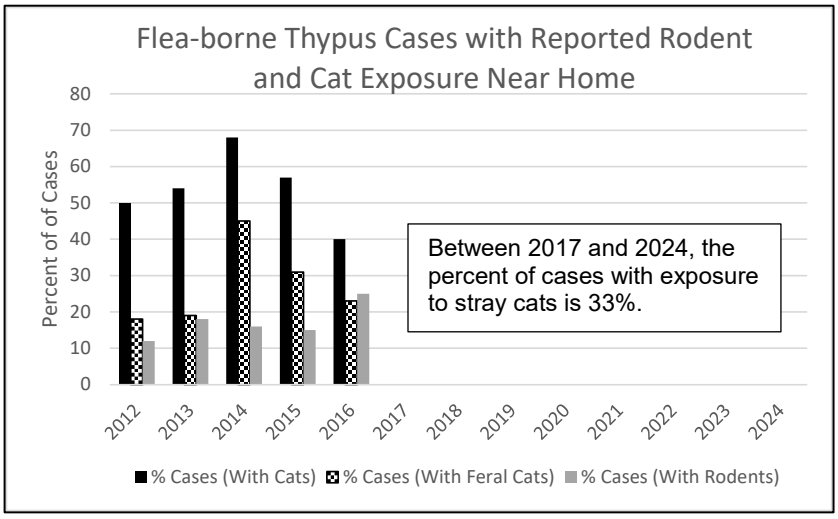
Footnotes to Table 5:

* - HLH: is a rare and often life-threatening condition if left untreated. HLH causes the immune system to attack the body instead of a foreign invader like a virus.[86]
** - Myocarditis: inflammation of the heart muscle, called the myocardium.[87]
*** - Hyperkalemia: A condition characterized by high potassium levels in the blood, which is common to patients with kidney disease or kidney failure.[88]
**** - Lactic Acidosis: A metabolic phenomenon where lactic acid builds up in the blood due to problems in liver or kidney.[89]

The exposure of **Case #2** to stray kitten is particularly noteworthy, if not concerning, given the notably high percentage of FBT cases associated with cat exposure, as illustrated in Figure 5. How likely it is for FBT to be spread by stray or at-home cats? While cats themselves do not directly spread the disease to humans, they can serve as hosts for infected fleas, increasing the likelihood of human exposure.[90]

[86] Cleveland Clinic - Hemophagocytic Lymphohistiocytosis - https://my.clevelandclinic.org/health/diseases/24292-hemophagocytic-lymphohistiocytosis. Accessed: March 24, 2025
[87] Mayo Clinic - Myocarditis - https://www.mayoclinic.org/diseases-conditions/myocarditis/symptoms-causes/syc-20352539. Accessed: March 24, 2025
[88] Cleveland Clinic – Hyperkalemia - https://my.clevelandclinic.org/health/diseases/15184-hyperkalemia-high-blood-potassium. Accessed: March 24, 2025
[89] Cleveland Clinic – Lactic Acidosis - https://my.clevelandclinic.org/health/diseases/25066-lactic-acidosis. Accessed: March 24, 2025
[90] CDC – About Fleas - https://www.cdc.gov/fleas/about/index.html. Accessed: March 24, 2025

Figure 5. Number of flea-borne typhus cases with reported rodent and cat exposure. Percent of cases refers to numbers cited in Figure 4. Note that exposures will total more than 100% since cases may report more than one exposure. The 33% number for 2017-2024 was provided by DPH to the Jury but no breakdown by year was given.[91]



Occurrence of Rat-Borne Pathogens in Homeless Population

Considering the data on FBT-related deaths presented in Table 4, the Jury examined the prevalence of rat-borne pathogens within the homeless population, focusing on County and City areas with significant rat infestations.

In a collaborative research article published by scientists from CDC and DPH, Gundi et al (2012)[92] reported that out of 200 rats they tested in the City of Los Angeles, a significant proportion of the rats were found positive for some rats-associated *Bartonella* bacterial species -- 18.5% for *B. rochamimae* and 57.5% for *B. tribocorum*. *B. rochamimae* has been documented to cause infectious endocarditis in dogs[93] and *B. tribocorum* is closely related to *B. rochamimae.*[94] The researchers emphasized that "… finding *Bartonella* species were circulating

[91] Based on documents provided by DPH interviewee, April 9, 2025
[92] Gundi VA, Billeter SA, Rood MP, Kosoy MY. Bartonella spp. in rats and zoonoses, Los Angeles, California, USA. Emerg Infect Dis. 2012 Apr; 18(4):631-3. doi: 10.3201/eid1804.110816. PMID: 22469313; PMCID: PMC3309692. https://pmc.ncbi.nlm.nih.gov/articles/PMC3309692/pdf/11-0816_finalD.pdf. Accessed: February 28, 2025
[93] Ernst, E, Qurollo, B, Olech, C, Breitschwerdt, EB. Bartonella rochalimae, a newly recognized pathogen in dogs. J Vet Intern Med. 2020 Jul; 34(4):1447-1453. doi: 10.1111/jvim.15793. Epub 2020 May 16. PMID: 32415797; PMCID: PMC7379054. https://onlinelibrary.wiley.com/doi/10.1111/jvim.15793. Accessed: February 28, 2025.
[94] Cheslock MA, Embers ME. Human Bartonellosis: An Underappreciated Public Health Problem? Trop Med Infect Dis. 2019 Apr 19;4(2):69. doi: 10.3390/tropicalmed4020069. PMID: 31010191; PMCID: PMC6630881. https://www.mdpi.com/2414-6366/4/2/69. Accessed: February 28, 2025.

among rodents in a densely populated city like Los Angeles is of serious public health concern."[95]

Detecting these pathogens circulating in homeless people is a more serious matter. In 2000, the Acute Communicable Disease Control Program (ACDCP)[96] of DPH reported that humans and Norway rats living in downtown Los Angeles had antibodies to some rat-borne pathogenic organisms.[97] Among the mostly homeless patients who were tested from the skid row areas, the seroprevalence study indicated that about 25.5% of the patients had antibodies against at least one of three rat/rodent-associated *Bartonella* species (*B. elizabethae*, *B. quintana*, and *B. henselae*).[98] **The seroprevalence data indicate that *Bartonella* pathogens had infected these patients.** About 12.5% of the patients had antibodies against *B. elizabethae*[99] (which causes endocarditis or swelling in heart valves)[100] and 9.5% had antibodies against *B. quintana*[101] (which causes trench fever) [102].

Although the implications of the above results are obvious, the Jury wants to highlight them, nevertheless: (1) the spread of rat-borne diseases in the general population would be exacerbated by higher infection in the homeless population; and (2) rate of fatality in the unsheltered population would increase.

The extent of homelessness in the County had significantly grown by 40% between the period of 2018 and 2023, a substantial proportion of which was in the City of Los Angeles.[103] In 2024, Los Angeles County reported a total of 75,312 individuals experiencing homelessness, of which 52,296 were classified

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[95] Ibid, Gundi et al. 2012
[96] Acute Communicable Disease Control Program, Los Angeles County Department of Public Health, http://www.publichealth.lacounty.gov/acd/. Accessed: February 28, 2025
[97] Seroprevalence Study for Antibody to Ratborne Pathogens and Other Agents Among Skid Row Residents-Los Angeles 2000, Special Studies Report from Acute Communicable Disease Control Program, Los Angeles County Department of Public Health - http://lapublichealth.org/acd/reports/spclrpts/spcrpt00/SeroprevAntiRatPathogens00.pdf. Accessed: February 28, 2025
[98] Ibid
[99] Ibid
[100] Daly JS, Worthington MG, Brenner DJ, Moss CW, Hollis DG, Weyant RS, Steigerwalt AG, Weaver RE, Daneshvar MI, O'Connor SP. Rochalimaea elizabethae sp. nov. isolated from a patient with endocarditis. J Clin Microbiol. 1993 Apr; 31(4):872-81. doi: 10.1128/jcm.31.4.872-881.1993. PMID: 7681847; PMCID: PMC263580. https://journals.asm.org/doi/10.1128/jcm.31.4.872-881.1993. Accessed: March 13, 2025
[101] Ibid, Seroprevalence Study
[102] Center for Disease Control - About Bartonella quintana - https://www.cdc.gov/bartonella/about/about-bartonella-quintana.html. Accessed: March 13, 2025
[103] LAist -Homelessness on LA County Streets Skyrockets 40% in 5 Years, https://laist.com/news/housing-homelessness/homelessness-la-county-los-angeles-homeless-count-lahsa-numbers. Accessed: March 5, 2025

as unsheltered.[104] **Within the City of Los Angeles, approximately 46,260 individuals were experiencing homelessness, including 29,275 who were unsheltered**.[105] Although exact figures for unsheltered individuals in the downtown area of the City are challenging to determine, estimates suggest this number is approximately 3,555, which may be an undercount.[106]

Taking into account the information on homelessness and the seroprevalence studies referenced earlier in this section, the Jury inquired with DPH whether the ACDCP had continued the seroprevalence study within the homeless population. The answer to this question is NO.[107] The study conducted in 2000 was funded by a grant that has since been discontinued. Since then, the DPH has not implemented a surveillance program to monitor infections caused by rat-borne pathogens in the homeless population.[108]

Hantavirus pulmonary syndrome (HPS)

Between 1980 and 2024, DPH indicated that there were 79 reported cases of hantavirus infections in California.[109] Considering the recent news that there were three reported deaths due to hantavirus in Mammoth Lakes (Mono County),[110,111] the Jury asked DPH if there are recent cases of HPS in the County. In 2016 to 2024, there were 1-5 cases with 1-5 deaths in the County.[112] Due to the small number of cases, the DPH cannot provide additional information beyond the given statistical data.[113]

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[104] 2024 Homeless Count in Los Angeles County, Los Angeles Home Services Authority. https://www.lahsa.org/data-refresh/home/datadashboard?id=57. Accessed: March 5, 2025
[105] Los Angeles Home Services Authority – Press Release June28, 2024 - https://www.lahsa.org/news?article=977-unsheltered-homelessness-drops-and-sheltered-homelessness-rises-in-la. Accessed: March 5, 2025
[106] Los Angeles Home Services Authority - https://www.lahsa.org/data-refresh/home/datadashboard?id=58. Accessed: March 5, 2025
[107] Interviewee from DPH, April 1, 2025
[108] Ibid
[109] California Department of Public Health – Hantavirus in California - https://cdphdata.maps.arcgis.com/apps/MapSeries/index.html?appid=31fd0ca80e264cbd9bba7d54952194de. Accessed: March 25, 2025
[110] Reno Gazette Journal - https://www.rgj.com/story/news/2025/04/07/mono-county-confirms-third-fatal-hantavirus-case-in-2025/82975134007/. Accessed: April 8, 2025
[111] San Francisco Chronicle - https://www.sfchronicle.com/health/article/mammoth-lakes-hantavirus-20257401.php. Accessed: April 8, 2025
[112] Based on the documents provided by interviewee from DPH, April 9, 2025
[113] Ibid

Leptospirosis

In 2021, there was an outbreak of Lepto in the County dog population (see Figure 5 below).[114] There were 201 cases resulting in 13 deaths in dogs.[115] From 2016 to 2024, the County reported seven (7) cases of Lepto in humans, with no fatalities.[116]

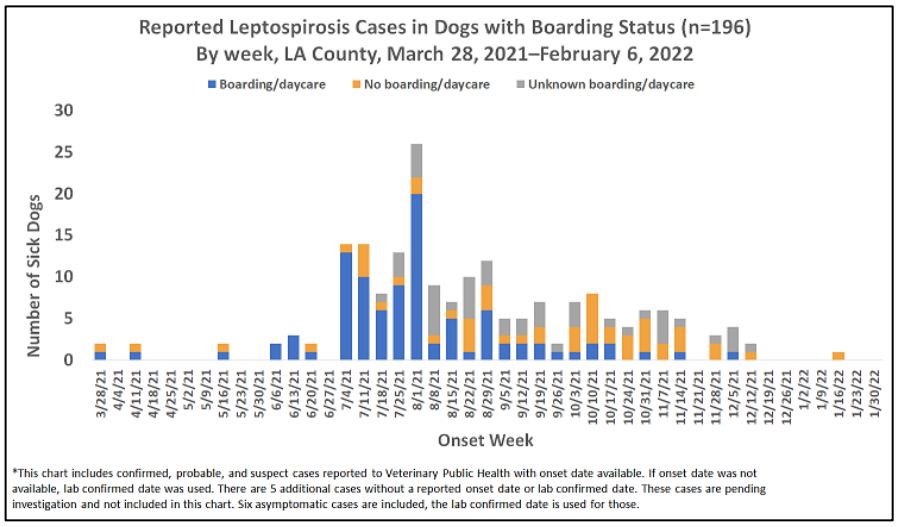

Figure 5. Leptospirosis cases in Los Angeles County in 2021-2022. Source: Los Angeles County Department of Public Health.

Tularemia

The occurrence of tularemia is very rare. In 2003, there was only one case in the County and there was no reported cases between 2004 and 2015. There were 1-5 cases between 2016 and 2024.[117,118]

For **Lymphocytic choriomeningitis (LCM)**, there were no reported cases for animals and humans in 2016- 2024.[119] The DPH has no data for **Rat-bite fever**

[114] Los Angeles County Department of Public Health – Leptospirosis in Dogs in Los Angeles County in 2021 - http://publichealth.lacounty.gov/vet/Leptospirosis2021.htm. Accessed: February 11, 2025
[115] Ibid
[116] Based on the documents provided by DPH interviewee, April 9, 2025
[117] Los Angeles County Department of Public Health – Tularemia, http://www.publichealth.lacounty.gov/acd/Diseases/Tularemia.htm. Accessed: February 11, 2025
[118] Based on the documents provided by DPH interviewee, April 9, 2025
[119] Ibid

(RBF), and Bartonella-associated illnesses (BAL) since both diseases are considered not reportable diseases.[120,121]

Closures of Commercial Establishments Due to Rats

The Jury also reviewed data on restaurants and food market retailers cited and shut down due to vermin infestations (California Health and Safety Code Section 114259.1), which is available at the DPH Environmental Health website.[122] In 2024, out of a total of 17 closures, the Environmental Health Division reported 11 closures due to vermin infestation (about 65%). Between January and March 2025, this figure surged to 122 closures due to vermin infestations out of 168 total closures (about 73%).

The Jury recognizes the importance of adhering to health and safety regulations, and views the closure of restaurants due to vermin infestations as an effective regulatory measure to compel food establishments to uphold higher standards. Vermin infestations pose serious health risks, including contamination of food and the spread of diseases. For example, Salmonellosis can happen if a person ingests food or water contaminated with rodent feces.[123] The DPH does not separate cases of Salmonellosis caused by rat feces contamination from the overall count for this disease.[124] The Jury wants to point out that the "… County had the highest number of Salmonellosis cases during the surveillance period 2013 to 2019 with 8,588 total cases and an average annual incidence rate of 12.0 per 100,000 population."[125] Closures help mitigate these risks and protect consumers.

Such closures, no matter how brief, can also have significant implications across various areas such as the following:

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[120] Ibid
[121] National Library of Medicine – Reportable Diseases, https://medlineplus.gov/ency/article/001929.htm, Accessed April 9, 2025
[122] Los Angeles County Department of Public Health Environmental Health - Facility Closure List - https://ehservices.publichealth.lacounty.gov/. Accessed: March 28, 2025
[123] California Department of Public Health – Salmonellosis, https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Salmonellosis.aspx. Accessed: March 28, 2025
[124] Interviewee from DPH, April 1, 2025
[125] California Department of Public Health - Epidemiologic Summary of Salmonellosis (Non-typhoidal) in California, 2013–2019, https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/SalmonellosisEpiSummary2013-2019.pdf. Accessed: March 28, 2025

- Economic Impact: Restaurants face financial losses due to halted operations, fines, and the cost of pest control measures. Employees may also experience reduced income or job loss.
- Reputation Damage: A closure can tarnish a restaurant's reputation, leading to a loss of customer trust and long-term business decline.
- Community Effects: Local communities may lose access to dining options.

County Agencies Responsible for Controlling Rats and Rat-borne Diseases

There are two programs currently in place within the DPH that directly deal with the issue of controlling rats/rodents and the diseases associated with them. These programs are the following:

- Vector Management Program (VMP)[126] - The objectives of this program include: "(1) reduction of the risks of exposure to the pathogens of vector-borne disease through early detection and (2) abatement of those conditions that enhance the transmission of disease to humans."
    - This program consists of two parts: Vector-borne Disease Surveillance and Vector Control.[127]
    - The Vector-borne Disease Surveillance component performs routine surveillance of diseases that include rat-borne diseases. For this part, VMP works closely with ACDCP to investigate confirmed and presumptive human cases of locally acquired vector-borne disease to determine the source and conditions of transmissions.[128]
    - The Vector Control component is responsible for investigating rodent complaints and conducting inspections of licensed animal keeper premises for sanitation concerns in most areas of Los Angeles County.[129]

- Acute Communicable Disease Control Program (ACDCP)[130] – This program primarily aims for the reduction of the incidence of communicable diseases in the County through prevention, surveillance, and outbreak control. The program also deals with vector-borne diseases including those that are rat-borne.[131]

[126] DPH Vector Management Program - http://www.publichealth.lacounty.gov/eh/about/vector-management-program.htm. Accessed: March 28, 2025
[127] Ibid
[128] Ibid
[129] Ibid
[130] DPH Acute Communicable Disease Control Program - http://publichealth.lacounty.gov/acd/. Accessed: February 28, 2025
[131] Ibid

Concluding Remarks

To summarize, the following facts are clearly established from the above discussion:

- Rat and rodent infestations are pervasive throughout the County, with notable concentration and persistence in certain areas of the City.
- Some areas of the City experience recurring rat infestations, which most likely tend to coincide with a higher prevalence of homelessness in those localities.
- The County has seen a significant increase in flea-borne typhus (FBT) cases.
- A death associated with FBT was reported in connection with a homeless encampment.
- Evidence suggests that rat-borne pathogens have infected some individuals within the homeless population.
- The County currently lacks a surveillance system to monitor the spread and prevalence of infections caused by rat-borne pathogens within the homeless community.

According to the scientific study referenced in the Background Section of this Report, climate change has been linked to an increase in rat populations, which could lead to higher infection rates both currently and in the foreseeable future within the County. This development poses a potential risk to the general population, with homeless individuals being disproportionately affected. In light of these findings, the Jury strongly recommends the prompt implementation of a surveillance program focused specifically on the homeless population, aiming to mitigate potential health risks to the community at large.

FINDINGS

FINDING #1

The number of rat- and rodent-related complaints continues to be relatively high in certain areas of the County, particularly in the City of Los Angeles. It appears that there are challenges in coordinating with the City's Department of Sanitation when addressing garbage disposal and clean-up of concerned areas.[132]

FINDING #2

The detection of rat-borne pathogens in the homeless population is a great concern in terms of possible spread of rat-borne diseases to the general population. The absence of a surveillance program of these diseases in the homeless population appears to be a significant gap from a health care perspective.

FINDING #3

The statistical data regarding the occurrence of most rat-borne diseases in the County are not up to date on the Department of Public Health's website. In most of these diseases, the latest data available is either 2015 or 2016.

RECOMMENDATIONS

RECOMMENDATION #11.1

This recommendation addresses Finding #1

The Los Angeles City Environment and Sanitation Bureau must ensure the regular cleanup of rat-infested areas within the City identified in this Report. Addressing the issue through routine cleaning and the removal of dirt and debris offers an effective, straightforward, and cost-efficient method to manage and reduce rat populations.

[132] Interviewee from DPH, March 3, 2025

RECOMMENDATION #11.2

This recommendation addresses Finding #1

The VCP of the DPH must closely follow-up with complaints in rat-infested areas identified in this Report. To enhance monitoring, VCP should utilize its database of complaints to effectively track if issues are repeatedly reported from same locations within short period of time. This effort also requires close coordination with the Los Angeles City Environment and Sanitation and Bureau (see Recommendation #11.1). In addition, VCP will have to do more community engagements in affected areas focusing on educating residents about its initiatives in controlling rats and rodents. Successful rat controls require the participation of the community. This effort require close coordination with the Integrated Pest Management (IPM)[133,134] of the County as it is an integral part of the IPM alliance.

RECOMMENDATION #11.3

This recommendation addresses Finding #2

The DPH should prioritize targeted surveillance with focus on high-risk areas (i.e., with high incidence of homeless people and rat infestations), and provide accessible testing, and community outreach to ensure timely identification and intervention of rat-borne pathogens in the homeless population. This should be included as part of either VMP or ACDCP of the DPH. Advanced molecular tools are now available and being applied for surveillance purposes.[135]

RECOMMENDATION #11.4

This recommendation addresses Finding #3

The DPH should be proactive in updating the statistical data about the occurrence of rat-borne diseases that are made readily available to the public on the department's website.

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[133] Los Angeles County Integrated Pest Management - https://ipm.lacounty.gov/. Accessed: April 28, 2025

[134] https://ipm.lacounty.gov/9-0managing-vertebrates/. Accessed: April 28, 2025

[135] Camp, J.V.; Desvars-Larrive, A.; Nowotny, N.; Walzer, C. Monitoring Urban Zoonotic Virus Activity: Are City Rats a Promising Surveillance Tool for Emerging Viruses? Viruses 2022, 14, 1516. https://doi.org/10.3390/v14071516 https://www.mdpi.com/1999-4915/14/7/1516. Accessed: April 11, 2025

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this Report. Responses by elected County officials and agency heads shall be made no later than sixty (60 days) after the CGJ published its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made ninety (90) days after the CGJ published its report and files with Clerk of the Court. Responses shall be made in accord with Penal Code Section 933.05(a) and (b).

All responses to the recommendations of the 2024-2025 Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 West Temple Street, 13t Floor, Room 13-303
Los Angeles, CA 90012

REQUIRED RESPONSES

Responses to the above recommendations are required from the following agencies:

Responding Agency	Recommendation
Los Angeles City Mayor	Recommendation #11.1
Los Angeles City Environment and Sanitation Bureau	Recommendation #11.1
County of Los Angeles Board of Supervisors	Recommendation #11.2 - #11.4
County of Los Angeles Department of Public Health	Recommendation #11.2 - #11.4

ACRONYMS

Acronym	Meaning
ACDCP	County Department of Public Health, Acute Communicable Disease Control Program
BAL	Bartonella-associated disease
CDC	Centers for Disease Control and Prevention
DPH	Los Angeles County Department of Public Health
FBT	Flea-borne typhus
HLH	Hemaphagocytic lymphohistiocytosis
HPS	Hantavirus pulmonary syndrome
Jury	2024-2025 Los Angeles County Civil Grand Jury
LCM	Lymphocytic choriomeningitis
OEHHA	Office of Environmental Health Hazard Assessment, State of California
RBF	Rat-bite fever
VMP	County Department of Public Health, Vector Management Program

COMMITTEE MEMBERS

Committee Co-Chair: Nestor R. Apuya
Committee Co-Chair: LeRoy Titus
Committee Member: Joel Floyd

GET READY, HERE WE COME!!!

2024-2025
Los Angeles County
Civil Grand Jury

GET READY, HERE WE COME!!!!

SENIORS AND SENIOR CENTERS

EXECUTIVE SUMMARY

The Los Angeles County (County) senior population is entering a rapid growth period. California's over-55 Baby Boomer generation will grow by four million people by the year 2030.[1] "The population of older adults in the Los Angeles Region was approximately 2.3 million in 2023, constituting 23% of the total population of 9.8 million. Projections indicate a continual increase, with older adults expected to comprise 25% of the population by 2030 and 30% by 2050."[2] This growth generates a need to develop and increase programs and services for this segment of County's population. In consideration of the future trend, State of California policymakers have developed a Master Plan on Aging (MPA)[3] The MPA focuses on five key program and service goals. Program goals are housing, health, inclusion/equity, caregiving, and economic security.[4] Service goals are counseling, in-home care, housing, finances, and social interaction. An ideal Senior Center should address all of these goals in a welcoming and low-cost environment. Our research has found that although there are a few current centers within County meeting this high threshold, more will be needed in the near future to meet the needs of seniors.

BACKGROUND

There are 88 cities in the County, and Senior Center Programs are available in 63 of these cities (See the Appendix). Senior Centers located within the County are currently operated by the County, through their Department of Parks and Recreation, the City of Los Angeles, through their Department of Recreation and Parks, other incorporated cities, such as Long Beach, and Cerritos, and selected

[1] https://www.ppic.org/publication/planning-for-californias-growing-senior-population/, accessed May 7, 2025
[2] Four Year Joint Area Plan 2024-2028 by the Los Angeles County Aging and Disabilities Department & Los Angeles City Department of Aging https://file.lacounty.gov/SDSInter/bos/supdocs/189877.pdf accessed May 7, 2025
[3] https://www.ppic.org/publication/californias-aging-population/, accessed May 7, 2025
[4] Ibid.

private non-profit organizations such as Santa Clarita Valley Committee on Aging, also known as the SCV Senior Center (SCVSC).

Some Centers operate out of buildings built and established specifically for their use, e.g. Santa Clarita. Others are housed in buildings shared with other community functions, such as in Cerritos where the Senior Center is located in Pat Nixon Park.

The Los Angeles County Department of Parks and Recreation is one of the agencies that fund and operate some of the Community Senior Centers located throughout County.[5] These Centers offer daily programs, activities and lunches. Funding for the meals is generally passed through to the County by the Area Agency on Aging.[6]

The City of Los Angeles Department of Recreation and Parks operates 29 Senior Centers throughout the city. These centers offer activities, programs, and special daily events such as arts and crafts, line dancing, oil painting, entertainment and social dancing. Some of the centers offer a nutrition program funded through the City of Los Angeles Department of Aging.[7] In addition, the City of Los Angeles Department of Aging offers 19 Multi-Purpose Senior Centers that provide services in addition to the above programs.

The primary sources of funding or augmentation of funding for these centers vary:[8]

- Some are funded by budgeted funds from an Incorporated City;
- Some by the County's Parks and Recreation Department;
- Some by the City of Los Angeles' Department of Recreation and Parks;
- Various City Community Service Departments;
- Various City Recreation and Human Services Departments; and
- A small number operate as private non-profit organizations.

METHODOLOGY

The 2024-2025 Los Angeles County Civil Grand Jury (CGJ or Jury) toured the Santa Clarita Valley Senior Center in November 2024. As a result of the tour and information received, the CGJ decided to create an investigative Committee that would visit centers throughout the County for the purpose of seeing the physical

[5] https://parks.lacounty.gov>seniors
[6] Jury-interview information provided on November 11, 2024
[7] https://www.laparks.org/scc
[8] See the Appendix

condition of each facility, overall usage of the center by local seniors, familiarity with the services being provided and the perceptions of those services by the local senior community. On each visit the committee met with the director/manager to learn details about programs and activities, funding, budgets, staffing, daily routines, number of participants and their wish list for the future. We also engaged informally with visitors to the center to gauge their levels of satisfaction and preferences for future services.

The Jury selected senior centers for an in-person visit that represented a cross section of location, economic status, neighborhood ethnic make-up, composition, diversity, managing organization, funding source and the number of seniors being served. The Jury met with the Director and senior staff of the Los Angeles County Aging and Disabilities Department. The Aging and Disabilities Department has serviced and supported the aged and disabled populations in Los Angeles County as an independent agency for approximately two years.[9]

The Jury also met virtually on several occasions with the Director of the Los Angeles City Department of Aging.

DISCUSSION

The Jury had the opportunity to interview managers of the Los Angeles County Department of Parks and Recreation and the City of Los Angeles Recreation and Parks.

The Jury visited selected centers representing a cross section of locations, ethnic makeup, economic status, neighborhood composition, staff experience and the number of volunteers. We found that many of the older facilities were in need of repair and drab in color.[10] We were told the city facilities only have 3 colors of paint from which to choose.[11] We were informed at multiple centers that the availability of affordable and reliable transportation to the center was a significant contributor to increased attendance.[12] The Jury was impressed with the number of positive non-profit relationships, with which the Cerritos and Long Beach programs were engaged, that provide affordable programs. However, we were also informed by City Department of Aging personnel that their processes result in the cumbersome nature of developing operating agreements with non-profits.[13]The Jury was informed by a manager that the Center had completed

[9] Information provided during interview conducted on January 7, 2025
[10] Ibid
[11] ibid
[12] Information provided by staff on date of interviews
[13] Interviewee from City Department of Aging

surveys of their participants to determine what programs, services and activities they wanted at the centers.[14]

The Jury was impressed with the level of staff who possessed background knowledge and experience of the aged and their needs, however there were a number of staff members at selected centers who did not appear to be familiar with the needs of their seniors. The directors and managers who did have experience in developing specific programs for seniors, had the most successful programs. The directors and managers who had experience in outreach and public relations, had more active participants and attendance.[15]

At Los Angeles City and County managed facilities, managers of the Centers were very open and candid. They expressed the assistance received from the City and/or County was positive and working.[16] When asked what their individual operating budget was for their centers, none of the managers could provide the amount. However, in interviews with management and staff the Jury was frequently told that they needed more financing and program money to fully operate and expand the service programs for the Centers.[17] Managers of facilities in other jurisdictions were nearly all satisfied with their operations and support from either their local cities or, in the case of independent non-profit facilities, their Board of Directors.

After visiting the Centers, it became apparent to us that three centers stood out as models for future outstanding centers: SCVSC, Cerritos Senior Center, and City of Long Beach's network of Senior Centers. Though we didn't conduct an on-site visit of any of their Centers, we were also impressed with the Los Angeles City Department of Aging's vision and standards for their 19 "Multi-Purpose Senior Centers (MPSC) based on several virtual meetings with the organization's director.

What differentiates these centers and the City's Department of Aging is the priority given to providing services and educational programs for seniors. It isn't that the more traditional services of recreation, socialization and field trips aren't important – they are. But as the population of seniors increases relative to other age groups, there is a compounding growth in the need for programs that offer reliable access to good nutrition, health, housing, and educational programs. As articulated by the Director of the City Department of Aging "It isn't about the centers it is about the services"[18]

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[14] ibid
[15] Observance of the Jury on days of visitations
[16] Information provided by staff on date of interviews.
[17] Ibid
[18] Information provided by director of LA City Department of Aging accessed March 26 2025.

Santa Clarita Valley Senior Center

The Santa Clarita Valley Committee on Aging (SCVCOA) was created in 1972. It was originally established as a Public Benefit Nonprofit 501(c) (3) Corporation,[19] to conduct business as the SCVSC.

Santa Clarita Senior Center (Bella Vida)

[19] History of the Santa Clarita Senior Center AI overview.

A state of the art 30,000 square foot permanent building was opened in April 2019. The principles set forth in the Older American's Act of 1965 served as the guidelines for the programs and activities developed and offered.[20]

Full time staff, Case Managers (social workers), are available on a daily basis to assist seniors who may be in need of help, due to diminished functioning or personal crisis.

[20] https://socialwelfare.library.vcu.edu/programs/older-americans-act-of-1965/, accessed April 24, 2025

The center offers the following classes, programs and services:[21]

26111 BOUQUET CANYON ROAD
SANTA CLARITA

[21] https://www.scvseniorcenter.org/, accessed April 24, 2025

CLASSES/FITNESS PROGRAMS	ACTIVITIES/CULTURAL PROGRAMS	SERVICES*
Crochet Zumba Arts & Crafts Knitting	Public Access Computer Computer Labs Health & Wellness Education & Clinics Work Out Room Fund Raising Events	Pantry Distribution Military Veterans Affairs Utility Assistance Home Delivered Meals Daily Lunch program Daily Adult Care Program Family Counseling Daily Life Skills Caregiver Support Program Senior Access Program Handy Worker Program Daily Telephone Reassurance Program

***** All services provided by full-time Social Workers

Members of the community serve on the Board of Directors to advise and assist in planning the numerous fundraising activities. The SCVSC receives financial support from the Los Angeles County Department of Aging and Disabilities, City of Santa Clarita and individual donors.

Cerritos Senior Center

The Cerritos Senior Center is located in Pat Nixon Park and was dedicated on January 29, 1994.[22] The 27,500-sq.ft building is designed with natural river rock and wood trellises around the exterior with detailed framework on the windows and doors.[23]

[22] https://www.cerritos.gov/recreation-culture/senior-services/cerritos-senior-center-at-pat-nixon-park/

[23] https://www.cerritos.gov/recreation-culture/senior-services/cerritos-senior-center-at-pat-nixon-park/


Cerritos
Senior Center

The following chart lists the classes, programs and services offered at the center.

CERRITOS SENIOR CENTER
12340 SOUTH ST
CERRITOS

CLASSES/FITNESS PROGRAMS	ACTIVITIES/CULTURAL PROGRAMS	SERVICES
Blood Pressure Senior Fitness Zumba Gold Swimming Yoga Senior Walking Group Safety Basics	Guitar Lessons Mahjong Ping Pong Ukulele Piano Knitting Painting	Lectures Counseling Services: • Legal • Medicare Safe Driving Techniques Affordable Senior Housing Provides counseling Diabetes Control Daily Lunch Program Home Delivered Meals Health Insurance Alzheimer's Support group Notary Public Transportation

		Technology Discussions Special events SPICE Program* Miss Lynn's Boutique

* Seniors Personally Involved In Children's Enrichment

The center is primarily funded by the City of Cerritos, although the administration seeks additional funding and program support from non-profit organizations. The staff and dedicated volunteers provide an array of extensive services.

Long Beach Network of Senior Centers

The Jury visited Houghton Park Senior Center, El Dorado Park Senior Center and 4th Street Senior Center, all located in Long Beach. The 4th Street Senior Center is the flagship for all 6 of the centers. The success of the senior programs in Long Beach is notably credited to the number of non-profit organizations that provide services under competitive bidding and subsequent contracts with the city[24] through the Aging Services Collaborative.[25] The programs provided at each of the following Centers are listed on the following charts:

4TH STREET SENIOR CENTER
1150 E. 4TH STREET
LONG BEACH

CLASSES/FITNESS PROGRAMS	ACTIVITIES/CULTURAL PROGRAMS	SERVICES*
Young at Heart Exercise Wood Carving Tai Chi Arts & Crafts Computer Technical Support Advanced Weaving Sewing Class Knit & Crochet	Karaoke Recipe Class Red Hat Society	Income Tax Preparation Fair Housing Presentation Estate Planning Care Giver Information Health Insurance Counseling Legal Assistance Gray Panther Diabetes Control Daily Nutrition Program Food bank/Distribution

* Services provided by Non-profit Organizations

[24] Information provided on March 26, 2025
[25] https://www.ocagingservicescollaborative.org

El Dorado Park Senior Center

EL DORADO PARK SENIOR CENTER
2800 N. STUDEBAKER ROAD
LONG BEACH

CLASSES/FITNESS/ PROGRAMS	ACTIVITIES/CULTURAL PROGRAMS	SERVICES*
Yoga Chair Volley Ball Senior Fitness Tai Chi Embroidery Eating Healthy Chair Stretching Table Tennis Pickle ball Almost Ballet* Line Dancing* Senior Fitness* Billiards – Pool Texas Hold 'em Mahjong Rummikub Karaoke Social Chess Club	Table Games Bingo Quilting Dancing Flower Arrangement** Billiards – Pool Movies	Blood testing Services Daily Lunch Program Technical Support Dine-In-Meals

* Services provided upon request thru 4th Street Senior Center

HOUGHTON PARK SENIOR CENTER

Houghton-Park Senior Center

CLASSES/FITNESS PROGRAMS	ACTIVITITES/CULTURAL PROGRAMS	SERVICES*
Party Line Exercise Dance Class Health Class Grow Young Fitness Soul Tai Chi Sewing class	Beginner Crochet Club Jewelry Club Free Art Style Bingo Acrylic Painting Gardening Group Card Making Craft	Smart Phone Class Chase Finance Class Daily Lunch Program Computer Class American Red Cross Screenings

*Referral Services provided by 4th Street Senior Center

Los Angeles City Department of Aging

The Los Angeles City Department of Aging is responsible for providing services, activities, transportation and food through 19 MPSC's throughout the city.[26] A MPSC is a one-stop location that provides specialized services emphasizing and addressing hunger, social isolation, health, housing, and general well-being of the aged.[27] The Centers are operated by contracted non-profit organizations that go through a bidding and selection process. They provide the services with licensed social workers who are on-site. If the non-profit organization[28] does not provide the services requested by a participant, they make referrals to organizations, agencies, and other service providers.

The chart below is a list of the MPSC's in Los Angeles.

[26] Information provided during ;interview with staff on March 25, 2025
[27] Information provided during interview with staff on March 25, 2025
[28] Information provided during interview with staff on March 25, 2025

Multipurpose Senior Centers - Department of Aging	Address
Alicia Broadus-Duncan	11300 Glenoaks Blvd., Pacoima, CA 91331
Bernardi	6514 Sylmar Ave., Van Nuys, CA 91401
Bradley	10957 S. Central Ave., Los Angeles, CA 90059
Felicia Mahood	11338 Santa Monica Blvd., Los Angeles, CA 90025
Jona Goldrich	330 N. Fairfax Ave. Los Angeles, CA 90036
St. Barnabas - Hollywood	5170 W. Santa Monica Blvd., Los Angeles, CA 90029
Mexican American Opportunity Foundation	6152 N Figueroa St, Los Angeles, CA 90042
ONEgeneration Senior Enrichment Center	18255 Victory Blvd., Reseda, CA 91335
Sherman Oaks/East Valley Adult Center	5056 Van Nuys Blvd., Sherman Oaks, CA 91403
Single Room Occupancy (SRO)	400 E. 5th St., Los Angeles, CA 90013
St. Barnabas - Mid City	675 Carondelet St., Los Angeles, CA 90057
Theresa Lindsay	429 E. 42nd Place, Los Angeles, CA 90011
Robert M. Wilkinson	8956 Vanalden Ave., Northridge, CA 91324
Wilmington Jaycees Foundation	1371 Eubank Ave. (Banning Park), Wilmington, CA 90744
WLCAC Southwestern	5133 S. Crenshaw Blvd., Los Angeles, CA 90043
WLCAC West Adams	2528 West Blvd., Los Angeles, CA 90016
Estelle Van Meter Mini-MPC	7600 S. Avalon Blvd. Los Angeles, CA 90001
St. Barnabas - Echo Park Mini-MPC	1021 N. Alvarado St. Los Angeles, CA 90026
LA-LGBT Senior Center Mini-MPC	1602 Ivar Ave. Los Angeles, CA 90028

The chart below lists the names of the non-profit agencies responsible for providing services and the location of the center:

AGENCY	AREA	SITE LOCATION	ADDRESS
Jewish Family Services	Westside, West Wilshire	Felicia Mahood Jonah Goldrich	11338 Santa Monica Blvd., L A 90025 330 N. Fairfax Ave., L A90036
Los Angeles LBGT Center	Hollywood	LBGT Mini MPC	1118 N. McCadden Pl, LA 90038
Mexican American Opportunity Foundation	Eastside	Eastside	2130 E 1st St., Suite 2200, LA 90038
ONEgeneration	Northwest Valley Southwest Valley	Robert M. Wilkinson One Generation	8956 Vanalden Ave. Northridge 91324 18255 Victory Blvd. Reseda, CA 91335
San Fernando Valley Interfaith Council	Northeast Valley Mid Valley Southeast Valley	Alicia Broadus-Duncan Bernardi Sherman Oaks East Valley	11300 Glenoaks Blvd. Pacoima 91331 6514 Sylmar Ave., Van Nuys 91401 5065 Van Nuys Blvd. Sherman Oaks 91403

SRO Housing Corporation	Central Business District	SRO	400 E. 5th St., LA 90057
St. Barnabas Senior Services	Northside City Echo Park	Hollywood Mid-City Echo Park Mini MPC	5170 W. Santa Monica Blvd. L.A. 90029 675 S. Carondelet St., L.A. 90057 1021 N. Alvarado St., L.A. 90026
Watts Labor Community Action Council	Southwestern West Adams Central South L.A> South Los Angeles	Southwestern West Adams Theresa Lindsay Bradley Estelle Van Meter Mini MPC	5133 S. Crenshaw Blvd., L.A. 90043 2528 West Blvd., L.A.90016 429 E. 42nd Pl., L.A. 90011 10957 Central Ave., L.A. 90059 606 E. 76th St., L.A> 90011
Wilmington Jaycees	Harbor	Wilmington	1371 Eubank Ave., Wilmington 90744

The following classes, programs and services are provided by the contracted non-profit organization at the 19 MPSC's located throughout Los Angeles

CLASSES/FITNESS PROGRAMS	ACTIVITIES/CULTURAL PROGRAMS	SERVICES\LOCAL CONTRACTED SERVICE PROVIDERS
Physical Activity Arthritis exercise program Arts & Crafts Bingo Line dancing Zumba Shuffleboard Croquet Pickleball	Planned Day trips Language lessons Movies	In-home Services Congregate Meals Home-Delivered Meals Door-to-Door Transportation Wellness Education & Screening Evidence Based Programs Caregiving Memory Emergency alert System Case Management

This Jury believes that the existing senior centers throughout the entire city and County are not only the vehicle and means, but are the magnet to draw seniors to the centers to experience life-enriching programs and services.

We had the opportunity to meet with the Los Angeles County Aging & Disabilities Department (ADD). ADD has been in operation as a separate department for approximately 2 years.[29],[30] This department provides services and support to the aged and disabled populations in the County.

The Los Angeles City Area Agency on Aging (AAA) and the County of Los Angeles Area Agency on Aging Planning and Service Areas together developed a four year Area Plan, as required by the California Department on Aging for all Area Agencies on Aging. The Purposeful Aging Los Angeles Initiative (PALA) was adopted and approved by the Los Angeles County Board of Supervisors, the Honorable Mayor Karen Bass and the Los Angeles City Council. [31]

The PALA partnership goal is to make the Los Angeles region the most age-friendly community in California.[32] As a result of a community survey, resulting in 14,000 responses, PALA was able to identify local priorities. The results include 8 Domains of Livability:[33]

- Civic participation and employment,

[29] Information provided during interview conducted on January 7, 2025
[30] Ibid (n 2, Four-Year Plan)
[31] https://ad.lacounty.gov/pala/
[32] Public Policy Institute of California, California's Aging Population
[33] Ibid.

- Communication and information,
- Community support and health services,
- Emergency preparedness and resilience,
- Outdoor spaces and building,
- Social participation,
- Respect and social inclusion, and
- Transportation.

Although the information in the plan addressed the proposed plans for the senior population and their needs, the Jury did not find any information specifically directed at the Senior Centers in the City and County.

The managers of the City and County-run Centers were very open and candid, they expressed that the assistance received from the City and/or County was positive and effective.[34] When asked what the individual operating budget was for each center, none of the managers could provide the amount. However, as a Jury, we surmised that more financing and program money was needed to fully operate and expand the service programs for the Centers.

It was very clear to the Jury that the need for information about service programs addressing the health, housing, educational and financial care of seniors, was not universally being offered by the Centers.[35] It was also apparent that there is little to no coordination between the City and County Departments of Aging on efforts to improve this situation.[36] We used the Centers in Santa Clarita and Cerritos as the role models for "what should be." Each has a daily Adult Day Care program.[37] These programs enable the senior to socialize and interact with others, and the family member providing care a few hours of respite. The Jury realized the need for health-centered programs was imperative. [38]

We are convinced that the time is now to begin addressing the increasing needs and challenges faced by older adults. The existing impact of social determinants of health, exacerbating health disparities, lack of socialization, need for care-givers, availability of pertinent service and nutritional information, and food is at a profound level of need and concern.

The commonality of the centers that we highlighted is that they aggressively pursue multiple local funding sources but not state or federal.

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[34] Information provided by staff on date of interviews.
[35] From separate interviews of staff of City and County Departments of Aging
[36] Ibid
[37] Observance of the program by the entire Civil-Grand Jury.
[38] Observance of the program by the entire Civil Grand Jury.

The future substantial growth in the older population in the County requires those providing services for the elderly to immediately begin planning and implementing programs to provide assistance and enrichment.[39] This Jury believes the existing Senior Centers throughout the entire City and County of Los Angeles are not only the vehicle and means, but are the magnet to draw seniors to the centers to experience life-enriching programs and services.

FINDINGS

1. The City of Los Angeles and County Departments of Aging do not have a cohesive or coordinated plan to address the increase of the – current and projected – senior populations in either the City or the County.

2. There is inadequate training of some of the County and Los Angeles City senior center managers in program development and the unique needs of the senior population.

3. The City and County do not adequately pursue government funding from the various national organizations on aging.

4. The City and County Departments of Aging do not coordinate on developing standards for the effectiveness of services at Senior Centers.

5. City and County-operated Senior Centers do not consistently provide affordable two-way transportation options for physically limited individuals to go to and from the centers.

6. Many of the older Senior Centers are in states of disrepair.

7. The process of developing relationships with non-profit organizations is cumbersome.

8. There are no uniform program standards to improve the quality of life for seniors.

9. Not many Senior Centers offer “field trips” for seniors.

[39] Public Policy Institute of California, California’s Aging Population

10. The Senior Centers do not uniformly offer adequate IT training, fraud awareness, and personal safety measures.

11. Some Senior Centers do not offer nutritional food service programs.

RECOMMENDATIONS

12.1 The City and County should develop a coordinated plan to address the needs of the rapidly growing senior population in the City and County.

12.2. The City and County should develop Senior Center Management Training Programs.

12.3. The City and County should seek more funding from State and Federal government agencies on Aging.

12.4. The City and County Departments of Aging should promote Senior Centers more with local advertising, flyers, etc.

12.5. Senior Centers should provide affordable two-way transportation options for physically limited individuals to go to and from their centers.

12.6. The City and County should ensure that their Senior Centers are appropriately maintained.

12.7. The City and County Departments of Aging should, with scrutiny, allow centers to seek aid from non-profit organizations and alternative funding sources.

12.8. All senior centers should offer appropriate services to seniors concentrating on lifestyle dynamics like physical health, mental health, family relationships, socialization, and financial and nutritional education to improve the quality of life of seniors.

12.9. The Senior Centers should provide field trips at least once a quarter.

12.10. All seniors should be offered adequate IT training, fraud awareness, and personal safety measures.

12.11. All Senior centers should offer a nutritional food service program.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60) days after the CGJ publishes its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made no later than ninety (90) days after the CGJ publishes its report and files with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

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Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 W Temple Street, Thirteenth Floor, Room 13-303
Los Angeles, CA 90012

COMMENDATIONS

We would like to extend a very appreciative Thank You to all who provided the valuable information in this report.

REQUIRED RESPONSES

AGENCY	REQUIRED RESPONSES
County of Los Angeles Board of Supervisors	R12.1, R12.2, R12.3, R12.4, R12.5, R12.6, R12.7, R12.8, R12.9, R12.10, R12.11
County of Los Angeles Chief Executive Office	R12.1, R12.2, R12.3, R12.4, R12.5, R12.6, R12.7, R12.8, R12.9, R12.10, R12.11
Los Angeles City Council	R12.1, R12.2, R12.3, R12.4, R12.5, R12.6, R12.7, R12.8, R12.9, R12.10, R12.11
Los Angeles City Manager	R12.1, R12.2, R12.3, R12.4, R12.5, R12.6, R12.7, R12.8, R12.9, R12.10, R12.11

Mayor of City of Los Angeles	R12.1, R12.2, R12.3, R12.4, R12.5, R12.6, R12.7, R12.8, R12.9, R12.10, R12.11
Los Angeles County Department of Aging & Disabilities	R12.1, R12.2, R12.3, R12.4, R12.5, R12.6, R12.7, R12.8, R12.9, R12.10, R12.11
City of Los Angeles Department of Aging	R12.1, R12.2, R12.3, R12.4, R12.5, R12.6 R12.7, R12.8 R12.9, R12.10, R12.11
Los Angeles County Department of Parks & Recreation	R12.1, R12.2, R12.3, R12.4, R12.5, R12.6, R12.7, R12.8, R12.9, R12.10, R12.11
City of Los Angeles Department of Recreation & Parks	R12.1, R12.2, R12.3, R12.4, R12.5, R12.6, R12.7, R12.8, R12.9,.R12.10, R12.11

ACRONYMS

NAME	ACRONYM
County of Los Angeles	County
Los Angeles City Area Agency on Aging	AAA
Los Angeles County Civil Grand Jury	Jury
Los Angeles City Multi-Purpose Center	MPC
Purposeful Aging Los Angeles Initiative	PALA
Santa Clarita Valley Committee on Aging	SCVCOA
Senior Centers	Centers
Santa Clarita Valley Senior Center	SGVSC

APPENDIX

CITY	CITY POPULATION	SOURCE OF FUNDING
Agoura Hills	20,299	Community Service Department
Alhambra	82,868	Community Service Department
Arcadia	56,681	Recreation & Community Service Department
Artesia	16,395	City Parks & Recreation
Avalon	3,460	Community Service Department

CITY	CITY POPULATION	SOURCE OF FUNDING
Azusa	50,000	Community Resources
Baldwin Park	72,176	Los Angeles County Department Parks & Recreation
Bell	35,559	City of Bell
Bell Gardens	39,501	Recreation & Community services
Bellflower	79,190	Department. of Parks & Recreation
Beverly Hills	32,701	Department. of Community Development
Bradbury	921	NO CENTER
Burbank	107,337	Parks & Recreation
Calabasas	23,241	Department of Community services
Carson	95,558	Department of Community Services

CITY	CITY POPULATION	SOURCE OF FUNDING
Cerritos	49,578	City of Cerritos
Claremont	37,266	Los Angeles County Department of Parks & Recreation
Commerce	12,378	Los Angeles County Department of Parks & Recreation
Compton	95,740	City of Compton
Covina	51,268	Los Angeles County Department of Parks & Recreation
Cudahy	22,811	Community Service Commission
Culver City	40,779	City of Culver City
Diamond Bar	55,072	Recreation Service Dept.
Downey	114,355	Los Angeles County Department Parks & Recreation

CITY	CITY POPULATION	SOURCE OF FUNDING
Duarte	21,727	Los Angeles County Department Parks & Recreation
EL Monte	109,450	Los Angeles County Department Parks & Recreation
El Segundo	17,272	City Programs & Services
Gardena	61,027	Recreation & Human Services
Glendale	196,543	Community Services & Parks
Glendora	52,558	Recreation & Human Services
Hawaiian Gardens	14,149	City Human Services Department
Hawthorne	88,083	Los Angeles County Department Parks & Recreation
Hermosa Beach	19,728	Community Resources Parks & Recreation

CITY	CITY POPULATION	SOURCE OF FUNDING
Hidden Hills	1,725	NO CENTER
Huntington Park	54,883	Community Services
Industry	264	Los Angeles County Department Parks & Recreation
Inglewood	107,762	Parks, Recreation Community Services
Irwindale	1,472	Senior Center Commission
La Canada Flintridge	20,573	City of La Canada Flintridge
La Habra Heights	5,682	Social Services Division
La Mirada	48,008	Los Angeles County Department Parks & recreation
La Puente	38,062	Los Angeles County Department Parks & Recreation
La Verne	31,334	Community Services

CITY	CITY POPULATION	SOURCE OF FUNDING
Lakewood	82,496	Recreation & Community Service Commission
Lancaster	173,516	Los Angeles County Department Parks & recreation
Lawndale	31,807	Los Angeles County Department Parks & recreation
Long Beach	466,742	Long Beach City Parks & Recreation
Los Angeles	3,898,747	Los Angeles City Recreation & Parks (29 Centers)
Lynwood	67,265	Los Angeles County Department Parks & Recreation
Malibu	10,654	Recreation Commission
Manhattan Beach	35,506	City Parks & Recreation
Maywood	25,138	Community Service Dept.

CITY	CITY POPULATION	SOURCE OF FUNDING
Monrovia	37,931	Community Service Dept.
Montebello	62,640	Recreation & Community Services Dept.
Monterey Park	61,098	City Social Service
Norwalk	102,773	Los Angeles County Department Parks & Recreation
Palmdale	169,450	Non-profit
Palos Verdes Estates	13,347	City Parks & Recreation
Paramount	53,733	City Recreation & Parks
Pasadena	138,6999	Non-profit
Pico Rivera	62,088	Los Angeles County Department Parks & Recreation
Pomona	151,714	Los Angeles County Department. Parks & Recreation

Rancho Palos Verdes	42,287	City Parks & Recreations
Redondo Beach	71,576	City Community Service
Rolling Hills	1,739	Part of Rolling Hills Estate
Rolling Hills Estates	8,260	City Department Parks & Recreation
Rosemead	51,185	City Department Parks & Recreation
San Dimas	34,924	Department Parks & Recreation
San Fernando	23,946	Los Angeles County Department Parks & Recreation
San Gabriel	39,568	Community Services
San Marino	12,513	Recreation Department
Santa Clarita	228,673	Multiple sources
Santa Fe Springs	19,219	Los Angeles County Department Parks & Recreation

Santa Monica	93,076	Los Angeles County Department .Parks & Recreation
Sierra Madre	11,268	Community Resources
Signal Hill	11,848	Parks & Recreation
South El Monte	19,567	Senior Services
South Gate	92,726	Recreation
South Pasadena	26,943	Senior Citizen's Foundation
Temple City	36,494	Parks & Recreation
Torrance	147,067	Community Service Department
Vernon	222	City Funded
Walnut	28,430	Los Angeles County Department Parks & Recreation
West Covina	109,501	Los Angeles County Department Parks & Recreation

West Hollywood	35,757	Senior Advisory Board
Westlake Village	8,029	Parks & Recreation
Whittier	87,306	Parks & Recreation Community Services

COMMITTEE MEMBERS

Tom Hartmann - Chair
Carolyn Cobb - Co-chair
Michele D McKinley - Secretary
Victor H. Lesley – Member
LeRoy R Titus - Member

LAX - AUTOMATED PEOPLE MOVER

2024-2025
Los Angeles County
Civil Grand Jury

LAX - AUTOMATED PEOPLE MOVER

$880,000,000 OF CHANGE ORDERS! – SO WHAT?

EXECUTIVE SUMMARY

Overseeing county operations and functioning as a "watchdog" to ensure accountability and transparency is the primary purpose of the Civil Grand Jury.[1] The jury's obligation is first to investigate, and then report on, using the facts gathered during the investigation, to the citizenry of the City and County of Los Angeles for the purpose of holding them accountable in the public interest.

The 2024-2025 Los Angeles County Civil Grand Jury ("CGJ" or "Jury") chose to investigate the largest airport capital improvement project ever endeavored in the United States.[2]

The overall objective of this investigation was to assess whether the City of Los Angeles ("City") could effectively plan and manage complex, long-term of high dollar value construction projects. The Jury limited itself to analyzing a single large ongoing project. We believe the lessons learned from analysis of this single large project can be relevant and helpful to stakeholders and administrators as they consider future projects.

When we began this investigation the Jury felt that even if no lessons were learned, at a minimum, the citizenry may appreciate the complexity of a large public works project.

The Los Angeles International Airport ("LAX") Automated People Mover fit our selection criteria because it is part of an overall planned $30 billion[3] renovation and utilizes a design-build contract delivery method. The LAX Automated People Mover ("Project") contains:

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[1] California Civil Grand Juries History Law How They Operate 4th Edition, Civil Grand Jurors' Association of California. Judge Quentin L. Kopp (Ret.)

[2] https://www.investmentmonitor.ai/news/the-us-largest-airport-projects-under-construction/ Accessed March 6, 2025

[3] DOING BUSINESS WITH LAWA JUNE 2024 Page 17-19 LAMP "Landside Access Modernization Program" https://lawamediastorage.blob.core.windows.net/lawa-media-files/media-files/lawa-web/business-opportunities/updated-files/2024-updates/doing-business-with-lawa-june-2024-ppt-slides.pdf Accessed March 6, 2025

- Substantial budget – Originally the design-build contract was approximately $1.9 billion;[4]
- Complex, and requires significant coordination among consultants, City Departments and infrastructure (coordination with the LA Metro Rail i.e. Metro Green Line Station, existing airline terminals and infrastructure, Public Works (street infrastructure) and other new airport projects i.e. the new ConRac station (new off-site rental car center);
- $880 Million change order increases[5] to the original $1.9 billion design-build contract; and
- Time extensions – 2½ years behind original completion schedule.

Each element above underscores a challenge commonly faced in major public development projects.

The Contract ("Contract") for the Automated People Mover ("People Mover" or "Project") was originally set for $1.949 Billion. It now has a cost of $2.848 Billion. At this point, realistically, little can be done to reduce the overall Project's cost as the cost or commitments have already been spent or approved. Nevertheless, the Jury attempts to explain how $880 million of change orders occurred, and to hold the City accountable, and report this information back to the Citizenry.

Simply put, the time delay and $880 million increase are water under the bridge. So why investigate further? To provide lessons learned and offer suggestions or recommendations to help minimize the scale of such cost increases of future City and County projects, including:

- The next $15 billion (Phase 2)[6] of $30 billion planned for future LAX renovations and expansion – Yes there are more renovation being planned;
- The proposed Convention Center renovation;
- Relocating the existing Hall of Administration to a high rise in downtown LA (a County of LA facility);
- Constructing a new Men's Central Jail (Also a county facility where the need for renovation or a new facility has been talked about for years); and
- Other large-scale public works projects.

Originally the Jury felt that the simple magnitude of $880 million of additions to the Contract is prima facie evidence that Los Angeles World Airport (LAWA) must have been improperly planned and/or badly managed. It was probable that

[4] Original schedule of values contained in the Contract between LAWA and LINXS – Form O Appendix F
[5] Change order #98 (Global Settlement) – Adjusted Contract value = $880 million
[6] DOING BUSINESS WITH LAWA JUNE 2024 Page 19 LAMP "Landside Access Modernization Program" https://lawamediastorage.blob.core.windows.net/lawa-media-files/media-files/lawa-web/business-opportunities/updated-files/2024-updates/doing-business-with-lawa-june-2024-ppt-slides.pdf Accessed March 6, 2025

management did not understand the difference between the sophisticated responsibilities of a design-build versus the more common design-bid-build delivery method. We anticipated reporting inappropriate planning and design errors resulting in change orders and time extensions. Maybe we would uncover fraud, waste, abuse or corruption. Our main conclusion was anticipated to prove executive management did not have the capability to undertake a project of this magnitude. The Jury's report was going to include examples of mismanagement and then conclude with recommendations based on the findings and identifying examples, which would support a conclusion that the City should rethink or modify its approach to future large projects.

Although it is not the main function of this Jury to make a conclusion regarding whether or not fraud, corruption or mismanagement have been committed, it doesn't mean that the aforementioned abuses did not exist.

Nevertheless, the Jury found no fraud, no corruption and no mismanagement. The Jury found no nefarious villain in the City that the Jury can recommend going after. We found no person working for the City or City entity where blame can be placed which caused the $880 million cost overrun to the original contract. It's hard to place blame on outside organizations acting in their best own interest.

The closest we found to villains might be some of the LAWA's consultants that were hired to act as experts. Maybe if the consultants had been hired earlier in the design and procurement stage, they would have been in a better position to foresee and make certain suggestions. If those suggestions had been made and accepted, the suggestions might have prevented significant change orders.

Also, the organizational structure that LAWA operates under, i.e. The Airport Enterprise Fund ("Enterprise Fund"), has separate reporting that shields the spotlight of scrutiny from the City's General Fund. As a result of the reporting within the Enterprise Fund, and not the General Fund, the change orders may have avoided certain scrutiny, that otherwise would have occurred, had the change orders been reported within the General Fund.

So what did go wrong- if anything? Maybe nothing. Is this magnitude of a budget overrun (45%) and schedule delay (50%) on a large public construction project under a design-build delivery method to be expected? Read on, my friend.

Below, the Jury provides the reader with what it considers the most relevant information as to what happened. Every detail the Jury discovered is not presented. But again, most importantly, what the Jury is looking for is to report to the Citizenry and, if possible, to provide lessons that can be applied to future City projects.

NOTE TO READER –
We tried to enhance the sections and titling of the report as if one were experiencing a Hollywood Movie. Likely it won't win an Academy Award, but maybe you'll be invited to an after-party. Sit back and enjoy the popcorn.

The following is based on real events

QUEUE the big yawn

This is a story of big government, big companies, big infrastructure, big politics, but most importantly – big pressure. Unfortunately, despite the magnitude of the issues, some of the material (actually most) is very dry and boring.

"The Big Sleep[7]"

- Big numbers,
- Construction contracts,
- Ownership structures,
- Bond ratings
- Construction schedules
- Change orders,
- Organizational structures and
- Financial reporting and consolidations
- City charter

BACKGROUND

THE THEATRE GOES DARK, THE CURTAIN IS DRAWN, MUSIC STARTS AND THE AUDIENCE IS LISTENING...

YOU WANT THE TRUTH ! - YOU WANT THE TRUTH !! – YOU CANT HANDLE THE TRUTH !!![8]

The first requisite to understanding this investigation is a general understanding of the overall framework of the People Mover Project and the parties involved.

Project Description –

[7] The Big Sleep released 1946
[8] A Few Good Men – Released 1992

”Nothing will ever be attempted if all possible objections must first be overcome," attributed to Samuel Johnson.[9]

Automated People Mover Project (“People Mover” or “Project”)

A primary purpose of the Project is to ease traffic congestion around the LAX “horseshoe” and provide access from existing public transportation into the airport. The overall Project is a 2.25 mile elevated guideway/tram, that when opened in January 2026 will transport travelers to airline terminals with additional stops at the new consolidated Rental Car (“ConRAC”) facility and another stop connecting to the MetroRail Green Line. [10]

Roll Opening Credits - The Cast of Characters - The Main Stars of Our Saga Up for Best Actor in a Leading Role – The Protagonists and Antagonists

- The **Los Angeles World Airport** – LAWA operates LAX.[11] LAWA[12] is an asset owned by City. For purposes of this investigation LAWA is sometimes referred to as “Owner” or “Manager”.

- **LINXS** – For the purposes of this investigation “LINXS” is the contractor (“Contractor”) and is a joint venture.[13] LINXS is an acronym for “**L**os Angeles **IN**tegrated E**X**press **S**olution.” The LINXS joint venture was selected to be the Contractor and is under contract to Design Build Finance Operate and Maintain (“DBFOM”) the Automated People Mover under the terms of the Design-Build Contract.

  The Jury believes the general public can more readily associate LINXS’s responsibilities as a Contractor, rather the term Developer, for which LINXS is defined in the Contract. LINXS has additional obligations to provide certain Financing, as well as Operations and Maintenance post

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[9] Samuel Johnson - Wikipedia, Accessed April 29, 2025

[10] DOING BUSINESS WITH LAWA JUNE 2024 Page 19 LAMP “Landside Access Modernization Program” https://lawamediastorage.blob.core.windows.net/lawa-media-files/media-files/lawa-web/business-opportunities/updated-files/2024-updates/doing-business-with-lawa-june-2024-ppt-slides.pdf Accessed March 6, 2025 page 5

[11] Los Angeles City Charter, Sections 630, et sec; LAWA also operated Van Nuys Airport and other properties. LAX is by far the largest

[12] https://lawamediastorage.blob.core.windows.net/lawa-media-files/media-files/lawa-web/lawa-investor-relations/files/fy2024-lax-annual-financial-report.pdf page I Accessed April 4, 2025 Note that this URL will download the pdf automatically. LAWA is an independent, financially self-sufficient department of the City of Los Angeles (City) created pursuant to Article XXIV, Section 238 of the City Charter. LAWA is under the management and control of a seven-member Board of Airport Commissioners (Board) appointed by the Mayor and confirmed by the City Council. LAWA operates and maintains two airports, Los Angeles International Airport (LAX) and Van Nuys Airport (VNY). See also https://codelibrary.amlegal.com/codes/los_angeles/latest/laac/0-0-0-3119#JD_ChA6S2 accessed May 9, 2025.

[13] https://www.lawa.org/news-releases/2018/news-release-44 page Accessed April 4, 2025 Paragraph 6

construction. These further responsibilities of the Contractor are not materially relevant to the discussion of the design and construction focused in this investigation.

LINXS is joint venture consortium headed by Fluor[14] (listed NYSE as FLR) and includes Balfour Beatty, ACS Infrastructure Development, Dragados USA, HOCHTIEF PPP Solutions, Flatiron, HDR, HNTB and Bombardier Transportation.[15] These companies are among the largest and most experienced engineers and contractors in the world.

Co-Starring Roles

- **Parsons Corp** (NYSE listed PSN) was engaged as a consultant to serve as a construction manager for LAWA.[16] Parsons responsibilities included, among other things providing project and construction management, document controls, constructability, and change management.
- **LA Public Works/Dept. of Engineering** – These City departments review and approve the necessary plans for below-ground construction related to foundations for the elevated track structure, and coordinate of all the necessary relocation of utilities below the streets (water, sewer, drainage, etc.)
- **LA Department of Building and Safety ("LADBS")** – This City department is responsible for the approval of permits related to construction above-ground (the construction that you see including supports, track, connections from landing to terminals, walkways, ADA-compliance, electric sidewalks, etc.).

Supporting Roles

- **The MOU – Memorandum of Understanding[17]** – Because the time to approve various submittals for building permits is known to be generally a very lengthy process, the City (various agencies – LADBS, Public Works, Department of Engineering, etc.) made a commitment to LAWA to prioritize approvals of submittals from LINXS related to the People Mover. The MOU committed the City to provide review responses within set deadlines. (The Contractor relied on the MOU deadlines for permit approval as a basis for providing the cost estimate.)
- **Department of Public Works/Contract Administration** – Provides assurance to the City that LINXS' work complied with the approved issued construction permits.

[14] Meetings with LAWA indicated Fluor was the lead member of the joint venture
[15] IBID-
[16] Contract between City and Parsons dated 7th November 2025
[17] Exhibit 12 A-2 DBFOM Agreement (Contract)

- **Nossaman** – The legal firm selected to advise and write the construction agreement between LAWA and LINXS. This legal firm specializes in P3 Projects (Public Private Partnerships)[18] contracts.
- **Fitch Bond Rating Agency** – As mentioned previously, the agreement between LINXS and LAWA obligated the Contractor to provide financing to build the project. LINXS issued bonds backed by future revenues that LINXS would earn from the DBFOM contract. Buyers of the bonds require the bonds be rated for institutional investors. The bonds were rated by Fitch.
- **Specification "Spec" Design (ers)** – LAWA hired and consulted with many firms to provide the general criteria, guidelines and concepts that LAWA wanted for the completed Project. Spec Designers helped create the Design Specs,[19] which are included as exhibits in the Technical Provision attached to the Contract. Spec Design was provided to bidders (Bidders) to convey the Owner's concept of the finished Project. Ultimately the winning Bidder became the Contractor.

  The Bidders all incorporated the Spec Design as the basis for their bid, the basis for the Design-Build Contract. Although the Spec Designs are similar to drawings and plans and specifications that an architect would send to contractors on a typical design-bid-build project, they are in fact very different because they are not complete design drawings. The Spec Designer's job is to convey to the Contractor the Owner's concept of the finished Project. It is the Design-Build Contractor's obligation to complete the design drawings within the framework of the Spec Designer's vision and build the Project.

SPECIAL GUEST APPEARANCE

The **Airport Enterprise Fund ("**Enterprise Fund") - LAWA is an asset owned by the City[20]. It is authorized via a special City charter amendment to operate LAX as an Enterprise Fund. The Airport Enterprise Fund has its own audited separate financial statement which as of June 30, 2024 reflects $21 billion in Assets of which $1.7 billion is in unrestricted cash[21]

LAWA funds airport activities and operations via rents, fees, grants and ticket taxes, etc. from a variety of sources and is required to pay its own expenses and obligations without funding or support or contributions from the City. The Enterprise Fund reports to the Airport Board of Commissioners which in turn reports to the City. The Enterprise Fund is like an independent entity, yet pays no federal or state taxes.

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[18] Meeting with Entity 4, LAWA Council Airport Division, February 25, 2025
[19] Spec design is over 6000 pages contained in Technical Provisions – LAWA APM Part1 thru 17
[20] Los Angeles City Charter, Sections 630, et sec
[21] https://lawamediastorage.blob.core.windows.net/lawa-media-files/media-files/lawa-web/lawa-investor-relations/files/fy2024-lawa-annual-comprehensive-financial-report.pdf pg 45 Accessed March7, 2025

METHODOLGY SEE APPENDIX

DISCUSSION

SCENE 1 - Fade In

1) The Project

The overall Project is a 2.25 mile long elevated guideway and free tram service, the purpose of which is to ease traffic congestion around the LAX "horseshoe". Tram stops include access to all airline main terminals, a stop at the new consolidated Rent-A Car "ConRAC" facility (combining all rental car operations into one facility), a maintenance facility, and the key stop at the Metro Rail Green Line [22] (thus allowing easier access to the airport via public transportation from the entire MetroRail system).

2) The Main Contract[23]

In 2018 LAWA's Management, authorized by Owner, entered into a 30-year agreement "**Contract**" from LAWA to the Contractor for the People Mover. The agreement has 5 basic components – Design, Build, Finance, Operate, Maintain ("DBFOM"). The **Design Build** ("DB") portion of the DBFOM agreement called for payments of $1.031 billion[24]. In addition, the Contract calls for LINXS to provide additional Financing **("F"**) of $918 million, thus bringing the initial design and construction cost "initial cost" of the People Mover to **$1.949 billion** (=$1.031B+$918M). Now adding of approved change orders of $880 million brings the adjusted cost of the design and construction being paid to LINXS to $2,848,000,000 ($1.949 billion+$880 million+$19 million[25]).

The DBF portion of the DBFOM contract was initially for a 5 year term, to be completed in 2023. It has currently been delayed to 2026.

The remaining post-construction obligations of the Contract are for Operations and Maintenance ("O&M"). O&M is for the 25-year period

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[22] Ibid page v

[23] The Automated People Mover Design Build Finance Operate and Maintain (DBFOM) agreement between City of Los Angeles and LAX Integrated Express Solutions, LLC was dated April 11, 2018. LA Ordinance No 183585 authorized the Board of Airport Commissioners LAWA to contract for contractors to design and build the Project and contract with Construction Managers.

[24] Change Order #35 Summary "Original Contracted Amount of LAWA Payments During D&C Period

[25] Unlocated difference which relative to the billions is immaterial to the discussion

following initial projected construction completion. (Because of the construction completion delay, the O&M period has been reduced by a time frame matching the delay, thus the overall term remains unchanged.) Without adjusting for inflation, the O&M portion was initially **$2.551** billion which brings the initial unadjusted combined DBFOM contract to approximately **$4.5 billion**[26] (=$1,949+$2.551) over 30 years. With change orders the aggregate payments to LINXS are approximately $5.380 billion ($4.500+$.880 change orders).

Again, the Project has incurred over $880 Million in change orders from the initial DB budget, bringing the adjusted Contract amount being paid to the Contractor – LINXS – to $2.848 Billion.

The Jury believes the Automated People Mover will cost (after change orders) more than it could have. Based on current media coverage the focus of attention is on when it will be placed in service. LAWA operates as an Enterprise Fund and is not included in the City's General Fund. As long as the Enterprise Fund is not a burden requiring City funds, little coverage is focused on the People Mover cost. A broad generalization related to the Enterprise Fund is, if nobody knows, nobody cares.

3) <u>Investigation Hypothesis</u>

As mentioned in the Executive Summary, the initial hypothesis for the ballooning cost of the Contract was that our preliminary assumption that the City just did not properly plan and understand the scope of work, and therefore change orders and delays were to be expected. That prejudiced assumption proved wrong.

The next possible reason was that LAWA did not understand the dynamics of a design-build delivery method and may not have been administering the Contractor's claims appropriately. So was the Project improperly planned, and was it mismanaged?

<u>SCENE 2 $2,848,000,000 - "Surely You Can't Be Serious --- I Am Serious --- And Don't Call Me Shirley"</u>

In the words of Senator Everett Dirkson from Illinois, "A billion here, a billion there and pretty soon we're talking about real money"[27]

[26] https://www.lawa.org/news-releases/2018/news-release-22, accessed April 29, 2025

[27] https://www.azquotes.com/author/3997-Everett_Dirksen, accessed April 29, 2025, though a similar quote was attributed to the New York Times in 1938, see https://yalealumnimagazine.org/articles/3920-they-didnt-say-it-first, accessed April 29, 2025

$2,848,000,000.00 - Two Billion Eight Hundred Forty Eight Million and No Cents - written out as if it were in a check being written from your check book is a really big number. You can think of each 0 as a little life floating ring buoy[28] on the ocean.

So no matter how one looks at $1.9 billion, it's a boat load of money.
Now add another $880 million. "You're gonna need a bigger boat". [29]

The initial Contract for design and construction was as follows:

Base Design & Construction Costs Contract- LINXS	$1.031 Billion[30]
Finance portion of Costs funded by LINXS	$ 918 [31]
Initial DESIGN & CONSTRUCTION Inc. Finance	**$1.949 Billion[32]**

The Whole Enchilada

The Operation and Maintenance portion of the Contract was not analyzed in detail for this report, but it should be noted that the entire DBFOM Contract was originally estimated to be $4.460 billion[33] over 30 years, before Operations and Maintenance are adjusted for inflation. Since the DBF portion of the contract is $1.949 billion, this implies the Operations and Maintenance portion of the Contract is $2.511 billion (=4.460-1.949). The OM portion is for 25 years. This implies that each year the cost of OM is approximately $100 million/year (or nearly $275,000 =$100,000,000/365) every day for the next 25 years, once the shuttle is in operation, not accounting for inflation. Does anybody see a sequel to this film?

Getting back to the design and build portion - The Change Order Cost Increases

There were **$880 Million** of approved change orders that added to the initial Contract cost. The change orders (not including the base contract) equate to **$74,000 per foot** (=$880 million /2.25 mi /5280 ft.) or over **$6,000 per inch** (or $236 per millimeter if you like the metric system and small numbers).

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[28] https://www.kentsafetyproducts.com/cdn/shop/files/152200-200-024-12.jpg?v=1694008842&width=1080 Accessed April 30, 2025
[29] Jaws – 1975
[30] Change Order #35 Summary "Original Contracted Amount of LAWA Payments During D&C Period =$1.031 billion
[31] Total of Base Contract including Finance Portion = $1,949 – design build portion $1,031 = $918 finance portion of base contract
[32] From Contract Form O – Design and Construction Schedule of Values – Appendix F Form O
[33] https://www.lawa.org/news-releases/2018/news-release-22

To put the magnitude of the change orders in more perspective, the City's 2024-2025 budget was $12.897 billion. Change orders approved for the People Mover are $880 million ($880=from below $252+$97+$550) which represents more than 7% of the entire 2024-2025 budget of the City of Los Angeles. (=$880/$12,897[34]).

Below is the detail of the construction for the Project after change orders the adjusted Contract for design and construction is:

Initial DESIGN & CONSTRUCTION Inc. Finance	$1.949 Billion[35]
Agreed Change Orders to LINXS prior to C0#35	$ 252 [36]
Change Order #35 related to Bridge v Seismic	$ 97[37]
Change Order #98 Global Settlement	$ 550[38]
Adjusted DESIGN & CONSTRUCTION & Finance	**$2,848 Billion**

A billion is a number that mortal humans cannot comprehend. In human terms, the combined design and construction (including change orders) of the People Mover is over:

$ 240,000 per foot ($1.949m+ $880m)/ 2.25 mi /5280 ft.)
$ 20,000 per inch.

More Perspective

Putting these numbers in perspective, if one were to agree to pay $10,000 for every mile to get to the moon, you'd still be $440 million ($10,000 per mile x 250,000 miles to the moon = $2.5 billion, roughly).

Similarly, even if you agreed to pay $30 a mile to get to the sun, you would not get there; First because the price would be 62 cents more ($30.62 per mile), and secondly, because you would burn up on the way.

For some additional perspective of the People Mover in relation to other major projects we submit the following:

A) UCLA Ronald Reagan Medical Center

Now let's compare the cost of People Mover to other big projects in LA.

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[34] https://cao.lacity.gov/budget/summary/2024-25%20Budget%20Summary%20-%20FINAL.pdf Page 12

[35] From Contract Form O – Design and Construction Schedule of Values – Appendix F Form O

[36] CO #98 "all previous change orders" $381m less CO#35 $97m = $252 m

[37] CO #35 $97million

[38] https://lawa.granicus.com/MetaViewer.php?view_id=4&clip_id=1109&meta_id=69748 Page 8

The UCLA Ronald Reagan Hospital originally was budgeted at $598 million in 1998, construction began in 1999 and was completed in 2004. Cost overruns, construction delays and design changes attributed to medical advances, resulted in the price of the building increasing to $829 million. Equipment purchased for the new building increased the total cost to over $1 billion.[39] Adjusted for inflation the $1 billion would be **$2 billion** in 2025 dollars[40] compared to the $2.8 billion for the People Mover.

B) The Getty Center
The $1.3 billion Getty Center opened to the public on December 16, 1997, and is well known for its architecture, gardens, and views overlooking Los Angeles. The Center sits atop a hill connected to a visitors' parking garage at the bottom of the hill by a three-car, cable-pulled hover train people mover.[41] Adjusted for inflation the entire complex's $1.3 billion cost would be **$2.6 billion** in 2025 dollars [42] compared to the $2.8 billion People Mover.

C) The Las Vegas Monorail
Cost $650 million to build 4 miles completed in 2004 [43] [44] connecting hotels. Adjusted for inflation it would cost $1.1 billion in 2025 dollars[45]

One last tidbit to keep in mind, the aforementioned costs are only what is to be paid to the DB Contractor. The above $2.8 billion People Mover cost does not include all the other associated costs such as Design Specs, construction consultants, legal advisors, etc. etc. (and payroll for all the bit part actors, not to mention craft services).

SCENE 3 "IF YOU BUILD IT, HE WILL COME"[46]

Construction 101

All construction projects, regardless of the delivery method, are fundamentally governed by three interdependent constraints sometimes referred to as the construction triangle. The constraints are:

1) Construction Time,
2) Construction Quality,

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[39] https://en.wikipedia.org/wiki/Ronald_Reagan_UCLA_Medical_Center#:~:text=Originally%20budgeted%20at%20%24598%20million,building%20increasing%20to%20%24829%20million. Accessed March 12, 2025

[40] https://www.officialdata.org/us/inflation/2000?amount=1000, Accessed April 29, 2025

[41] https://en.wikipedia.org/wiki/Getty_Center#:~:text=The%20%241.3%20billion%20center%20opened,cable%2Dpulled%20hovertrain%20people%20mover. Accessed March 12, 2025

[42] https://www.officialdata.org/us/inflation/1997?amount=1300, Accessed March 12, 2025

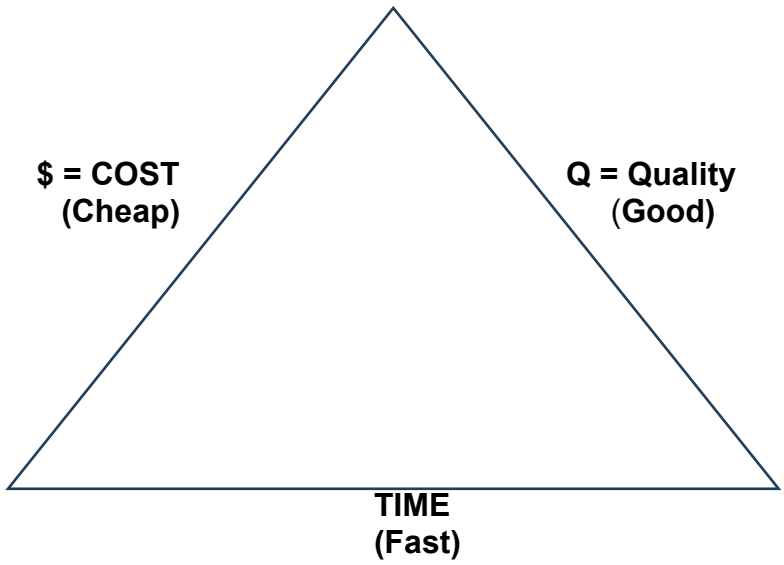
[43] https://www.latimes.com/travel/la-trw-las-vegas-monorail14sep14-story.html

[44] https://en.wikipedia.org/wiki/Las_Vegas_Monorail

[45] https://www.officialdata.org/us/inflation/2004?amount=650, Accessed April 29, 2025

[46] Field of Dreams released 1989

3) Construction Cost.



Construction Constraints ➔You can have any of the two

These constraints are often in conflict with one another. The goal in any construction project is to strike the right balance—minimizing cost and time while maximizing quality. For example, improving quality typically increases costs; accelerating the schedule raises expenses (overtime); and reducing costs often requires compromises in time or quality or both time and quality. Keep this triangle in mind as we discuss costs and change orders.

SCENE 4 Character Development

Design Build Construction Contract Delivery Methods – Why Is This Important?

Let's rewind the film a little first. One of the initial questions the Jury wanted to answer was whether the LAWA's use of Design-Build (instead of the more traditional Design-BID-Build delivery methods) was inappropriate. And if Design-Build was determined not appropriate for the People Mover, should LA avoid Design-Build delivery contracts for future upcoming planned projects?

What's the difference: Design-Build ("DB") vs. Design-Bid-Build ("DBB"?)

Design-Bid-Build

A) STEP 1 Design

The owner hires an architect (Lead designer – *the first contract with owner*). The owner conveys to the architect the concept of what will be desired when the project is completed. The architect then draws the conceptual schemes and refines them into drawings. The architect will incorporate the input of many consultants into the drawings. The various consultants usually include specialty designers such as engineers, (mechanical, structural, civil, etc.).

The combined work product of the owner and all the consultants are known as the "Drawings." The owner assumes responsibility for the design and architectural drawings. The finished design is then forwarded to contractors so they can provide bids/pricing back to the owner.

B) STEP 2 BID

The owner then distributes the Drawings to contractors to price or "Bid" on the project. The owner selects the contractor (*the 2nd contract with owner*) to build the project based on the Drawings.

The contractor's pricing (or bid) is based on exactly (no more – no less) of what is on the architectural drawings. If the contractor were to assume things not on the plans (even though he knows they will be necessary), and include those items in his bid pricing, the contractor's price could be underbid by a completing contractor, resulting in a loss of the contract.

This segmented process separates design from construction, which may lead to misunderstandings, inefficiencies and has the potential for communication gaps. When the owner, contractor and architect finally agree on exactly what was meant in the drawings it may justify many change orders adding to the cost of the initial bid/pricing amount.

C) STEP 3 BUILD

The selected contractor is then responsible for constructing exactly the project as designed.

Yet another strategy commonly used by contractors when pricing (bidding) public projects[47] is called "buying a job". The contractor bids the job at a loss (i.e. price the design documents the contractors bid at below the cost) in order to become the selected contractor. Once selected he "makes it

[47] Public Projects built for public and governmental entities are generally required to procure contracting services under competitive sealed bidding. Public projects commonly have public bid opening where the bid is opened and disclosed publicly and often accompanied by a bid-bond that bonds the contractor to the price. Private projects (are not under the same transparency rules) often receive competitive bids and then analyze, compare and negotiate the final terms with the architect and owner.

up in change orders" meaning he submits change orders that more than make up for the initial loss from the bid.

Design-Build

In contrast, the Design-Build ("DB") method integrates into a single entity both the design and the construction. As long as the owner conveys his concept to the DB contractor, it is the DB contractor's responsibility to resolve and build the project to meet the owner's concept.

The more specific the owner's design criteria and concept are, the better the DB Contractor can meet the owner's concept. Instead of the owner contracting separately with the designers and then the construction builder and then trying to communicate the exact concept, the DB contractor assembles a unified design team and then builds the project.

The DB team commonly includes the architect, engineers, consultants, suppliers, contractors and subcontractors. This integration within one entity streamlines communication and reduces the owner's direct coordination responsibilities.

The owner contracts with only one entity (design-build "contractor") he wants to both design and build the project. All of the consultants are under the "design" portion of the work and the construction is with the "build" portion.

Since the design-build entity controls all aspects of design and construction, any design errors or omissions are, by definition, the DB contractor's responsibility, thus negating the need for costly owner-driven change orders. Unless the owner asks for something that wasn't in the planning in step1, there should be no changes in scope that create change orders.

If a mistake or omission is made during design or construction which does not meet the owner's design concept, there is no question as to whose responsibility it is to make the correction – without any added costs (change orders) to the owner.

Advantages of Design-Build ("DB") over Design-Bid-Build ("DBB") Delivery Method

- A significant advantage of using a design-build contract is that owner may be able to reduce the inevitable change orders that seem to always accompany construction projects. Because the DB is responsible for building the owners concept, as contrasted to building what's on the architectural design documents, "making it up in change orders" is substantially eliminated.

- DBB divides accountability between designers and contractors, increasing the risk of miscommunication and conflicts. DB, however, consolidates responsibility, eliminating communication gaps and ensuring alignment between design and construction. If there is an oversight in the design, it is the DB's responsibility to correct it. Similarly, if there is an oversight in construction – methods, means or materials – it becomes the DB contractor's responsibility to meet the design criteria.
- While DB may involve a higher initial bid cost than DBB, it often reduces long-term additional costs by addressing potential design conflicts early. The experienced DB contractor knows to anticipate all items in the owner's concept and should be included in the bid estimate. The integration of design and construction allows for concurrent cost estimation, value engineering, and design development, optimizing project outcomes.
- The DB approach fosters synergy between designers and builders, enabling collaborative problem-solving and more accurate cost projections. Since the DB entity operates as a unified team, communication is more efficient, and the likelihood of misunderstandings is significantly reduced. If there is conflict, it is the DB that is required to resolve the conflict – not the owner.
- DB benefits the Owner because of a streamlined process, faster decision-making, and improved project coordination, making DB an increasingly preferred alternative to traditional DBB delivery methods.
- The People Mover is a Design Build Finance Operate and Maintain contract which is a hybrid of the DB method. The Design-Build-Finance-Operate-Maintain (DBFOM) delivery method for large **P**ublic **P**rivate Infrastructure **P**rojects is often referred to as PPP or P3 project. The DBFOM method adds obligations of financial, operational and maintenance after the construction is completed, further relieving the Owner of such tasks post completion. Because the Design Builder will be responsible for the future operations and maintenance (O&M), in theory the Design Builders construction will include such considerations in order to reduce O&M cost post construction. The higher quality materials will generally be more expensive up front and possibly add more time. But the addition will result in long term operating and maintenance savings and overall lower cost to the owner. Thus, DBFOM creates a more comprehensive project.

- Another layer of sophistication that is incorporated into the People Mover Project is the **financing** portion (or **F** in the DB F OM). In this case the Contractor agrees to provide some form of contribution to the cost of the construction. In the People Mover Project, LINXS provides $918 million for the design and

construction. This financing contribution is paid back to the Contractor as the Contractor achieves predetermined milestone construction completion events.[48]

- Another hybrid method which was not adopted into the People Mover Project (primarily because there had not been much experience with other projects while the People Mover was in its original planning phases)[49] has emerged as Progressive Design Build. Progressive Design Build is where the initial design portion is segmented into more than one phase. This creates stopping points for the Owner to evaluate his concept direction as the DB develops design and costs. Progressive Design Build allows the owner to determine if the owner wants to proceed, abandon the project or possibly switch out the initially selected DB Contractor. Progressive DB was not used at LAX and is beyond the scope of this investigation. It is mentioned in this report because the Progressive Design Build Contract is now advocated by LAWA given the current experience with the Project[50]

DISCUSSION

The Plot Thickens – Wide Angle Shot

So What Happened - What is Possible, Likely, Plausible, or Probable?

SCENE 5

Going Down the Rabbit Hole - Factors That Contributed to the Changes to the Cost of Construction

So if the DB delivery method is so much more effective than DBB in reducing change orders, then how could the Project incur $880 million in change orders?

It would be logical to think that at least one of the following major failures on the Owners part must have occurred.

1) **Communication of Concept**

Did the Owner communicate the concept properly?

After reviewing the Design Specs, the Jury concluded that the Project's concept was properly conveyed to the bidders[51]. With the presumed benefits that would

[48] Per meeting with LAWA January 29, 2025
[49] Meeting with Entity 2, Entity 1 and Entity 3 at LAWA 1/29/25
[50] LAWA management "lessons learned" letter of January 9, 2025
[51] Spec design is over 6000 pages contained in Technical Provisions – LAWA APM Part1 thru 17

limit change orders and comply with the schedule of a DB delivery method, the Contractor qualifications and experience, the Jury concluded that the DB contract was in fact the most appropriate method.

2) **Betterments**

A Betterment is an upgrade. An example of a Betterment would be if the design called for the trains to travel at 30 MPH and after the Contract is let, the Owner decides that it wants the train to travel at 50 MPH. In that case the added cost to make the trains travel to from 30 MPH to 50 MPH is a justifiable change order. The Jury determined that there were minimal Betterments to the Contract. Of $880 million in changes to the Contract amount, only $28 million (prior to the Global Settlement) were related to Betterments.[52]

The Owner, subsequent to the procurement (bidding), did not required the DB Contractor to provide many Betterments (defined below) which were not communicated in the Owners concept.

3) LAWA Management

Or maybe the Owner just doesn't know how to administer and manage a DB contract. This #3 was one of the original hypothesis of the Jury's investigation

The Jury, after meeting with the executive management team concluded that LAWA management, in fact, was very competent in the management of the DB Contractor.

4) Planning

Planning is evidenced by the extensive technical provisions and design guidelines in the Request for Proposal ("RFP") sent to multiple design-build engineering firms. Furthermore, the Jury has evidence that LAWA has contracted with highly qualified third party Construction and Project Managers (Parsons).

5) **Legal**

Later in the report we will discuss deficiencies in the Contract, but it would be difficult to assign any blame to LAWA legal counsel that attempted to hire and rely on first class outside counsel known for having experience with P3 DBFOM contracts

So if the Jury determined executive management is good, the design criteria is properly communicated by the Owner to the Contractor, the contract is a design-build where issues between design and construction are resolved by the Contractor is appropriate, and there were minimal Betterments, **why the magnitude of $880 million of change orders**?

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[52] Board of Airport Commissioners - APM Global Settlement Briefing, PowerPoint July 18, 2024 https://lawa.granicus.com/MetaViewer.php?view_id=4&clip_id=1109&meta_id=69748 page 2 Accessed April 7, 2025

SCENE 6 "FASTEN YOUR SEAT BELTS, IT'S GONNA BE A BUMPY NIGHT"[53] - OUR FIRST REALLY BIG ISSUE

- The Design Specifications provided to Bidders are clear that the Contract is design build, i.e. the Contractor has the responsibility for providing both design – according to building codes – and then construction of the Project according to the approved design. The specifications, provided to the selected Contractor, clearly state that ALL the codes in the design Specs provided are not necessarily the only building codes which need to be incorporated into the DB design.[54] The Contractor therefore would have to do their own due diligence to determine that their design met applicable codes and requirements of Authorities Having Jurisdiction (i.e. Department of Building and Safety). The Contractor is responsible, regardless of whether or not the specific code or regulation was included in the Design Specs.

  It is the DB Contractor's responsibility to ensure the work meets the Owner's concept. The Design Specs LAWA provided Contractors were not guaranteed to be accurate or complete. It would be the DB Contractor's responsibility to confirm or amend facts presented and design accordingly. For example:

  1) Design Consultants that wrote the Design Specs, and Bidders, were provided as-built drawings of certain conditions. It is the Contractor's responsibility to confirm all assumptions, whether inexplicit or inaccurate, regarding conditions.
     a. As part Contractor's design obligations, DB Contractors are "responsible for addressing all requirements with the Authorities Having Jurisdiction including but not limited to […]."[55]
     b. Manage, coordinate and OBTAIN {emphasis added} all necessary approvals and permits from […] AUTHORITIES HAVING JURISDICTION"[56]
     c. Contractor's Design plans and specs […] "shall be subject to review by LAWA and THIRD PARTIES ((emphasis added}: i.e. Authorities Having Jurisdiction […].)[57]

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[53] All About Eve – released 1950

[54] Required code compliance (4 page listing of building and construction codes). Also see Technical Provisions - Part 2A – Design and Construction General Requirements -Construction Design Requirements –Sec 5 -1 PDF Page 49 "5.1 Design Requirements "The Developer is responsible for addressing all requirements with the AHJ's including, **but not limited to, seismic design**,". In addition Technical Provisions Part 4 "The APM System design and construction shall comply with the requirements of the Standards and Specifications listed in this Part 4."

[55] Technical Provisions - Part 2A – Design and Construction General Requirements -Construction Design Requirements –Sec 5 -1 PDF Page 49 "5.1 Design Requirements "The Developer is responsible for addressing all requirements with the AHJ's including, **but not limited to, seismic design**,"

[56] IBID

[57] IBID

d. "During the design phase, Contractors will consult with applicable City of Los Angeles departments and other regulatory bodies […] to obtain input on draft design"[58]

2) **OKAY - HERE IS WHERE THE DESIGN CRITERIA INSTRUCTIONS BECOME CONFLICTING**. An "Authority Having Jurisdiction" is the LADBS. As such the Design Drawings must meet LADBS requirements. The Design Specs also state:
   a. "Developer shall comply with requirements listed in Part 4. Standards and Specification" [59] Part 4 includes references to meeting a certain bridge code.
   b. "Comply with…Inspection Plan shall **follow <u>BRIDGE inspection requirements […].</u>"[60]** <u>(emphasis added)</u>

<u>Bridge vs. Seismic</u>

The instructions and guidelines above become conflicting because the LADBS (an Authority Having Jurisdiction) ultimately determined (**before the Bidders presented their proposals**) and verbally informed the DB Bidders, "that the platforms, guideways and other major components of the Project **had to be designed to meet SEISMIC code"[61]**. The seismic code basis of design instruction is in conflict with the **BRIDGE** code (which was explicitly instructed in the design guidelines).

While meeting with LADBS during their required due diligence (See 2c and 2d above), LINXS and the other Bidders were informed[62] that in addition to meeting the bridge code, in order to obtain the building permit, LADBS would require the Contractor to meet the very different **seismic** code (also referred to as the building code.) The seismic and bridge codes very have incompatible

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[58] LAWA APM Part 5.02 Design and Construction Technical Requirements - Design Guidelines – Exhibit 5.02.01 Chapter 5 Planning and Implementation…Authority and Implementation 5-2 "While this document sets LAWA's overall vision and design guidelines for modernization projects, the specific design of each project will be developed through a collaborative, iterative process involving the community, elected leaders, Los Angeles City departments, and other stakeholders. During the design phase, contractors will consult with applicable City of Los Angeles departments and other regulatory bodies, as well as the community in order to obtain input on draft designs."

[59] Part 2B - Design and Construction Technical Requirements - 1.2 Standards and Specifications "The Developer shall comply with the requirements listed in Part 4, Standards and Specifications." Further described Section 1.3.2 APM Structures and Guideway Structure Inspection Plan "The Developer shall prepare an APM Structures and Guideway Structure Inspection Plan in accordance with the requirements of Part 2B Section 25."

[60] Part 2B - Design and Construction Technical Requirements – Sec 25. APM STRUCTURES AND GUIDEWAY STRUCTURE INSPECTION REQUIREMENTS "The Developer shall prepare an APM Structures and Guideway Structure Inspection Plan (Inspection Plan) and submit the plan to LAWA for review and comment six months prior to baseline inspections. The Inspection Plan shall follow **bridge inspection requirements** stated in the AASHTO Manual for Bridge Evaluation (MBE), with additions to cover all structures that are part of the APM System.

[61] 12/18/24 Meeting with Entity 8 Building Civil Engineer – LADBS

[62] Ibid

parameters. It is not as if one code has more restrictive requirements or guidelines that the design could just meet the most restrictive – the two codes are in conflict from an engineering perspective.

A) This conflict was identified during the bidding process by the Department of Building and Safety while the Bidders were performing their required consultation with LADBS (one of the Authorities having Jurisdiction).[63] However the conflict was **only *verbally*** communicated to the Bidders [64]

B) The Construction Manager (Parsons) did not ensure the Contractor's design documents met the LADBS requirements.[65] Part of the Construction Manager's obligation was to perform *constructability* analysis for the project[66] Constructability means that the Contractor can build as designed. So if the design was not sufficient to comply with the LADBS requirements to obtain the permit, then it was not constructible.

C) Based on verbal discussions with LADBS, the Contractor, knowing of the conflict, should have been aware and failed to reconfirm and obtain an irrevocable commitment as to the specific code requirements that LADBS would use to review and approve the design.[67]

D) LAWA with knowledge of the conflicting direction in the bid documents and requirement of the LADBS should have documented in ***writing*** to the Bidders via a construction bulletin prior to bids/pricing proposals being submitted and evaluated[68]. If the required clarifications were "missed" in the technical design spec documents being distributed to Bidders, once known, the clarifications should have been corrected and irrefutably communicated by the Owner and/or Project Manager via a BULLETIN. (A bid bulletin is commonly used to amend and clarify issues in plans and drawings after they have been issued so there would be no confusion.

E) Upon receipt and review of the Bidders proposal, LAWA and/or Parsons (as part of their obligation to provide Document Controls, Design Management and Constructability),[69] were in a position to be aware of

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[63] Ibid

[64] ibid

[65] Meeting with LADBS on December 18, 2024 LADBS would not issue permit using bridge code. The permit had to meet seismic code and therefore was not constructible as originally submitted

[66] Exhibit A - Contract between City of Los Angeles and Parsons Transportation dated 7th November, 2016

[67] 12/18/24 Meeting – Case Manager LADBS

[68] IBID

[69] Contract between LAWA and Parsons Transportation dated 7 November 2016 Exhibit A "The Contractor {Parsons} shall provide LAWA with complete Professional Services to support the proposed capital improvements for various Airfield, Landside, Utility and Infrastructure projects at LAX…and providing project controls and services ….Provide expert assistance to LAWA **THROUGHOUT THE CONSTRUCTION PHASE {Emphasis added}**. Services shall consist of, but not bel limited to the following: Project Management, Document Controls, Construction Management, Design Management, Constructability, and Change Management. 14.3. Consultant shall, at its own expense, promptly correct each and every design error and /or omission for which it is responsible, whether or not the result of failure to meet the standard of care, and whether committed by it or a sub consultant or sub -sub consultant of it. **Consultant's**

the conflict in the Contractor's proposal and notify the Contractor that the design was unacceptable. Nevertheless, the responsibility remains with the Contractor to build the Project.

In order not to create misunderstanding between the Owner and Contractor, the Construction Manager should help ensure Design Specs:

a) Due diligence to ensure constructability between and among all authorities having jurisdiction has been done.
b) Definitive coordination of building codes is used between departments and design specs.
c) Specific building codes need to be communicated to, and committed to in writing, by the Authorities Having Jurisdiction to the Spec Designers. Once Spec Designers receive codes, regardless of later determinations, the committed codes must supersede future determinations

SCENE 7 "WHO IS KEYSER SÖZE" [70]

Parsons Construction Management

1. The Jury could not determine irrefutable fault for the lack of clarification in the Design Specs.

   On the one hand, according to their contract with LAWA, among other responsibilities in the Not-to-exceed $35 million consulting contract, Parsons had the responsibility to manage design controls, design management, and constructability[71].

   The Parsons contract was signed before the Construction Contract with LINX (2018), yet the Parsons contract specifically states it included "assistance thru the construction phase". Was it Parson's job to provide a Bid Bulletin in the design and procurement phase? If yes, then it was Parson's oversight.

   On the other hand, if no, and Parsons responsibility begins only during the construction phase – not the procurement (bid phase) – then responsibility rests with the writers of the Design, not in the construction phase. If it is the Spec Designers responsibility, then

obligation in this regard is in addition to all other legal and contractual obligations of Consultant.{emphasis added}

[70] THE USUAL SUSPECTS released 1995

[71] Contract between LAWA and Parsons Transportation dated 7 November 2016 Exhibit A "The Contractor {Parsons} shall provide LAWA with complete Professional Services to support the proposed capital improvements for various Airfield, Landside, Utility and Infrastructure projects at LAX…and providing project controls and services ….Provide expert assistance to LAWA **THROUGHOUT THE CONSTRUCTION PHASE {Emphasis added}**.

the ambiguity and conflict remain with the Owner because of defect in the concept.

The clarifications should have been corrected via a bulletin from the Spec Designers, Construction Manager or LAWA. The Project Manager should have been more closely interfacing with LADBS to identify and resolve design conflicts. Further the legal review of the Construction Management Agreement should have been clearer as to exactly where the Construction Managers obligations were to start, i.e. whether or not in the Procurement Phase or Construction Phase.

The Jury's findings above are echoed by LAWA management in their "lessons learned" letter of January 9, 2025 from Improved Design Controls paragraph [72]"[…] the City should ensure that the appropriate design criteria are included in the RFP and contract to avoid costly post-award changes."

SCENE 8 – THE LOVE SCENE - SO NOW WE GOTTA HOT DISPUTE

"LOVE MEANS NEVER HAVING TO SAY YOU'RE SORRY"[73]

Conflicting Design Guidance Details

Despite being told by LADBS that LADBS was going to require design using the building code, LINXS designed the Project based on the bridge code.[74] LINXS position is that the bridge code is explicitly stated and is the direction given by the Owner.[75]

LAWA's position is the design specs are only guidelines. It is LINXS responsibility to design the Project so LINXS can pull their building permit. LINXS was informed during procurement that LADBS would require the design to meet seismic building requirements – regardless of what is in the design specs.

SCENE 9 – Cutting room floor

SCENE 10 – DISPUTE RESOLUTION - Push Comes to Shove

Contractual Procedure for dispute resolution

Construction contract disputes are not uncommon between the owner and contractor. If a dispute arises, typically a chain of procedures enumerated in the

[72] "Lessons learned" letter of January 9, 2025 from LAWA Improved Design Controls section
[73] LOVE STORY released 1970
[74] 12/18/24 Meeting with Entity 8 Civil Engineer – LADBS
[75] Telephone call November 18, 2024 with Entity 17 Partner Musick Peeler -LINXS legal counsel

contract is set forth to help the parties resolve disputes. The procedures are designed to resolve the issue before resorting to binding arbitration or full litigation which could take years to resolve.

Mediation is not precluded in the Contract, however mediation is non-binding and can also be very time consuming. Often mediation is designed for the mediator to hear each party's side of the dispute (sometimes not even in front of the other party) and then the mediator, based on what is presented, attempts to convince the parties to settle.

The Project Neutral in the LAX People Mover Contract.
Because of the complexities with the construction of this Project, a non-binding media ("Project Neutral") provision was included in the Contract. The Project Neutral differs from a mediator in that the Project Neutral is not necessarily focused on trying to obtain compromise. Rather, the Project Neutral hears each side and renders an opinion as to what the Project Neutral believes the outcome would be if the issue was resolved in binding arbitration or litigation.

The process envisioned by LAWA was to be relatively informal, so as to resolve the issues quickly.[76] The person acting as Project Neutral was a pre-agreed upon single individual (not a panel), with a very technical construction/engineering background.[77] The Project Neutral would be able to evaluate and predict the legal outcome of issues that came up during the Project's execution.[78] Unlike a mediator, simply trying to get the parties to settle, the Project Neutral's job is to predict what the result would be if the parties went through litigation. The decision of the Project Neutral is non-binding on the parties.

LAWA felt that the Project Neutral process would be invoked to determine relatively minor disputes and/or very technical issues as they came up from time to time. LAWA did not envision only 1 person determining large-dollar-contractual disputes[79]. LAWA really did not envision the process that emerged, i.e. a single Project Neutral deciding very large dollar claims.[80] For large dollar claims, it would not be unusual for the contract to call for a panel of 3 (rather than just 1 person) to render their decision. [81]

The Jury found the dispute resolution procedure in the Contract (written by Nossaman) to be inadequate. LAWA confirmed the Jury's opinion by recommending among other things that the dispute resolution process needs

[76] Meeting with Entity 4, LAWA Counsel 2/25/2025
[77] Ibid
[78] Ibid
[79] Ibid
[80] Ibid
[81] Meeting at LAWA 1/29/25 with Entity 2

"[…] more defined Informal Dispute Resolution procedures (i.e. Project Neutral - Jury added) […] which would allow for faster resolutions."[82]

The Owner has provisions in the Contract to terminate the Contractor but this is not a realistic solution since replacement after Construction and permits have been pulled would be nearly impossible. The final step in the dispute resolution process is to take the claim to litigation.[83] Although the Contract provides that the work is to continue during litigation there is no definition in the Contract as to how "continue" is defined.[84] Effectively one guy with a shovel could be judged that the Contractor was continuing work.

SCENE 11 Lovers Spat - THE SHARKS AND JETS RUMBLE

From LAWA's perspective the bridge v. seismic issue was clearly a case of the Contractor not complying with the overall obligations under the Design Build Contract.[85] Costs associated with the correction under the design build delivery method should be the responsibility of the Design Build Contractor. LAWA maintained its rejection based on the Contractor's obligation to secure all governmental approvals, including satisfaction of any conditions to obtaining permits as imposed by Authorities Having Jurisdiction (such as LADBS). The Jury also agreed that the conflict should ultimately not be LAWA's responsibility.

LAWA felt there should be no change order since the design and associated code was the Contractor's responsibility.[86] Costs to revise design, if not acceptable to Authorities Having Jurisdiction, are the responsibility of the Design Build Contractor.

SCENE 12 -- A Jilted Lover –-"Fatal Attraction[87]"

LINXS viewed the issue differently. LINXS requested $143 million to reimburse itself for the added cost of changing the drawings that originally complied with the bridge code, to the seismic code.

The dispute (called Relief Event in the Contract) was taken to the Project Neutral**.**

Divorce Court – "LOVE MEANS NEVER HAVING TO SAY YOU'RE SORRY" [88]

The Project Neutral said $97 million would have been awarded to LINXS had the issue gone to litigation.

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[82] LAWA management their "lessons learned" letter of January 9, 2025 – Recommendations to revise and improve contracting procedures to more narrowly define "relief events"
[83] Contract - Article 18 Dispute Resolution Procedures Page 169
[84] Ibid
[85] Meeting at LAWA 1/29/25 with Entity 1 and Entity 2 and Entity 3
[86] Confirmed at meeting 2/25/25 with Entity 4, LAWA Counsel
[87] Fatal Attraction released 1987
[88] Love Story 1970

Although LAWA disagreed, Change Order #35 was issued for $97 million. Furthermore LAWA felt the time to go through litigation might have been successful but could endanger the completion of the Project. [89]

The claim that resulted in Change Order #35 was originally submitted by LINXS for $143 million. The decision to agree to the $97 million Change Order #35 still looms large. As described above, from LAWA's perspective the bridge v. seismic issue – was unexpected. [90]

SCENE 13 –- Change Order #35 the best laid plans of Mice and Men[91]

Aside from the very large amount of the Project Neutral's opinion, the $97 million change order in favor of LINXS has very important implications for subsequent disputes and the remainder of the Project.

Important lessons were revealed:

1) First LAWA envisioned the Project Neutral resolving very technical construction issues, yet was now being asked to resolve legal contractual issues.[92]
2) Next – Because of the dollar amount involved, the presentations on both sides became extensive and time consuming.[93]
3) Next – LAWA did not envision the single individual Project Neutral to be asked to resolve claims of the magnitude submitted by LINXS for this issue. [94]
4) Nossaman (the legal firm that wrote the Contract for LAWA) should have required a mechanism including at least a panel of 3 or more for disputes over a certain dollar amount. [95]
5) Nossaman wrote the Contract.[96] The contract did not provide further procedures short of mediation to resolve non-technical relief event claims. The only procedure left to resolve future disputes is simply Litigation. LAWA did not want to pursue mediation because it was still not binding and because of the time. [97]
6) LAWA felt it couldn't rely on the Project Neutral procedure for future disputes due to the aforementioned results of the code dispute. LAWA felt

[89] Meeting at LAWA 1/29/25 with Entity 2 and reconfirmed with Entity 4 –LAWA Counsel at 2/25/25 meeting
[90] Meeting at LAWA 1/29/25 with Entity 2 Entity 1 and Entity 3
[91] Poem by Robert Burns
[92] Confirmed at meeting 2/25/25 with Entity 4, LAWA Counsel
[93] IBID
[94] IBID
[95] IBID
[96] IBID
[97] IBID

the Project Neutral was Contractor biased.[98] Once the Project Neutral was selected there was no provision in the Contract to replace and select another. This is another defect in the Contract written by Nossaman.[99]

7) The final step in dispute resolution is litigation – either binding arbitration or a judicial lawsuit where the issue is decided by a judge. So why didn't LAWA go to mediation? LAWA felt that because mediation is non-binding, regardless of the result it was just going to prolong the dispute.[100] So why didn't LAWA pursue binding arbitration or full litigation? Because many times litigation could be expected to take 3-5 years.[101]

   SUGGESTION FROM CGJ FOR FUTURE CONTRACTS If one of the parties decides that a claim needs to go through litigation, the Plaintiff (LAWA) pays to the defendant (Contractor) the disputed amount – but Plaintiff has the right to force defendant to post a bond. The purpose of the bond is to reimburse plaintiff if the defendant loses. Since the defendant has been paid during the litigation, work continues and is not delayed.

   Another **SUGGESTION FROM CGJ FOR FUTURE CONTRACTS** is to provide a provision that allows LAWA and LINXS to agree to resolve quickly using a procedure similar to Major League Baseball Arbitration.[102]

8) When Parson's was asked how they advised LAWA on this Change Order #35 ($97 million) and later Change Order #98 (agreed to for $550 million), the Parsons representative claimed that the answer was privileged.[103]

SCENE 14 – "FRANKLY, MY DEAR, I DON'T GIVE A DAMN"[104] - City Departments are frustrated with Contractor

The working arrangement between LINXS and the City is degrading as the Project wears on. City Departments were not impressed with LINXS performance.

LA Dept. of Engineering/Public Works and Department of Engineering

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[98] IBID

[99] LAWA management in their "lessons learned" letter of January 9, 2025 – Recommendations to revise and improve contracting procedures for the safeguard to protect city against future P3 delivery challenges. "[…] the Contract should allow for the replacement of the dispute resolution professional if confidence is lost."

[100] Meeting at LAWA 1/29/25 with Entity 2

[101] Ibid

[102] ("There's No Crying In Baseball"– A League Of Their Own – Released 1992) Major League Baseball Arbitration is where a Player believes he is entitled to a contract for say $3 million and the Owner says the player is only entitled to $1 million. Under rules of baseball arbitration, the arbitration amount is not a compromise – it is either $1million or $3 million – thus forcing the parties to really evaluate their positions before the arbitrator makes a decision.

[103] Meeting with Parsons 2/27/2025

[104] Gone with the Wind – released 1939

Both representatives from LA Dept. of Engineering/Public Works when asked about LINXS was also critical of LINXS performance. Public Works perception was reconfirmed by the Department of Engineering. The specific comment which made an impression on the Jury was that “LINXS was not following the approved submittals. They did what they wanted and treated the work as if the Contract were a Design Build, Redesign, Build Redesign [...]" [105] [106]

Los Angeles Department of Building and Safety

The above perception was reconfirmed for a third time by LADBS.[107] The work was not according to the approved specifications which caused delay and was exemplified in an elevator issue. The Design Specs and approvals required all improvements to be TYPE 1 construction. TYPE 1 means there are no combustible materials. LINXS argued that they could simply coat the wood products used with a non-combustible coating and then cover the wood with metal. LADBS would not accept non-compliant materials (plywood and lumber) inside the metal frame of the elevator(s). Rather than simply removing the non-compliant materials and replacing with non-combustible materials, LINXS went through a very time consuming process of submitting an alternative coating product. The coating product had to be tested for flame retardancy to make an exception to the TYPE 1 code requirements.[108]

LAWA

LAWA executive management recognized that LINXS was not performing as might have been expected. When asked if LAWA would use LINXS for future work, the diplomatic response was that more due diligence would be justified for future projects.[109] LAWA management confirmed this in their “lessons learned” letter of January 9, 2025

Before selecting a Contractor, more due diligence needs to be performed as to how the Contractor executed in past projects.[110] [111]

More Due Diligence of selected BD Contractor

a) How are they going to perform,
b) Has the consortium worked together in the past, and
c) Penalties for non-compliance with approved plans and/or construction work.

[105] Telephone call with Entity 15– City of LA, Contracts Administration/ Public Works 10/21/24
[106] Meeting with Entity 7 – City of LA Bureau of Engineering – 11/7/24
[107] Meeting at LA Dept. of Building Safety 12/18/24 with Entity 8., Building Civil Engineer – LADBS
[108] Ibid
[109] Meeting at LAWA 1/29/25 with Entity 2, Entity 1 and Alias #3
[110] Ibid
[111] LAWA management their “lessons learned” letter of January 9, 2025-

SCENE 15 – "It's Understanding That Makes it Possible For People Like Us To Tolerate A Person Like Yourself"[112]

Memo of Understanding-MOU between LAWA and City Departments Is Ultimately Used as Leverage By Contractor

LAWA and the City knew at the conceptual phase of the Project that the time required for permit approval would be a significant consideration in determining how to schedule the project. Accordingly, LAWA and the City came to an agreement that submittals related to the Project would get priority over other construction projects in the City. The MOU provided specific time frames that the City would have to review, comment, return and approve submitted drawings and plans. In many cases the time frame was 20 days.[113]

The MOU was included in the construction contract. It was suggested by various City departments with authority, that inclusion of the MOU was a mistake. Both Public Works and Engineering felt the MOU should not have been included in the Contract with LINXS because the MOU was intended as an internal document between only the City and LAWA.[114] Public Works and Engineering both claimed that LINXS overwhelmed the City departments by submitting multiple documents covering multiple facets of the Project at the same time. These stacks of documents could not all be processed within the terms of the MOU, thus providing rationale for time delay change orders. The rigid timeframe for approval ultimately did result in delay claims because the city could not meet their obligation under the terms of the MOU.[115]

The department heads interviewed argued that since this agreement was only between the City and LAWA, inclusion in the Contract was not necessary [116]and provided unnecessary Contractor leverage to support their claims of time delay.

What occurred was that the Contractor overwhelmed the City with submittals. The departments only had limited resources and could not feasibly go out and hire and train additional engineers for a relatively short period of time and then lay off the hired engineers. As a result the City missed deadlines and ultimately these missed deadlines were included as delay change orders.[117]

The Jury initially agreed with the City department's argument that the inclusion of this memo was a mistake. The Jury agreed that inclusion gave an unnecessary advantage for change orders to the Contractor and did not understand the

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[112] Ferris Bueller's Day Off released 1986
[113] MOU – Master Cooperation Agreement between City of Los Angeles, Department of Airports and City of Los Angeles (including City Departments) Exhibit 12 B -DBFOM agreement (executed version) pdf page 63 of 181
[114] Meeting with Entity 7, City Engineer 11/16/24 and Entity 8 LADBS 12/18/24
[115] IBID
[116] IBID
[117] IBID

rational for inclusion. In fact, LAWA management's "lessons learned memo" also agreed with City Departments that inclusion of the MOU should be significantly revised for future projects.[118]

However, the Jury was later convinced otherwise. The CGJ learned that inclusion of MOU in the Contract was an important contract provision for the Contractor.[119] Parsons explained to the Jury that the MOU was necessary in order for LINXS to be able to estimate a schedule and the pricing of the Contract. Without the MOU being included in the Contract, the Contractor's pricing would have been significantly higher.

Ramifications of the MOU should have been more carefully considered by the legal preparers and signatories of the MOU. Advice or modifications to the MOU by legal consultants should have been provided to mitigate the foreseeable issues. These mitigations might have included:

1. Provisions that tolling stop once comments are returned to the contractor. Does not restart with submission of corrections. This would force the Contractor to get it right the first time.
2. Better coordination between the Contractor and City prioritizing the most important submittals on the critical path for City review in order to not delay the contractor. A schedule of submissions should be developed to prevent City departments from being overwhelmed which identifies lead time needed to make and review corrections.
3. It was unfair to the LADBS, Public Works, Zoning and Engineering staff and those reviewing submittal documents. City department heads described the "2-foot tall piles of submittal documents"[120] that all need to be approved within the rigid timeframe.
4. The demands of this single Project should have been foreseen to affect the entire backlog of approvals for the whole City. Consultants should have been more upfront in advising the City of the deadline implications. With better upfront communication between Contractor and City, the MOU could have been written to better anticipate staffing needs. If additional hiring was required to meet the deadlines, then it should have been written into the MOU and full-time additional staff could have been hired and trained.

SCENE 16 "LEAVE THE GUN. TAKE THE CANNOLI" [121]

NOW LET'S TURN UP THE HEAT IN THE PRESSURE COOKER Fade in soft violin music

[118] LAWA management their "lessons learned" letter of January 9, 2025- Memo of Understanding between agencies
[119] Meeting with Parsons 2/27/25
[120] Meeting with Entity 7, City Engineer 11/16/24
[121] GODFATHER released 1972

Time Pressure

The Jury is aware that in 2020 – 2021 the world experienced Covid. Although the Jury is not aware of any specific change order related to Covid, we believe that it was inevitable that the pandemic had a delay effect on progress.

Political Pressure

The reader should be aware that the DB Contract was executed in 2018. When the Construction Contract was executed, completion was expected in mid-2023. The City made a commitment to host the 2028 Olympics in LA. City officials touted (back then and now) the fact that as part of the games, LAX would have its new People Mover operational, which should be a great benefit in relieving traffic congestion.

If the delays and work slowdowns were not resolved, the completion of the Project could not be forecast.[122] It would be a major political embarrassment if the work was not completed before major world events (Olympics, World Soccer and Superbowl).

Scene 17 "I'LL MAKE HIM AN OFFER HE CANT REFUSE"[123]

Contractor Pressure

It appears the Contractor recognized and leveraged the intricacies of Contract provisions (or lack of provisions as explained below) to the Contractor's advantage. Completion before the Olympics is not the responsibility of the Contractor. As any business would, LINXS is going to try to maximize their profits. The Contractor acts to maximize the ultimate amount to be paid to the Contractor by LAWA.

Pressure:

A) Contractor has submitted another 209 relief events (claims). LAWA is not in agreement with many of these relief events either in part, or they fully disagree.[124] LAWA is also aware that resolution could last 3-5 years if all claims had to go to litigation. And if the claims do go to litigation, the progress on the Project is likely to stop.[125]

B) It is beyond the scope of this investigation to evaluate the 209 relief events submitted by the Contractor. Obviously LAWA disagrees with the claims either because of the amount claimed or the time extension requested, otherwise, LAWA would have agreed to the associated claim(s). Leaving the 209 relief event claims unresolved is detrimental to Project completion.

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[122] 19 January 2024, Fitch Ratings – Fitch downgrades LINXS…Rating outlook negative
[123] The Godfather released 1972
[124] Meeting at LAWA 1/29/25 with Entity 2, Entity 1 and Entity 3
[125] *Ibid*

C) Contractor slows progress because 209 relief events remain unresolved. LINXS is leveraging the tools in the Contract provisions (or lack of provisions in the Contract written by Nossaman). The slowdown tactic of LINXS is not nefarious. Its good business from the Contractor's point of view to force LAWA to agree to claims, which from LAWA's perspective, are not justified.
D) LAWA contract provisions that force LINXS to continue making progress while disputes are unresolved, are limited.
E) How does the Jury know that LINXS production and progress has slowed? Proof of the slowdown is documented in Fisk ratings downgrade of LINXS bond. Fisk Rating Agency lowered the bond rating. When Fisk lowered the bond rating, they explained that the Project had slowed and they couldn't determine when the Project would be completed. The rating company said "Due to the delays, the project currently has only a 16 day cushion to its lenders longstop date […] the confluence of a track record of delays, drawn out dispute resolutions and *strained relationship between grantor and project is not consistent with an investment grade rating"*[126]
F) The delay caused by these unresolved relief events is unacceptable from a political standpoint. The Project must not be delayed so as to miss completion by the 2028 Olympics and other events.
G) The Contractor has dug into their position of slowing work until the 209 relief events are resolved. LAWA doesn't agree that the claims are justified and/or with the dollar amount of the claims.[127]
H) NO INCENTIVE FOR THE CONTRACTOR TO SETTLE BEFORE LITIGATION -The Contractor is comprised of some of the largest construction and engineering firms in the world. As such they are fully familiar with their obligations under Design Build. Furthermore, as contractors and engineers, these firms have huge financial resources to withstand the financial costs of protracted litigation and have broad experience with the ramifications of litigation.

   It is the Jury's opinion that when the Contractor recognizes LAWA's position, i.e. that the dollar amount is of secondary importance, then the Contractor is enabled to charge ANY amount to meet the upcoming deadlines.

Circumstantial evidence (see scene 14 for examples of Contractor delay) convinced the Jury that the single most relevant overriding factor leading to $880 million in change orders was that the Contractor leveraged the change order

[126] 19 January 2024, Fitch Ratings – Fitch downgrades LINXS…Rating outlook negative
[127] Meeting at LAWA 1/29/25 with Entity 2 Entity 1 and Entity 3

process by implicitly holding out the threat of prolonged litigation to force LAWA to agree to the change orders, and to get the project completed in time for the high profile events so as not to embarrass the City.

SCENE 18 – "THE FIRST THING WE DO IS, LET'S KILL ALL THE LAWYERS"[128]

ANOTHER SIGNIFICANT OVERSIGHT & OMISSION IN THE CONTRACT PREPARED BY NOSSAMAN

INFERIOR CONTRACT PROVISION - Provision to Direct Work to Continue/Prevent Stoppage While Issues are In Dispute –
The Contract does provide the Owner the right to direct the Contractor to continue work while a dispute/claim is being resolved.[129] However, the Contract lacked tight provisions defining exactly what was meant for the Contractor to comply with LINXS continuing and proceeding.[130] If one worker goes out with a shovel and works, the Contractor would be in technical compliance with his contractual obligation. There is no definition of how fast or what progress needs to be made during this owner directed continuation – thus allowing the Contractor to effectively stop progress. If a slowdown were to occur – and it did – the completion dates would need to be extended.

This slowdown is creating a public relations nightmare from the City's perspective. Because of the 209 change orders claims/relief events, the City wants LAWA and Contractor to resolve all the issues and to get back to work.[131]

Thus, the lack of strong enforcement provisions that work should continue during disputes, adds pressure for the Owner to settle and ensure the completion deadlines are met.

The construction triangle
Remember our construction triangle. Time can't be adjusted, so time is becoming more of a factor than Cost.

Rewind the film back to the construction triangle in Scene 3. Remember for any construction project one can have any two of the sides: Time, Quality or Cost. The Quality is fixed because the design of the People Mover is what is wanted

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[128] Act IV scene 2 of William Shakespeare's Henry VI, Part II released between 1592 and 1599
[129] DFOM Agreement, Article 18.19, page 169, "Continuation of Work During Dispute"
[130] The provision in dispute resolution says "14.3. Consultant shall, at its own expense, promptly correct each and every design error and /or omission for which it is responsible, whether or not the result of failure to meet the standard of care, and whether committed by it or a sub-consultant or sub-sub-consultant of it." but does not define what progress is in Articles 13, 14, or 18
[131] City of Los Angeles Trade Travel Tourism Subcommittee Chairman Entity 5 Audio Recording LAWA recommending approval of the global change order settlement - 8/6/24

and it is too late to cut back on scope. Time is fixed and can't be extended because of the political fallout if the project does not get completed by the Olympics.

The lack of dispute resolution without having the enforcement provision to force Contractor to continue work during disputes becomes a key pressure point of the Contractor. Contractor is fully aware of the construction triangle, and recognizes LAWA's position, that the dollar amount is now of secondary importance compared to completion date.

Contractor knows that litigating the 209 relief events will take years and extend completion beyond 2028. Contractor is aware LAWAs negotiating position is now weakened because of the Time constraint in the construction triangle. Since Time and Quality are fixed the only changeable leg of the triangle is Cost. So, indeed, Cost goes up.

But what is even more nuanced from the Contractors point of view, is that even though the design-build contract is supposed to reduce change orders requests (209 relief event claims), simply by stopping progress on the Project, Contractor has the ability to get the changes approved without having to justify the change orders – either through Contractual dispute resolution or litigation.

Was the Contractor aware of this delay strategy when originally bidding the job? If so, effectively the Contractor was able to convert the benefit of minimal changes in Design Build to a contractor Design-Bid-Build strategy of "bid it at a loss and make it up in change orders"

SCENE 19 THE GLOBAL SETTLEMENT "SHOW ME THE MONEY!"[132]

Contractor is fully aware of the construction triangle and recognizes LAWA's weak position that the dollar amount is now of secondary importance compared to completion date. This allows Contractor to charge Owner ANY amount to get the Project back on track and get the Project done to meet the upcoming deadlines. **$550 million** sounds like a good number to the Jury.

With the exception of certain underground utilities that had to be relocated, the major claims contained in the Global Settlement have not been publicly disclosed. So not only could the Jury not determine the dollar amount of the claims, the Jury was unable obtain rough validation that ANY of the 209 relief events were even justifiable. Despite the Jury requesting a summary of the 209 relief events,[133] and LAWA also being asked at public meetings by Entity 5

[132] Jerry Maguire released 1996
[133] Meeting with LAWA

(LATourism Trade committee),[134] LAWA, Parsons, LINXS,[135] were all reluctant to provide examples of what relief events were included in the Global Settlement.

The Jury logically assumes the amount and time extension requested by the Contractor was greater than the final settlement. The difference between the amount of the submitted relief events and what was actually settled is unknown.

So the pressure is pragmatically resolved via LAWA agreeing to enter into a $550 million "Global Settlement".[136] Effectively the 209 claims are all settled for a single dollar amount along with a time extension to the Contract. The Global Settlement provides that each of the individual claims does not have to be individually analyzed, justified or resolved.

As soon as the Global Settlement is agreed to, the Contractor is back to work. How does the Jury know? Because the day after LAWA agreed to accept change order #98, Fitch issued a press release and raised the bond rating back to where it had been before the slowdown.[137]

SCENE 20 – "I FEEL THE NEED … THE NEED FOR SPEED!"[138]

From the Jury's perspective, it appears more likely that the 209 relief events were being used by the Contractor to pressure acceptance by LAWA for amounts (and time extensions) that might not otherwise have been accepted by LAWA had the Project not been facing the political deadline or long delays if resolved through litigation.

So Change Order #98 resolved all the relief event claims and stopped the Contractor slowdown. The Contractor is back to work and committed to a revised completion date (before the Olympics).

Completion is now in sight – The GLOBAL SETTLEMENT assured LAWA that the Project would be operational by mid-January 2026.

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[134] Hearing held on by LAWA re the global settlement July 17,2024

[135] Call with LINXS – On December 6, 2024 (RN NA BP GS) spoke on the phone Entity 16Asst. General Council for Fluor. A follow-up call from Entity 17– Outside counsel for LINXS – The purpose of the call was to ask for comment on the conclusion LINXS used its position to pressure LAWA to agree to the global -settlement in order to set a new completion date and finalized the outstanding change orders. Entity 16 commented that there was never a slowdown and that there was more to the Fitch reports that was not stated in the reporting of the bond downgrades. Further the magnitude of the $880 million change orders needed to be fully investigated before drawing conclusion as to whether design-build was appropriate.

[136] Change order #98 dated August 23, 2024

[137] Fitch Ratings, August 29,2024 "Fitch Revises LINXS LAX People Mover Project Outlook to Positive

[138] TOP GUN: MAVERICK released 2022

SCENE 21 "You Walk Into a Shoe Store with A Hundred And Fifty Bucks, You Come Out with One Shoe"[139]

$880 million of approved change orders - Money is no object

In this report we have detailed $647 million of change orders of the $880 million. (Project Neutral $97 million CO#35 + Global Settlement CO#98 $550 million).

The remainder of agreed Change Orders are summarized as: Related to Authorities Having Jurisdiction $165 million ($262 - $97),[140] Unforeseen Conditions $28 million,[141] Betterments of $28 million,[142] Document Corrections $12 million[143]. The total of which is $880 million.

SCENE 22 – "HOUSTON WE HAVE A PROBLEM"[144]

I don't have $550 million burning a hole in my pocket – Do you?

But where does LAWA get the $550 million for the Global Settlement? This question was asked of Entity 2[145] – at meeting held at LAWA January 29, 2025. The Jury thought that LAWA was going to have to have a giant bake sale or be forced to issue bonds in order to pay LINXS the $550 million due under Change Order #98. Surprisingly, the answer was that LAWA had, or could generate, the funds internally before the money under Change Order #98 was due.

Enter our old friend the Enterprise Fund.

SCENE 23 – LAX and the Enterprise Fund - The Cavalry rides to the rescue

The settlement amount seems of secondary importance to the completion of the Project before the Olympics. The public focus is on completion. The Global Settlement now assures the completion is in sight. The main concern appears to be only that the Project would be in service and now the Project is back on track for the major events coming to Los Angeles.[146]

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[139] The Color Of Money released 1986
[140] Board of Airport Commissioners - APM Settlement Briefing, PowerPoint July 18, 2024 Page 2 https://lawa.granicus.com/MetaViewer.php?view_id=4&clip_id=1109&meta_id=69748
[141] Ibid
[142] Ibid
[143] Ibid
[144] Apollo 13 - 1995
[145] Meeting at LAWA 1/29/25
[146] City of Los Angeles Travel, Trade, Tourism Oversite Subcommittee meeting held 8/24/24 recommended approval for the Global Settlement and was forwarded to the entire City Council for adoption

How come the $550 million change order for the global settlement is not a public relations disaster? The answer is Los Angeles's Airport Enterprise Fund which is not consolidated in the accounting of the City's General Fund. Although properly disclosed in the City's financial statements, the magnitude of the Project's cost can be somewhat camouflaged via the City's charter which provides that the airport is accounted for and reported as an Enterprise Fund.

SCENE 24 –THE ENTERPRISE FUND OFF-BALANCE SHEET FROM THE GENERAL FUND'S BALANCE SHEET ACCOUNTING

"WHAT WE HAVE HERE IS A FAILURE TO COMMUNICATE"[147]

LAWA is one of three Enterprise Funds owned by the City

1) The Department of Water and Power ("LADWP"),
2) The Harbors (Port of Los Angeles), and
3) Department of Airports (LAWA manages LAX, Van Nuys and other assets).

The Enterprise Fund is authorized by City Charter and as an Enterprise Fund is designed to act as a separate stand-alone self-sufficient subsidiary with its own Board of Directors. After the Board of Airport Commissioners approves major transactions, the transactions are ratified by the City Council.

The City does have oversite responsibilities for major activities and transactions which are approved by and brought to the City via the Board of Airport Commissioners. The commissioners oversee LAWA management and are appointed by the Mayor.

LAWA plans, constructs, and maintains its own buildings, and controls its own funds in accordance with the Los Angeles City Charter.[148] LAWA's operating budget comes from a variety of sources within various activities of LAX. Control of its own funds includes, but is not limited to, passenger boarding and landing fees, terminal and concession leases, security, runway maintenance, financing, etc.

WHOSE ASSET IS IT?

The Department of Airports' accounting is not combined or consolidated with the City's budget or otherwise included in the City's General Fund. LAWA is fully self-funded and with the exception of minor repayment for certain services (e.g. electrical, trash, etc.), the City of LA receives no funding from LAX.[149] There is

[147] Cool Hand Luke released 1967
[148] Ibid
[149] Meeting at City Controller Office 10/9/24, Entity 6, Financial Analysis and Reporting

but a single disclosure of receipts and appropriations at the end of page 26 of the 2024-2025 Budget Summary.[150] Because of this separation of accounting and reporting, the fact that LAWA is an asset of the City may not be obvious. If it doesn't affect the City's General Fund and no one is directly affected, where is the incentive to pay attention?

Unless approved by City Charter, the City is restricted from receiving (or taking) any funds from its three Enterprise Funds. Currently the notable exception to that restriction is the electrical arm of the LADWP which contributes approximately 30%[151] of its gross power revenues to the City.[152]

Airport revenues, expenses, profits and losses generally do not affect the City's General Fund. Because of the independence of this Fund from the City's general spotlight, as long as there was no effect to the General Fund, the change orders may not have received scrutiny and attention from the public, media and other City leaders.

Let's Focus on the LAWA Enterprise Fund

Looking at LAWA's June 30, 2024 audited balance sheet, unallocated cash is $1.7 billion.[153] Net position (assets minus liabilities) is $6.4 billion.[154] For year's end, 2024 LAWA Enterprise Fund had net profit of $302 million.[155] The Net Position of the entire City of Los Angeles is $31.7 billion, not including the positions of the Enterprise Funds.[156] Therefore LAWA's Net position is over 20% of the City's Net Position (6.4 ÷ 31.7 > 0.2 = 20%).

As a result of the Airport's own funding, LAWA, subject to the Airport Board of Commissioners oversight, can finance change orders without any financial

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[150] https://cao.lacity.gov/budget/summary/2024-25%20Budget%20Summary%20-%20FINAL.pdf

[151] https://cao.lacity.gov/budget/summary/2024-25%20Budget%20Summary%20-%20FINAL.pdf page 6 $272,389,538 Water and Power transfers relates to General Fund Revenues – Note other transfers from airports and harbors relate to reimbursements for security and other required services (such as water & power) and or required contributions to retirement pensions per meeting with City Controller office– Entity 6 - on 10/9/24

[152] https://www.ladwp.com/sites/default/files/2024-12/Power%20System%202024%20Financial%20Statements%20GAS%20opinion.pdf Accessed April 18, 2025, Page 104 (106 in pdf) From 2023/2024 LADWP audited financial statement Note 14 (A) "Transfers to the reserve fund of City of Los Angeles – Under provisions of the City's charter, at the close of each fiscal year, the Power Systems funds at its discretion to the reserve fund of the City. The transfer is based on prior year's operating revenue…" Page 106 (pdf page 108) "The Power Systems authorized a total of $245 million …in fiscal year 2024…from the Power System to the reserve fund of the City.

[153] https://lawamediastorage.blob.core.windows.net/lawa-media-files/media-files/lawa-web/lawa-investor-relations/files/fy2024-lawa-annual-comprehensive-financial-report.pdf pg 45 Accessed March7, 2025 Note: these balances reflect the entire LAWA Dept. of Airports which include LAX and Van Nuys Airport and other holdings of LA Department of Airports. LAX is the most significant holding.

[154] Ibid page 46

[155] Ibid page 47

[156] https://controller.lacity.gov/reports/pafr24 See middle of webpage. Accessed April 2, 2025.

impact to the City's General Fund, and thereby avoid intense public scrutiny. Because of the independence of the fund from the City's general fund spotlight, as long as there is no effect to the General Fund, the change orders may not have received appropriate scrutiny and attention from the public, media, and other City leaders. Out of Sight – Out of Mind, so to speak. LAWA is able to internally self-fund the global settlement change order, although it does go to the City for ratification.

LAWA is projecting to generate NET CASH FLOW every year for the next 10 years between $600 million and $900 million. THAT'S EVERY YEAR!!!![157]

SCENE 25 "Badges, Badges – We Don't Need No Stinkin' Badges!" [158]
Which leads to the next question relative to the $550 million Global Settlement change order #98. How is it that the City, which seemingly is always in the midst of a budget crisis, has $1.6 billion in unallocated funds or $6.4 billion in Net Assets? Why doesn't the City tap into its assets?

"Do local governments have the legal authority to transfer, (appropriate or loan) money from an Enterprise Fund to another fund in order to pay for an expenditure that is unrelated to the enterprise activity?" Generally the answer is "Yes" as long as all the budgeted expenses of the enterprise activity are covered for the fiscal year"[159]

The answer, specifically to the LAX Airport Enterprise Fund is contained within the City Charter.

Per Sec.344 Transfer of Surplus to Reserve Fund
"Surplus money may be transferred from the Airport Revenue Fund only as provided in Section 635".[160]

Per Sec 635 Airport Revenue Fund: Creation of Funds:
"(a) This fund shall be exempt from the end of year transfer provisions of Section 344.
Also per Sec 635 Use of Funds:
Allows "(6) Discretionary Transfer to General Fund. For transfer to the General Fund of money determined by the board to be surplus, but only to

[157] https://www.lawa.org/sites/lawa/files/2025-03/3.%20Management%20Report%20C%20-%20Capital%20Finance%20Plan.pdf PAGE 11 Accessed April 22, 2025
[158] TREASURE OF SIERRA MADRE released 1948
[159] https://canons.sog.unc.edu/2015/06/transferring-money-from-an-enterprise-fund-authority-limitations-and-consequences/
[160] https://codelibrary.amlegal.com/codes/los_angeles/latest/laac/0-0-0-1271#JD_Ch344. Accessed April 18, 2025

the extent not inconsistent with federal or state law, regulation or contractual obligations." [161]

Charter Section 344 allows transfer, and section 635 appears also to allow the transfer as long as the transfer is not inconsistent with other laws or obligations.

LAWA is an asset of the City. The City's Airport Enterprise Fund net position is $6.4 billion.[162] It has net revenues over expenses of more than $302 million a year.[163] LAWA projects to earn between $600 million and $900 million of net cash flow every year for the next 10 years.[164] There appears to be more than enough financial resources for the Airport Enterprise Fund to enable a transfer of funds to the City. The Board of Airport Commissioners should be required to provide to the City an assessment of future revenues and expenditures and needs considering reasonable financing alternatives, *if* LAWA has surplus funds. The Report must identify *federal or state law, regulation or contractual obligations* which may be preventing transfer. The City's Auditor/Controller should opine on the reasonableness of the Board of Airport Commissioners' analysis of existing and future surplus availability. Additionally Auditor/Controller should opine on whether any obstacles noted in the Board of Airport Commissioners' report to a potential transfer can be overcome, and if so what the steps that would entail.

CONCLUSION SCENE – 26 "EYES WIDE SHUT"[165]

Now, after incurring over $2.8 billion of direct cost to the Contractor (not including preliminary conceptual design, construction management and other costs), the People Mover is about to be placed in service. The LAX People Mover is essentially is a 2¼ mile elevated track and platforms for shuttles to provide access into the airline terminals. It includes a connection to consolidated rental car center and a new connection to MetroRail green line allowing passengers to access the airport via public transit.

We believe the above discussion supports a conclusion that the Contractor could have been able to exploit the deficiencies in the Contract to their maximum benefit. What happened during construction of the People Mover is important, but not as important as preventing some of the missteps from happening again.

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[161] https://codelibrary.amlegal.com/codes/los_angeles/latest/laac/0-0-0-3175#JD_Ch635. Accessed April 18, 2025

[162] https://lawamediastorage.blob.core.windows.net/lawa-media-files/media-files/lawa-web/lawa-investor-relations/files/fy2024-lawa-annual-comprehensive-financial-report.pdf pg 46 Accessed March7, 2025

[163] IBID page 47

[164] https://www.lawa.org/sites/lawa/files/2025-03/3.%20Management%20Report%20C%20-%20Capital%20Finance%20Plan.pdf PAGE 11 Accessed April 22, 2025

[165] Eyes Wide Shut released 1999

It's for the reader to determine if the billions the City has invested to provide a MetroRail connection and relieve 20-30 minutes of traffic congestion around the horseshoe, was worth it.

What would have happened if LAWA hadn't had the time pressure of completion by the Olympics and other major events to litigate the $550 million Global Settlement?

Now that the reader has a basic understanding of the Actors and Construction Contract, **we will never know** how deep the Contractor's strategy relied on delay to obtain the Global Settlement. Was it the Contractor's strategy from the very beginning to "buy the job and make it up in change orders?" Could it be possible that the Contractor's actions (e.g. overwhelming the City with submittals, requiring multiple revisions in field work, using unapproved materials, submitting 209 relief events that could not be litigated without jeopardizing the completion dates of the Contractor) delay tactics? Was the Contractor playing 3 dimensional chess and the City/LAWA playing checkers? When did the Contractor recognize the shortcomings in the Contract of dispute resolution and if the Enterprise Fund could be used as camouflage to mask the magnitude of change orders? Were LAWA and the City duped?

It is hoped that this report will benefit the City and County of Los Angeles with future projects, and that we will not make the same mistakes that occurred during construction of the People Mover. The most notable factor of change orders boils down to inflexibility to adjust time, inflexible deadlines of completion dates, and time to resolve disputes through litigation.

Final Thoughts

What kind of city are we? Similar to the moral questions of whether society should spend more of its resources building sports stadiums instead of expanding hospitals, or choosing to explore the universe instead of providing more housing, or buying cool iPhones instead of food for the hungry on Earth, the Automated People Mover is a question of whether the costs are reflective of society's priorities. These moral questions are beyond the scope of this investigation - except to say in the case of the People Mover, the decision has been made.

FINDINGS

FINDING #1

The Department of Airport's accounting of the Enterprise Fund is not combined or consolidated with the City's General Fund or otherwise included in the City's general fund budgeting.

FINDING #2

Financial Reporting as a separate entity from the General Fund, may enable LAWA to avoid focus and scrutiny that is associated with the General Fund budgeting.

FINDING #3

Looking at LAWA's June 20, 2024 audited balance sheet, unallocated cash is $1.7 billion.[166] Net position (assets minus liabilities) is $6.4 billion.[167] For year end 2024 LAWA Enterprise Fund had net profit of $302 million.[168] The Net Position of the entire City is $31.7 billion, not counting the Enterprise Funds.[169] Therefore LAWA itself has assets equivalent to over 20% of the City's Net Position (6.4/31.7 > 0.2 = 20%)

FINDING #4

LAWA projections predict a NET CASH FLOW every year of between $600 million and $900 million. THAT'S EVERY YEAR!!!![170]

FINDING #5

After Jury reviewed the CITY charter, we found no reason that Airport Enterprise Fund should not be able to make a transfer of excess funds to the City. Even if

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[166] httaps://lawamediastorage.blob.core.windows.net/lawa-media-files/media-files/lawa-web/lawa-investor-relations/files/fy2024-lawa-annual-comprehensive-financial-report.pdf pg 45 Accessed March7, 2025 Note: these balances reflect the entire LAWA Dept. of Airports which include LAX and Van Nuys Airport and other holdings of LA Department of Airports. LAX is the most significant holding.

[167] Ibid page 46

[168] Ibid page 47

[169] https://controller.lacity.gov/reports/pafr24 See middle of webpage. Accessed April 2, 2025.

[170] https://www.lawa.org/sites/lawa/files/2025-03/3.%20Management%20Report%20C%20-%20Capital%20Finance%20Plan.pdf PAGE 11 Accessed April 22, 2025

there are current provisions in LAWA debt agreements, we recommend restructuring to enable transfers. There appear to be more than enough financial resources for the Airport Enterprise Fund to enable a transfer of funds to the City.

FINDING #6

TIME is the overriding element that enabled the majority of the $880 million of change orders.

FINDING #7

The City's commitment to host various high profile international events places extreme pressure to complete the Project by the deadlines. There was pressure from the City to meet the Olympic completion deadline combined with the Contractors slowdown, led to the majority of the change orders dollars. Because LAWA could not invest the time necessary to litigate the decision of the Project Neutral, along with the time to litigate 209 relief event claims in the Global Settlement, combined with the fact that the Enterprise Fund provides protection from some of the public scrutiny, enabled LAWA to pragmatically accept the change orders.

FINDING #8

Legal contracts need to consider time, which can be used as leverage to force agreement that may not be beneficial to the customer.

FINDING #9

City Representatives/Governmental Departments need to consider external deadline commitments – had Contractor not been able to pressure LAWA with additional delays, the Jury believes the global settlement of $550 million might have been considerably lower. Consider renovation commitments of future projects, such as the Convention Center. If the renovation is not completed, can the City fulfill a commitment made for an upcoming event?

FINDING #10

We concluded, without exception, that every City department (and the City's representatives) are highly competent, pragmatic and knowledgeable.

FINDING #11

Ramifications of the MOU between the City and city departments should have been more carefully considered by the legal preparers and signatories of the MOU. Advice or modifications to the MOU by legal consultants should have been provided to mitigate the foreseeable issues.

FINDING #12

Definitive coordination and confirmation of building code between departments with Authorities Having Jurisdiction and Designers. Specific Building Codes need to be communicated and committed to in writing to Spec Designers. Once Spec Designers receive codes, the edicts from the Authorities Having Jurisdiction must be respected, and supersede all future code requirements.

Clarifications should be corrected via a bulletin among the Spec Designers, Construction Manager, or LAWA.

FINDING #13

Some of the LAWA's Consultants (specifically Project Manager and Legal writers of the construction Contract) may have been in position to foresee and make certain suggestions which would have reduced the magnitude of change orders.

FINDING #14

The Project Manager should have been more closely interfacing with LADBS to identify and resolve design conflicts. The Construction Manager (Parsons) did not ensure the Contractor's design documents met the LADBS requirements. Part of the Construction Manager's obligation was to perform constructability analysis for the project.[171] If the design was not sufficient to comply with the LADBS requirements, then it was not constructible, as no permit allowing construction would have been issued.

FINDING #15

Upon receipt and review of the Bidders' proposals, Parsons (as part of their obligation to provide Document Controls, Design Management and Constructability) was in a position to be aware of the conflict in the Contractors

[171] Exhibit A - Contract between City of Los Angeles and Parsons Transportation dated 7th November, 2016

proposal and the codes specified in the design documents. There was an obligation to notify the Contractor that the design documents were unacceptable.

FINDING #16

Further, the legal review of the Construction Management Agreement should have been clearer as to exactly when the Construction Managers obligations were to start i.e. whether or not in the Procurement Phase or Construction Phase.

FINDING #17

After reviewing the Design Specs, the Jury concluded that the Project's concept was properly conveyed to the bidders.

FINDING #18

Issues between contractor and Owner may have been avoided if more due diligence was performed prior to the selection of the Contractor. Future analyses need to consider past performance, and consider how the Contractor might interact with Owner and City Departments

FINDING #19

With the presumed benefits that would limit change orders and comply with the schedule of a DB delivery method, the Jury agreed that the DB contract was, in fact, the most appropriate method.

FINDING #20

The jury determined lack of enforcement provisions and progress requirements during litigation to be a major defect in the Contract. While resolving disputes, Contractor must be forced to materially advance the project.

FINDING #21

The Jury found the dispute resolution procedure in the Contract to be inadequate.

FINDING #22

The person acting as Project Neutral was pre-agreed upon to be a single individual (not a panel), with a very technical construction/engineering background. The use of a single Project Neutral should be limited to only very technical issues that fall under a predetermined dollar threshold.

FINDING #23

Once the Project Neutral was selected, there was no provision in the Contract to replace and select another.

FINDING #24

Claim relief lacks provisions for contractual disputes that do not center on technical design.

FINDING #25

The contract did not provide further procedures, short of arbitration and litigation, to resolve non-technical relief event claims.

RECOMMENDATIONS

14.1 Airport Enterprise Fund should make a transfer of excess funds to the City.

14.2 The Board of Airport Commissioners should be required to provide to the City an assessment of future revenues and expenditures and needs considering reasonable financing alternatives, if LAWA has surplus funds. The Report must identify *federal or state law, regulation or contractual obligations* which may be preventing transfer.

14.3 The City's Auditor/Controller should opine on the reasonableness of the Board of Airport Commissioners analysis of existing and future surplus availability. Additionally, Auditor/Controller should opine on whether any

obstacles noted in the Board of Airport Commissioners report to a potential transfer can be overcome, and if so what the steps would entail.

14.4 Consider ramification of completion commitments on ability to negotiate with Contractor before making commitment publicly. What if City makes a commitment to hold a convention based on projected renovation completion date? Construction delays may force excessive change orders to meet the commitment.

14.5 Before design is issued for bid, Authorities Having Jurisdiction and Designers must coordinate all code issues impacting the Project. Once finalized and placed in the specifications, Contractors must be able to rely on the decisions made.

14.6 A schedule of submissions should be developed to prevent City departments from being overwhelmed. The schedule indicates the lead time needed to make and review corrections from previous submissions.

14.7 More due diligence is required prior to selection of the Contractor. The analysis needs to consider past performance and to consider how the Contractor is anticipated to interact with Owner and City Departments.

14.8 The use of a single Project Neutral should be limited to only very technical issues falling under a predetermined dollar threshold. Issues rising above the threshold should be resolved by a well-qualified committee with a minimum of three members.

14.9 Provide a provision in the Contract to replace and select another Project Neutral.

14.10 Provide additional procedures, short of arbitration and litigation, to resolve non-technical relief event claims.

14.11 Contract provisions need clarification on how Contractor continues making progress while disputes are being resolved. The Contract provides that the work is to continue apace during resolution.

14.12 Consider bonding with claw-back provisions for the losing side of litigation to prevent slowdowns during litigation. Also consider “baseball arbitration” to encourage faster dispute resolution.

REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses by elected County officials and agency heads shall be made no later than sixty (60) days after the CGJ publishes its report and files with the Clerk of the Court. Responses by the governing body of public agencies shall be made no later than ninety (90) days after the CGJ publishes its report and files with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

All responses to the recommendations of the 2024-2025 County of Los Angeles Civil Grand Jury must be submitted to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Grand Jury
210 W Temple Street, Thirteenth Floor, Room 13-303
Los Angeles, CA 90012

Required Agencies	Recommendations
The Office of the Mayor of Los Angeles	14.1, 14.4, 14.7
Los Angeles City Council	14.1
Los Angeles City Councilwoman Traci Park	14.1
The County of Los Angeles Board of Supervisors	14.1
City Auditor and Controller	14.1, 14.3

LAWA Board of Airport Commissioners	14.2
City of Los Angeles Department of Building and Safety	14.5, 14.6
LAWA Legal Counsel	14.7, 14.8, 14.9, 14.10, 14.11, 14.12

ACRONYMS

LAWA	Los Angeles World Airports
CGJ or Jury	2024 -2025 Los Angeles County Civil Grand Jury
LINXS	Contactor- Los Angeles Airport Integrated – DESIGN-BUILD
LADBS	Los Angeles Department of Building and Safety
City	City of Los Angeles
Contract	Initial $1.9 Billion Design Build Finance portion of the DBFOM Construction contract between LAWA and LINXS
Contractor	LINXS
DB or D-B	Design Build Project Delivery Method
DBFOM	Design Build Finance Operate and Maintain project delivery method
Project	LAX Automated People Mover

FINAL CREDITS

COMMITTEE MEMBERS

Committee Chair
"Bullet" Bob Nathan

Committee Members
Lynn Gidlow
Jenalea Smith
Nestor Apuya
Terry Maynes
Victor Lesley - Foreman

THE END

TH TH THAT'S THAT'S ALL FOLKS ;>)[172]

APPENDIX

The Jury reviewed 1570 pages of contract documents and over 6052 pages of contract exhibits, along with multiple meetings and calls with management and departments involved plus uncountable websites

Construction Contract between LAWA and LINXS– Dated April 11, 2018

Review of Design Specs and Technical Documents provided by the LAWA to Design-Build Proposers for the Contract

Other documents and meetings and calls included:

Memo of Understanding between LAWA and Los Angeles Departments – for expedited plan check and submittals and onsite inspections – executed by various departments various times in early 2017

Review of Change Orders

1) Change order #35 re: $97 million related to the requirement imposed by LADBS on the Project to change the design criteria from the Bridge Code to the Building Code
2) Review of Change Order #98 for $550 million related to the Global Settlement

In person meetings with:

1) LAWA – Entity 1 – LAWA Executive Management and Entity 2- LAWA Executive Management, Airports October 9, 2024
2) LAWA – Entity 1 , – Executive Director Landside Access Modernization Program (LAMP) and Entity 2- LAWA Executive Management October 9, 2024 and Entity 3 – LAWA Legal Counsel January 29, 2025
3) LAWA – Entity 4 –Counsel – Airport Division - 2/25/25
4) LA City Trade Travel Tourism- Subcommittee October 25, 2024
5) LA City Controller Entity 6 Financial Analysis and Reporting – October 30, 2024, Confirming enterprise entity generally has no effect on the general fund

[172] Porky Pig released by Warner Bros. voice of Mel Blanc 1937

6) City of Los Angeles Department of Engineering – Entity 7, City Engineer, Department of Public Works, Bureau of Engineering, November 8, 2024
7) LA Department of Building and Safety – Entity 8, Building Civil Engineer – December 18, 2024
8) Parsons – Entity 14 – Aviation– Discuss Parson's role as Construction Manager to LAWA February 27, 2025

Audio Recording of the Trade Travel and Tourism Committee Meeting, LAWA recommending approval of the global change order settlement – August 8, 2024

ZOOM Meeting January 23, 2025

UCLA Project Management Team in Los Angeles and Oakland.
Responsible for all major construction projects for the UC campuses

Entity 9 – UCLA Contract Administration
Entity 10 – UC Legal - Office of General Council
Entity 11 – UCLA
Entity 12 – UCLA Design and Construction Services

Zoom call arranged through by Entity 13 UCLA – Project Management Services: To discuss insights, intricacies and pressure points of DBFOM contracts.

Phone Conversations with:

1) Bureau of Contract Administration – Department of Public Works - Street and Below Ground Inspections – Entity 15 – October 21, 2024
2) Call with LINXS – On December 6, 2024 (RN NA BP GS) Spoke on the phone with Entity 16– Council for Fluor. A follow-up call from Entity 17 – Outside Counsel for LINXS. The purpose of the call was to ask for comment on the conclusion LINXS used its position to pressure LAWA to agree to the global settlement in order to set a new completion date and finalized the outstanding change orders. He commented that there was never a slowdown and that there was more to the Fitch reports that was not stated in the reporting of the bond downgrades. Further, the magnitude of the $880 million change orders needed to be fully investigated before drawing conclusions as to whether design-build was appropriate.

   He stated the reason for the change orders was what needed to be evaluated – not the cost of the change orders. He stated the CGJ need to look to the consultant (who provide the specs for the initial RFP) and those that managed the construction (see Parsons). He indicated given his experience with DB the $880 million amount of the change orders under the design-build was not unreasonable and recommended talking with more consultants and experts in DB to see if this contract was an anomaly.

We discussed the change from the bridge building code that was specified in the RFP specs that the APM be designed under the general building code as an example in the RFP/contract that was the LAWA's consultants that caused a $98 million CO. He noted and maintained that all the Bidders were to design under the bridge code.

Meeting with Entity 8 Building Civil Engineer, LADBS, December 18, 2024

Timing of issuance of permits under the MOU
Discuss CO#35 $97 million related change from bridge to building

Requested meeting from Board of Airport Commissioners – Chairman, but he did not return calls after numerous attempts.

Requested meeting with the Deputy Mayor – she refused meeting – our purpose was to ask for comments on findings.

STANDING COMMITTEE REPORTS

2024-2025
Los Angeles County
Civil Grand Jury

STANDING COMMITTEES

1. Ad Hoc
2. Audit
3. Citizens' Complaints
4. Continuity
5. Detention
6. Edit
7. Hospitality
8. Information Technology
9. Publication
10. Speakers and Tours

AD HOC COMMITTEE

HOW TO INTERVIEW AND INSTALL ALTERNATE JURORS TO AN EXISTING CIVIL GRAND JURY

EXECUTIVE SUMMARY

On July 1st of every year the County of Los Angeles convenes, through a random drawing, a Civil Grand Jury (CGJ) comprised of 23 members and a varying number of alternates. The 2024-2025 Los Angeles County CGJ was comprised of 23 Jurors and 77 Alternates.

Throughout the term, if a Juror becomes unavailable for various reasons, the next available Alternate that is numerically listed from the drawing is given the option to join the Jury in the fulfillment of their duties.

In the event that an Alternate does not wish to stay on the list, they can be removed so that they can qualify for the next year's drawing. Service on the Los Angeles County CGJ is on a biannual basis which gives the Alternate the opportunity to participate in the following year's drawing. If an Alternate decides to remain on the Alternates list for a year's term, that person will not be placed in the drawing for service for the following year.

ACTIVITIES

As Alternate jurors joined the 2024-2025 Los Angeles County CGJ, it was determined by the existing members of this year's Jury that the best persons to bring the new Jurors up-to-date on what has transpired, were the Jury's Foreperson and/or Foreperson Pro Tem.

On the first day of the Alternate becoming a member of the existing Jury, he or she is briefed and registered by the CGJ Administrator. This year, the first five Alternates were sworn into duty by the Presiding Judge at the same time as the original 23 members. Subsequently, Alternates that became Jurors were sworn in by the Presiding Judge as needed.

The CGJ Administrator's task is three fold, to issue identification badges, provide the CGJ manual, which explains the procedures of the Jury, and show any new Jurors around the office.

The Foreperson or Foreperson Pro Tem meet with the new Juror and repeats the office tour while answering any questions that the new Juror may have. This can also be used as an impromptu interview to get to know the new person.

The interview continues in one of the Jury's meeting areas, where the new Juror will probably continue to be asking questions. During this time the Foreperson/Foreperson Pro Tem will begin the discussion of what has transpired on the Jury from July 1st to the present day. This could be a rather lengthy meeting depending on when the new Juror joins the CGJ.

Another reason for the selection of the Foreperson and Foreperson Pro Tem to be the only members of the Ad Hoc Committee is that he or she are the only Jurors who will be in constant communication with the CGJ Administrators regarding the rules, regulations, and overall governance of the CGJ.

ACRONYMS

CGJ	Civil Grand Jury

COMMITTEE MEMBERS

Victor H. Lesley – Foreperson
LeRoy Titus – Foreperson Pro Tem

AUDIT

DUTIES

The Los Angeles County Civil Grand Jury (CGJ) investigates the fiscal and operational performance of the County of Los Angeles, local governments, school districts, and special districts. The CGJ is specifically empowered by California Penal Code Section 926 to engage outside experts who can assist the CGJ investigative committees.

To assist the Audit Committee in its analysis of the fiscal and operational functions of the agencies it investigates, the CGJ may retain outside auditing firms that can respond in a timely manner to assist CGJ investigations; by developing the scope of work, processing agreements with the assistance of County Counsel , and authorizes payment with the final approval of the Court.

ACTIVITIES

During this term, no contracts were awarded.

ACRONYMS

CGJ 2024-2025 LOS ANGELES COUNTY CIVIL GRAND JURY

COMMITTEE MEMBERS

Tom Hartmann, Chairperson
Michele McKinley, Co-Chairperson
Lela Hung

CITIZENS COMPLAINTS

SUMMARY

The Los Angeles County Civil Grand Jury (CGJ) receives complaints from residents of the County of Los Angeles regarding agencies within the County including: county government, city governments, special districts, joint powers authorities and also some nonprofits. . Submission of a complaint is the means by which citizens can petition the CGJ regarding their grievances.

DISCUSSION

Any resident of the County of Los Angeles, including private citizens, government employees or officers, may submit a complaint to the CGJ to conduct an investigation regarding an agency within the County. Complaints are confidential and Complaints must be in writing and must include detailed evidence supporting a case for the CGJ to open an investigation..

Residents who wish to submit complaints can find the complaint form and guidelines at the CGJ website: www.lacourt.org/jury/pdf/investigation.pdf. While this is the preferred method, handwritten complaints are accepted and must meet the criteria stated below. Complaints must be mailed to the CGJ office at:

Clara Shortridge Foltz Criminal Justice Center
Los Angeles County Civil Grand Jury
222 South Hill Street, Room 670
Los Angeles CA, 90012

The written complaint should cover the following points:

- Who or what agency is the complaint against?'
- What is the nature of (subject) of the complaint?
- When and where did the incident occur?
- Who/what/where was the action improper or illegal?
- What were the consequences of this action?
- What action or remedies are being requested?

STATUS OF COMPLAINTS RECEIVED

CATEGORY	TOTAL
Jury does not have jurisdiction over the subject matter.	10
Although additional information was provided no further action is to be taken regarding this complaint.	2
Complaint failed to contain sufficient factors or relevant information to give it consideration.	1
Complaint matter appears to be pending before or under the jurisdiction of the Court or other judicial body.	2
The facts of the complaint have been turned over to an Investigative committee that has been working on an approved investigation assigned by the CGJ.	1
Complaint has been approved by the Citizen's Complaint Committee for further investigation by an Investigative Committee of the CGJ.	1
TOTAL OF COMPLAINTS RECEIVED	**17**

COMMITTEEE MEMBERS:

LeRoy R. Titus, Chairman

Michele McKinley, Co-Chairman

Rick Ellingsen

Joel Floyd

Thomas Hartman

Kenneth Jefferson

Lee Jenkins

APPENDIX

Appendix 1	Confidential Citizens Complaint Form
Appendix 2	Complaint Guidelines

Appendix 1. Confidential Citizens Complaint Form

CITIZEN COMPLAINT FORM

Please Review Attached Complaint Guidelines Before Completing this Form

PLEASE PRINT **DATE:** _____

1. **Who**: Your Name**:** _____

Address: _____

City, State, Zip, Code: _____

Telephone: (____) _____ Extension: _____

2. **What:** Subject of Complaint. Briefly state the nature of complaint and the action of what *Los Angeles County* department, section, agency, or official(s) that you believe was illegal or improper. Use additional sheets if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

3. **When:** Date(s) of incident: _____

_____

4. **Where:** Names and addresses of other departments, agencies or officials involved in this complaint. Include dates and types of contact, i.e. phone, letter, personal. Use additional sheets if necessary.

_____

_____

_____

_____

5. **Why/How:** Attach pertinent documents and correspondence with dates.

_____

_____

_____

_____

Rev 01/17/2013

Appendix 2. Complaint Guidelines

Complaint Guidelines

Communications from the public can provide valuable information to the Civil Grand Jury. Any private citizen, government employee, or officer may submit a completed complaint form to request that the Civil Grand Jury conduct an investigation. This complaint must be in writing and is treated as confidential. Prio submitting the Complaint Form to the Grand Jury office, please retain a copy for your records if needed. Receipt of all complaints will be acknowledged.

If the Civil Grand Jury determines that a matter is within the legally permissible scope of its investigative powers and would warrant further inquiry, additional information may be requested. If a matter does not f within the Civil Grand Jury's investigative authority, or the jury determines not to investigate a complaint, action will be taken and there will be no further contact from the Civil Grand Jury.

The findings of any investigation conducted by the Civil Grand Jury can be communicated only in a form final report published at the conclusion of the Grand Jury's term, June 30th.

Some complaints are not suitable for civil grand jury action. For example, the Civil Grand Jury has no jurisdiction over judicial performance, actions of the court, or cases that are pending in the courts. Grievances of this nature must be resolved through the established judicial appeal system. The Civil Gran Jury has no jurisdiction or authority to investigate federal or state agencies. Only causes of action occurrir within the County of Los Angeles are eligible for review.

The jurisdiction of the Civil Grand Jury includes the following:

- Consideration of evidence of misconduct against public officials within Los Angeles County.
- Inquiry into the condition and management of the jails within the county.
- Investigation and report on the operations, accounts, and records of the officers, departments or functions of the county including those operations, accounts, and records of any special legislative district or other district in the county created pursuant to state law for which the officers of the cou are serving in their ex officio capacity as officers of the districts.
- Investigation of the books and records of any incorporated city or joint powers agency located in t county.

Mail complaint form to: Los Angeles County Civil Grand Jury
Clara Shortridge Foltz Criminal Justice Center
210 West Temple Street, Eleventh Floor, Room 11-506
Los Angeles, CA 90012

CONTINUITY COMMITTEE

SUMMARY

The 2024-2025 Los Angeles County Civil Grand Jury (CGJ) Continuity Committee (Committee) collects, reviews, and organizes responses to the 2023-2024 Los Angeles County Jury Final Report (Report). The Committee contacts the relevant agencies and public officials as needed to ensure responses are received.

In the most general sense, the Committee has an interest in both reviewing the reports of past juries and maintaining a record for future juries, thus ensuring continuity. The actual reports, recommendations, and findings can be found online at: http://grandjury.co.la.ca.us/cgjports.html.

DISCUSSION

The Committee works to ensure that each public agency or individual responds to the prior year's CGJ recommendations appropriately and in a timely manner as specified under The California Penal Code section 933 (c). The specified time frame requires that agencies respond within either sixty (60) or ninety (90) days of receiving the Report.

California Penal Code section 933.05(b) specifies the following responses to the CGJ recommendations:

1. The recommendation has been implemented, with a summary regarding the implemented action.
2. The recommendation has not been implemented, but will be with a timeframe for implementation.
3. The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the agency.
4. The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation.

The Committee reviews responses for compliance and completeness. If an agency has not responded or only partially responded, The Committee contacts the agency by telephone. In the unusual event the agency has not responded within a reasonable time frame, which is usually fourteen (14) days from the telephone request, a formal written request is mailed to the agency.

In compliance with California Penal Code section 933(c) the CGJ maintains an archive of responses to the Report for a minimum of five (5) years. The Committee has been tasked by the CGJ with passing on responses to the 2025-2026 CGJ and with publishing the responses for public view. After collection, responses are organized by report and uploaded to the CGJ website.

THE TABLE ON THE FOLLOWING PAGES ARE THE RESPONSES FROM THE 2023-2024 LOS ANGELES GRAND JURY REPORT:

ACRONYMS

CGJ CIVIL GRAND JURY

COMMITTEE MEMBERS

Committee Chair M. Wayne Metcalf
Co-Chair Michele McKinley
Joel Floyd
Maria T. Maynes
Robert Nathan
Jenalea Smith
LeRoy Titus

				Responses											
Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
DEOXYRIBONUCLEIC ACID (DNA) Reuniting Orphan - Abandoned Children with Unknown Relatives	**Los Angeles Co. Board of Supervisors**	**R 1.1**	BOS direct DCFS to review data collection procedures when processing children new to the system to include orphan status, allowing DCFS to establish whether or not a child is a true orphan or if there are known relatives for placement.						**X**					
		R 1.2	BOS and DCFS work with Court to expand authority to include genetic DNA testing when a true orphan has been identified. This will allow judges to expedite the testing process and potential placement.						**X**					
	Dept. of Children & Family Services	**R 1.1**	BOS direct DCFS to review data collection procedures when processing children new to the system to include orphan status, allowing DCFS to establish whether or not a child is a true orphan or if there are known relatives for placement.						**X**					
		R 1.2	BOS and DCFS work with Court to expand authority to include genetic DNA testing when a true orphan has been identified. This will allow judges to expedite the testing process and potential placement.						**X**					

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MICROBILITY DEVICES "Pay Nor or Pay Later"	Los Angeles Co. Board of Supervisors	**R 2.2**	Municipal government should update permit agreements to require electric scooter manufacturers to offer liability insurance.					**X**		**X**				
		R 2.3	Local agencies should create local ordinances to make mandatory the use of helmets while riding any of the e-bikes or e-scooters.	**X**										
		R 2.6	Municipal governments should update permit agreements to require electric scooter and electric bike manufacturers to add some type of warning signal on their devices such as a horn or buzzer.			**X**		**X**				**X**		
		R 2.7	LA Co BOS, LA Co CEO, LA City Mayor, City Council, and other major local city governments should support the passage of AB-381.	**X**										
	Los Angeles Co. Chief Executive Officer	**R 2.2**	Municipal government should update permit agreements to require electric scooter manufacturers to offer liability insurance.					**X**		**X**				
		R 2.3	Local agencies should create local ordinances to make mandatory the use of helmets while riding any of the e-bikes or e-scooters.	**X**										
		R 2.6	Municipal governments should update permit agreements to require electric scooter and electric bike manufacturers to add some type of warning signal on their devices such as a horn or buzzer.					**X**						
		R 2.7	LA Co BOS, LA Co CEO, and LA City Mayor and City Council, and other major local city governments should support the passage of AB-381.	**X**										

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MICROBILITY DEVICES "Pay Nor or Pay Later"	**City of Los Angeles**	**R 2.2**	Municipal government should update permit agreements to require electric scooter manufacturers to offer liability insurance.		**X**									
		R 2.6	Municipal governments should update permit agreements to require electric scooter and electric bike manufacturers to add some type of warning signal on their devices such as a horn or buzzer.								**X**			
		R 2.7	LA Co BOS, LA Co CEO, and LA City Mayor and City Council, and other major local city governments should support the passage of AB-381.	**X**										
	Los Angeles City Council	**R 2.2**	Municipal government should update permit agreements to require electric scooter manufacturers to offer liability insurance.		**X**									
		R 2.3	Local agencies should create local ordinances to make mandatory the use of helmets while riding any of the e-bikes or e-scooters.								**X**			
		R 2.6	Municipal governments should update permit agreements to require electric scooter and electric bike manufacturers to add some type of warning signal on their devices such as a horn or buzzer.								**X**			
		R 2.7	LA Co BOS, LA Co CEO, and LA City Mayor and City Council, and other major local city governments should support the passage of AB-381.	**X**										

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MICROBILITY DEVICES "Pay Nor or Pay Later"	Los Angeles Co. Dept. of Public Works	R 2.3	Local agencies should create local ordinances to make mandatory the use of helmets while riding any of the e-bikes or e-scooters.	X										
	Los Angeles Police Dept.	R 2.1	Ensure LAPD, LBPD, other local municipal law enforcement agencies and campus police agencies and other local law enforcement agencies enforce electric scooters prohibition against riding on sidewalk, helmet requirements, and speed limits.	X	X									
		R 2.4	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create a campaign to educate pedestrians and operators to use safety equipment, e.g. helmets.	X										X
		R 2.5	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create e-bike and e-scooter User Education Course (similar to driver education for autos).	X										X
	Long Beach Police Dept.	R 2.1	Ensure LAPD, LBPD, other local municipal law enforcement agencies and campus police agencies and other local law enforcement agencies enforce electric scooters prohibition against riding on sidewalk, helmet requirements, and speed limits.	X	X									
		R 2.4	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create a campaign to educate pedestrians and operators to use safety equipment, e.g. helmets.	X										
		R 2.5	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create e-bike and e-scooter User Education Course (similar to driver education for autos).	X										

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MICROBILITY DEVICES "Pay Nor or Pay Later"	Los Angeles Co. Sheriff Dept.	R 2.1	Ensure LAPD, LBPD, other local municipal law enforcement agencies and campus police agencies and other local law enforcement agencies enforce electric scooters prohibition against riding on sidewalk, helmet requirements, and speed limits.	X										
		R 2.4	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create a campaign to educate pedestrians and operators to use safety equipment, e.g. helmets.						X					
		R 2.5	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create e-bike and e-scooter User Education Course (similar to driver education for autos).						X					
	Long Beach City Council	R 2.1	Ensure LAPD, LBPD, other local municipal law enforcement agencies and campus police agencies and other local law enforcement agencies enforce electric scooters prohibition against riding on sidewalk, helmet requirements, and speed limits.	X								X	X	
		R 2.4	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create a campaign to educate pedestrians and operators to use safety equipment, e.g. helmets.	X								X		
		R 2.5	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create e-bike and e-scooter User Education Course (similar to driver education for autos).	X								X		

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MICROBILITY DEVICES "Pay Nor or Pay Later"	Glendale City Council	**R 2.1**	Ensure LAPD, LBPD, other local municipal law enforcement agencies and campus police agencies and other local law enforcement agencies enforce electric scooters prohibition against riding on sidewalk, helmet requirements, and speed limits.		**X**									
		R 2.4	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create a campaign to educate pedestrians and operators to use safety equipment, e.g. helmets.		**X**									
		R 2.5	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create e-bike and e-scooter User Education Course (similar to driver education for autos).		**X**									
	Santa Monica City Council	**R 2.1**	Ensure LAPD, LBPD, other local municipal law enforcement agencies and campus police agencies and other local law enforcement agencies enforce electric scooters prohibition against riding on sidewalk, helmet requirements, and speed limits.	**X**										
		R 2.4	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create a campaign to educate pedestrians and operators to use safety equipment, e.g. helmets.	**X**	**X**									
		R 2.5	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create e-bike and e-scooter User Education Course (similar to driver education for autos).	**X**								**X**		

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MICROBILITY DEVICES "Pay Nor or Pay Later"	Santa Clarita City Council	**R 2.1**	Ensure LAPD, LBPD, other local municipal law enforcement agencies and campus police agencies and other local law enforcement agencies enforce electric scooters prohibition against riding on sidewalk, helmet requirements, and speed limits.	**X**										
		R 2.4	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create a campaign to educate pedestrians and operators to use safety equipment, e.g. helmets.	**X**										
		R 2.5	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create e-bike and e-scooter User Education Course (similar to driver education for autos).	**X**										
	Los Angeles Community College District	**R 2.1**	Ensure LAPD, LBPD, other local municipal law enforcement agencies and campus police agencies and other local law enforcement agencies enforce electric scooters prohibition against riding on sidewalk, helmet requirements, and speed limits.								**X**			
		R 2.4	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create a campaign to educate pedestrians and operators to use safety equipment, e.g. helmets.								**x**			
		R 2.5	Law enforcement agencies (LAPD, LBPD, Community College Campus Police) should create e-bike and e-scooter User Education Course (similar to driver education for autos).								**x**			

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SCHOOL SAFETY - Equitable Safety for All	Los Angeles Co. Board of Supervisors	R 3.3	LAUSD, Culver City Unified School District and Torrance Unified School District Principals should work with the Board of Supervisors, city council members and school superintendents to get approval for installation of "traffic bumps" in all areas surrounding their school thus helping to slow down traffic and prevent car accidents or injury to students.						X				X	
	Los Angeles Co. Office of the Chief Executive	R 3.3	LAUSD, Culver City Unified School District and Torrance Unified School District Principals should work with the Board of Supervisors, city council members and school superintendents to get approval for installation of "traffic bumps" in all areas surrounding their school thus helping to slow down traffic and prevent car accidents or injury to students.						X				X	

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SCHOOL SAFETY - Equitable Safety for All	Los Angeles Unified School District	R 3.1	All schools should investigate and consider purchasing and installing cellphone lockers in their classrooms as many students abuse the use of cellphones in the classrooms.	X										
		R 3.2	LAUSD, Culver City Unified School District and Torrance Unified School District should pay close attention to report of leaky ceilings in school buildings, which once reported will expedite the repair and other remediation's.	X										
		R 3.3	LAUSD, Culver City Unified School District and Torrance Unified School District Principals should work with the Board of Supervisors, city council members and school superintendents to get approval for installation of "traffic bumps" in all areas surrounding their school thus helping to slow down traffic and prevent car accidents or injury to students.						X					
		R 3.4	Install cameras near boys and girls restrooms which will help the following school problems: a) Observe students with vapers, cigarettes,, marijuana going into and coming out of restrooms. b) Observe any potential for a student's unwanted sexual harassment of another. c) Observe student bullying s it happens. d) Observe potential student drug sales at the school. e) Observe potential students involvement in gang activity.						X					

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SCHOOL SAFETY - Equitable Safety for All	Torrance Unified School District	R 3.1	All schools should investigate and consider purchasing and installing cellphone lockers in their classrooms as many students abuse the use of cellphones in the classrooms.	X										
		R 3.2	LAUSD, Culver City Unified School District and Torrance Unified School District should pay close attention to report of leaky ceilings in school buildings, which once reported will expedite the repair and other remediation's.		X									
		R 3.3	LAUSD, Culver City Unified School District and Torrance Unified School District Principals should work with the Board of Supervisors, city council members and school superintendents to get approval for installation of "traffic bumps" in all areas surrounding their school thus helping to slow down traffic and prevent car accidents or injury to students.		X									
		R 3.4	Install cameras near boys and girls restrooms which will help the following school problems: a) Observe students with vapers, cigarettes,, marijuana going into and coming out of restrooms. b) Observe any potential for a student's unwanted sexual harassment of another. c) Observe student bullying s it happens. d) Observe potential student drug sales at the school. e) Observe potential students involvement in gang activity.		X									

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SCHOOL SAFETY - Equitable Safety for All	Culver City Unified School District	R 3.1	All schools should investigate and consider purchasing and installing cellphone lockers in their classrooms as many students abuse the use of cellphones in the classrooms.	X										
		R 3.2	LAUSD, Culver City Unified School District and Torrance Unified School District should pay close attention to report of leaky ceilings in school buildings, which once reported will expedite the repair and other remediation's.	X										
		R 3.3	LAUSD, Culver City Unified School District and Torrance Unified School District Principals should work with the Board of Supervisors, city council members and school superintendents to get approval for installation of "traffic bumps" in all areas surrounding their school thus helping to slow down traffic and prevent car accidents or injury to students.			X								
		R 3.4	Install cameras near boys and girls restrooms which will help the following school problems: a) Observe students with vapers, cigarettes,, marijuana going into and coming out of restrooms. b) Observe any potential for a student's unwanted sexual harassment of another. c) Observe student bullying s it happens. d) Observe potential student drug sales at the school. e) Observe potential students involvement in gang activity.	X										

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SCHOOL SAFETY - Equitable Safety for All	**Los Angeles Police Dept.**	**R 3.4**	Install cameras near boys and girls restrooms which will help the following school problems: a) Observe students with vapers, cigarettes,, marijuana going into and coming out of restrooms. b) Observe any potential for a student's unwanted sexual harassment of another. c) Observe student bullying s it happens. d) Observe potential student drug sales at the school. e) Observe potential students involvement in gang activity.						**X**					

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THE DEPARTMENT OF CANNABIS REGULATION AND THE SOCIAL EQUITY PROGRAM	City of Los Angeles	**R 4.5**	Additional monetary assistance from the City of Los Angeles' General Fund should be considered to assist with DCR's social equity program which will help the SEP applicant avoid losing funding sources.								**X**			
	Los Angeles City Council	**R 4.5**	Additional monetary assistance from the City of Los Angeles' General Fund should be considered to assist with DCR's social equity program which will help the SEP applicant avoid losing funding sources.								**X**			
	Los Angeles City Controller	**R 4.5**	Additional monetary assistance from the City of Los Angeles' General Fund should be considered to assist with DCR's social equity program which will help the SEP applicant avoid losing funding sources								**X**			
	Dept. of Cannabis Control	**R 4.1**	DCR should off more transparent information and educational opportunities for SEP applicants from the time they apply.						**X**					
		R 4.2	DCR should put in system notifications when the process is delayed, to automatically notify the Department and SEP applicants and should consider extending the application deadline to accommodate for delays.						**X**					
		R 4.3	DCR should adopt an efficient and more interactive scheduling system that the SEIA can also access.						**X**					
		R 4.4	The DCR needs to provide more training for the SEP applicant to use the Accela software before the applicant begins their SEP application.						**X**					
		R 4.5	Additional monetary assistance from the City of Los Angeles' General Fund should be considered to assist with DCR's social equity program which will help the SEP applicant avoid losing funding sources.						**X**					

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THE DEPARTMENT OF CANNABIS REGULATION AND THE SOCIAL EQUITY PROGRAM	**Dept. of Cannabis Control**	**R 4.6**	DCR should consider additional training for staff and SEP applicants to better navigate the SEP program and in the use of the Accela systems.						**X**					
		R 4.8	DCR should provide a more secure Accela platform to aid in protecting SEIA's personal information from bad actors.						**X**					
		R 4.9	The DCR should review the current fee structure charged to a comparable non-cannabis business.						**X**					
		R 4.10	The DCR should review the current Accela system to expand is processes to efficiently handle the amount of applicants entering the licensing program.						**X**					
		R 4.11	DCR should review the requirements that meet "discretion" regarding refunding a stalled or abandoned SEP application.						**X**					

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Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
ROOM TO BREATHE - An Analysis of Guaranteed Basic Income & Los Angeles County's Pilot Initiatives	Los Angeles Co. Board of Supervisors	**R 5.1**	BOS should collect data of how participants used income for job training, education and childcare at the end of the program. Any future programs similar to BREATHE that the BOS chooses for their own policy reasons should be part of any success metrics by which to analyze such programs, if any.	**X**										
		R 5..2	BOS should disclose the amount of money paid by quarter to date: (a) to the University of Pennsylvania to run and administer the BREATHE programs; (b) the amounts paid to the treatment group (those paid, as opposed to the control group); and (c) administrative costs incurred by the County.	**X**										
	Los Angeles Co. Chief Executive Office	**R.5.1**	BOS Should collect data about how many participants used the income for job training, education and childcare at the end of the program. Any future programs similar to BREATHE that the BOS chooses for their own policy reasons should be part of any success metrics by which to analyze such programs, if any.	**X**										
		R 5.2	BOS should disclose the amount of money paid by quarter to date: (a) to the University of Pennsylvania to run and administer the BREATHE programs; (b) the amounts paid to the treatment group (those paid, as opposed to the control group); and (c) administrative costs incurred by the County.	**X**										

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LOS ANGELES RIVER - Let It Flow, Let It Flow, Let it Flow (NOT)	Los Angeles Co. Dept. of Public Health	R 6.1	In the interest of local health and the City's and reputation as a worldwide tourist destination, the Creek's soft bottom segment must be abated to prevent it from becoming a breeding ground for the primary vectors for transmission of West Nile or Dengue Fever. BOS coordinated clean up, and vector control against predicted dengue fever.	X										
		R 6.2	City of Compton explore alternative money management such as a trustee appointment for general fund disbursement and city service moneys or more seriously, file for Federal bankruptcy protection.										X	
	Los Angeles Co. Dept. of Public Works	R 6.1	In the interest of local health and the City's and reputation as a worldwide tourist destination, the Creek's soft bottom segment must be abated to prevent it from becoming a breeding ground for the primary vectors for transmission of West Nile or Dengue Fever. BOS coordinate clean up, and vector control against predicted dengue fever.	X										
		R 6.2	City of Compton explore alternative money management such as a trustee appointment for general fund disbursement and city services moneys or more seriously, file for Federal bankruptcy protection.										X	
		R 6.3	Regarding the City of Compton, prioritize the cleanup of the water and sewer infrastructure and *especially* prioritize Compton Creek. Explore the possibility to assigning a Trustee to fulfil the project objectives of bringing the creek up to excellent standards.										X	

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Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
LOS ANGELES RIVER - Let It Flow, Let It Flow, Let it Flow (NOT)	Heal the Bay	R 6.4	City of Compton should explore how Heal the Bay (and any other interested environmental/other civic-oriented group) can restart volunteer cleanup activities.					X						
	City of Compton	R 6.1	In the interest of local health and the City's and reputation as a worldwide tourist destination, the Creek's soft bottom segment must be abated to prevent it from becoming a breeding ground for the primary vectors for transmission of West Nile or Dengue Fever. BOS coordinate clean up, and vector control against predicted dengue fever.										X	
		R 6.2	City of Compton explore alternative money management such as a trustee appointment for general fund disbursement and city service moneys or more seriously, file for Federal bankruptcy protection.										X	
		R 6.4	City of Compton should explore how Heal the Bay (and any other interested environmental/other civic-oriented group) can restart volunteer cleanup activities.						X					
		R 6.5	Leadership in the City of Compton should explore appointing a non-biased Trustee to navigate issues with funding and frastructure.										X	
	City of Long Beach	R 6.1	In the interest of local health and the City's and reputation as a worldwide tourist destination, the Creek's soft bottom segment must be abated to prevent it from becoming a breeding ground for the primary vectors for transmission of West Nile or Dengue Fever. BOS coordinate clean up, and vector control against predicted dengue fever.						X			X		

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LOS ANGELES RIVER - Let It Flow, Let It Flow, Let it Flow (NOT)	**Los Angeles Co. Board of Supervisors**	**R 6.1**	In the interest of local health and the City's and reputation as a worldwide tourist destination, the Creek's soft bottom segment must be abated to prevent it from becoming a breeding ground for the primary vectors for transmission of West Nile or Dengue Fever. BOS coordinate clean up, and vector control against predicted dengue fever.	**X**										
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		R 6.3	Regarding the City of Compton, prioritize the cleanup of the water and sewer infrastructure and *especially* prioritize Compton Creek. Explore the possibility to assigning a Trustee to fulfil the project objectives of bringing the creek up to excellent standards.							**X**				
		R 6.4	City of Compton should explore how Heal the Bay (and any other interested environmental/other civic-oriented group) can restart volunteer cleanup activities.						**X**					
	Los Angeles Co. Office of Chief Executive	**R 6.1**	In the interest of local health and the City's and reputation as a worldwide tourist destination, the Creek's soft bottom segment must be abated to prevent it from becoming a breeding ground for the primary vectors for transmission of West Nile or Dengue Fever. BOS coordinate clean up, and vector control against predicted dengue fever.	**X**										
		R 6.4	City of Compton should explore how Heal the Bay (and any other interested environmental/other civic-oriented group) can restart volunteer cleanup activities.						**X**					

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THE EXAMINERS GET EXAMINED	**Los Angeles Co. Board of Supervisors**	**R 7.3**	The BOS and Chief Executive Officer should create capital outlay plans for replacing or relocating the entire DME complex containing the Medical Examiner's current facility to a larger facility with state-of-the-art equipment and disruptive toxicological labs.	**X**										
		R 7.5	Regardless of how or why the existing facilities are deteriorating, the concern of seismic retrofit safety has to be addressed promptly, both on a global and granular level for the good of the employees and the general public.	**X**										
		R 7.10	The DME is housed (since 1972) in an antiquated building complex constructed in the 1920's that doesn't meet today's minimal earthquake safety standards. Must relocate to a larger facility.			**X**		**X**						

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THE EXAMINERS GET EXAMINED	Los Angeles Co. Chief Executive Officer	**R 7.3**	The BOS and Chief Executive Officer should create capital outlay plans for replacing or relocating the entire DME complex containing the Medical Examiner's current facility to a larger facility with state-of-the-art equipment and disruptive toxicological labs.	**X**										
		R 7.5	Regardless of how or why the existing facilities are deteriorating, the concern of seismic retrofit safety has to be addressed promptly, both on a global and granular level for the good of the employees and the general public.	**X**										
		R 7.10	The DME is housed (since 1972) in an antiquated building complex constructed in the 1920's that doesn't meet today's minimal earthquake safety standards. Must relocate to a larger facility.			**X**		**X**						

				Responses										
Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
THE EXAMINERS GET EXAMINED	**Los Angeles Co. Dept. of Medical Examiners**	**R 7.1**	DME should eliminate the critical issues which are preventing achievement of full accreditation by the National Board of Medical Examiners, including: i) 90% of the autopay reports completed in ninety days or less. ii) 90% of the autopsies and exams performed within seventy-two hours. iii) DME needs to promptly submit the latest DME's Annual Report for 2023.	**X**										
		R 7.4	Continue to develop additional facilities for Medical Examiner investigators in north, valley, and south portions of the County to improve efficiency, prompt response, and to demonstrate coverage of the DME fieldwork.					**X**						
		R 7.5	Regardless of how or why the existing facilities are deteriorating, the concern of seismic retrofit safety has to be addressed promptly, both on a global and granular level for the good of the employees and the general public.	**X**										

				Responses											
Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
THE EXAMINERS GET EXAMINED	**Los Angeles Co. Dept. of Medical Examiners**	**R 7.9**	When the ME relocates to new quarters, the building should be designed with the purpose of housing the activities of the ODA, with consideration being given to moving those functions from the hospital into the Department of the DME.			**X**		**X**						
		R 7.10	The DME is housed (since 1972) in an antiquated building complex constructed in the 1920's that doesn't meet today's minimal earthquake safety standards. Must relocate to a larger facility.					**X**						
		R 7.11	DME should ensure adequate qualified staffing in the Medical Examiners' three satellite offices to relieve the workload off of HQ. This may facilitate support of the need a major disaster or a catastrophic earthquake bring.					**X**						
		R 7.12	ODA & DME jointly consult with the publisher of the VertiQ case management software to see if the two agencies could share various common forms and the practical simplicity of output. In addition, the publisher would "detect" the "path" of processing decedents to see similarities in tracking.						**X**					

				Responses											
Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
THE EXAMINERS GET EXAMINED	**Los Angeles Co. Dept. Descendant Affairs**	**R 7.2**	DHS should provide additional staffing for ODA attendants, aids, and crematory operators, and transport vans [preferably electric]; Hire more transport drivers so that three drivers are on duty twenty-four seven to account for the fact that a death occurs at any time.	**X**										
		R 7.7	The fee the Public Administrator charges for claiming the cremated remains of a decedent should be reviewed, with the intent to increase them for the services & convenience rendered to make them more representative of actual costs.						**X**			**X**		
		R 7.8	The ODA should explore the possibility of using the same VertiQ case management system that is already in use by the DME.					**X**						
		R 7.9	When the ME relocates to new quarters, the building should be designed with the purpose of housing the activities of the ODA, with consideration being given to moving those functions from the hospital into the Department of the DME.					**X**						
		R 7.12	ODA & DME jointly consult with the publisher of the VertiQ case management software to see if the two agencies could share various common forms and the practical simplicity of output. In addition, the publisher would "detect" the "path" of processing decedents to see similarities in tracking.						**X**					

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THE EXAMINERS GET EXAMINED	**Los Angeles Co. Dept. of Health Services**	**R 7.2**	DHS should provide additional staffing for ODA attendants, aids, and crematory operators, and transport vans [preferably electric]; Hire more transport drivers so that three drivers are on duty twenty-four seven to account for the fact that a death occurs at any time.	**X**										
		R 7.6	DHS should ensure that future ceremonies for unclaimed dead are widely publicized prior to the event and ensure as many private citizens are allowed to attend as possible.	**X**										

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Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
QUIMBY PARK FEES - Rethinking Park Fees and Development	**Los Angeles Co. Board of Supervisors**	**R 8.1**	The City and County of Los Angeles should review and consider raising Quimby fees to purchase more park land.	**X**										
		R 8.2	LAC & LA City Park Dept. should consider issuing bonds and measures for park acquisitions and development like the Land and Water Conservation Funds, which was established in 1964 at no cost to the taxpayer, the Outdoors Equity Program, Los Angeles County Measure A, and the California Parks, Environment, Energy, and Water Bond Measure, so help areas that are park-poor.	**X**										
		R 8.3	The City of Los Angeles should consider using the funds available from Quimby and other fees to purchase park space.						**X**					
		R 8.4	LAC and LA development should not be approved in areas that are park poor until enough land is acquired in those areas before more development is approved.						**X**					
		R 8.5	LAC and LA City should complete a study and target areas that are park-poor to evaluate the reason why these areas are park poor and develop remedies.	**X**										
		R 8.6	LAC and LA City should consider issuing bonds in addition to charging developers Quimby fees to purchase land for park development.	**X**										
		R 8.7	LAC and LA City should realign land use zoning to increase available land for parks.						**X**					
		R 8.8	LAC and LA City should consider exploring options to make more timely use of available Quimby funds.	**X**										

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Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
QUIMBY PARK FEES - Rethinking Park Fees and Development	**Los Angeles Co. Office of Chief Executive**	**R 8.1**	The City and County of Los Angeles should review and consider raising Quimby fees to purchase more park land.	**X**										
		R 8.2	LAC & LA City Park Dept. should consider issuing bonds and measures for park acquisitions and development like the Land and Water Conservation Funds, which was established in 1964 at no cost to the taxpayer, the Outdoors Equity Program, Los Angeles County Measure A, and the California Parks, Environment, Energy, and Water Bond Measure, so help areas that are park-poor.	**X**										
		R 8.3	The City of Los Angeles should consider using the funds available from Quimby and other fees to purchase park space.						**X**					
		R 8.4	LAC and LA development should not be approved in areas that are park poor until enough land is acquired in those areas before more development is approved.						**X**					
		R 8.5	LAC and LA City should complete a study and target areas that are park-poor to evaluate the reason why these areas are park poor and develop remedies.	**X**										
		R 8.6	LAC and LA City should consider issuing bonds in addition to charging developers Quimby fees to purchase land for park development.	**X**										
		R 8.7	LAC and LA City should realign land use zoning to increase available land for parks.						**X**					
		R 8.8	LAC and LA City should consider options to make more timely use of Quimby funds	**X**										

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QUIMBY PARK FEES - Rethinking Park Fees and Development	City of Los Angeles - Mayor	**R 8.1**	The City and County of Los Angeles should review and consider raising Quimby fees to purchase more park land.											**X**
		R 8.2	LAC & LA City Park Dept. should consider issuing bonds and measures for park acquisitions and development like the Land and Water Conservation Funds, which was established in 1964 at no cost to the taxpayer, the Outdoors Equity Program, Los Angeles County Measure A, and the California Parks, Environment, Energy, and Water Bond Measure, so help areas that are park-poor.			**X**								
		R 8.3	The City of Los Angeles should consider using the funds available from Quimby and other fees to purchase park space.		**X**									
		R 8.4	LAC and LA development should not be approved in areas that are park poor until enough land is acquired in those areas before more development is approved.										**X**	
		R 8.5	LAC and LA City should complete a study and target areas that are park-poor to evaluate the reason why these areas are park poor and develop remedies.		**X**									
		R 8.6	LAC and LA City should consider issuing bonds in addition to charging developers Quimby fees to purchase land for park development.	**X**										
		R 8.7	LAC and LA City should realign land use zoning to increase available land for parks.										**X**	
		R 8.8	LAC and LA City should consider exploring options to make more timely use of available Quimby funds.		**X**									

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Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
QUIMBY PARK FEES - Rethinking Park Fees and Development	Los Angeles City Council	**R 8.1**	The City and County of Los Angeles should review and consider raising Quimby fees to purchase more park land.											**X**
		R 8.2	LAC & LA City Park Dept. should consider issuing bonds and measures for park acquisitions and development like the Land and Water Conservation Funds, which was established in 1964 at no cost to the taxpayer, the Outdoors Equity Program, Los Angeles County Measure A, and the California Parks, Environment, Energy, and Water Bond Measure, so help areas that are park-poor.								**X**			
		R 8.3	The City of Los Angeles should consider using the funds available from Quimby and other fees to purchase park space.		**X**									
		R 8.4	LAC and LA development should not be approved in areas that are park poor until enough land is acquired in those areas before more development is approved.								**X**			
		R 8.5	LAC and LA City should complete a study and target areas that are park-poor to evaluate the reason why these areas are park poor and develop remedies.				**X**							
		R 8.6	LAC and LA City should consider issuing bonds in addition to charging developers Quimby fees to purchase land for park development.								**X**			
		R 8.7	LAC and LA City should realign land use zoning to increase available land for parks.								**X**			
		R 8.8	LAC and LA City should consider exploring options to make more timely use of available Quimby funds.		**X**									

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QUIMBY PARK FEES - Rethinking Park Fees and Development	**Los Angeles Co. - Dept. of Parks and Recreation**	**R 8.1**	The City and County of Los Angeles should review and consider raising Quimby fees to purchase more park land.	**X**										
		R 8.2	LAC & LA City Park Dept. should consider issuing bonds and measures for park acquisitions and development like the Land and Water Conservation Funds, which was established in 1964 at no cost to the taxpayer, the Outdoors Equity Program, Los Angeles County Measure A, and the California Parks, Environment, Energy, and Water Bond Measure, so help areas that are park-poor.	**X**										
		R 8.3	The City of Los Angeles should consider using the funds available from Quimby and other fees to purchase park space.		**X**									
		R 8.4	LAC and LA development should not be approved in areas that are park poor until enough land is acquired in those areas before more development is approved.	**X**										
		R 8.5	LAC and LA City should complete a study and target areas that are park-poor to evaluate the reason why these areas are park poor and develop remedies.	**X**										
		R 8.6	LAC and LA City should consider issuing bonds in addition to charging developers Quimby fees to purchase land for park development.	**X**										
		R 8.7	LAC and LA City should realign land use zoning to increase available land for parks.						**X**				**X**	
		R 8.8	LAC and LA City should consider exploring options to make more timely use of available Quimby funds.	**X**										

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QUIMBY PARK FEES - Rethinking Park Fees and Development	**Los Angeles City - Dept. of Recreation and Parks**	**R 8.1**	The City and County of Los Angeles should review and consider raising Quimby fees to purchase more park land.	**X**										
		R 8.2	LAC & LA City Park Dept. should consider issuing bonds and measures for park acquisitions and development like the Land and Water Conservation Funds, which was established in 1964 at no cost to the taxpayer, the Outdoors Equity Program, Los Angeles County Measure A, and the California Parks, Environment, Energy, and Water Bond Measure, so help areas that are park-poor.											**X**
		R 8.3	The City of Los Angeles should consider using the funds available from Quimby and other fees to purchase park space.		**X**									
		R 8.4	LAC and LA development should not be approved in areas that are park poor until enough land is acquired in those areas before more development is approved.						**X**					
		R 8.5	LAC and LA City should complete a study and target areas that are park-poor to evaluate the reason why these areas are park poor and develop remedies.					**X**						
		R 8.6	LAC and LA City should consider issuing bonds in addition to charging developers Quimby fees to purchase land for park development.										**X**	
		R 8.7	LAC and LA City should realign land use zoning to increase available land for parks.										**X**	
		R 8.8	LAC and LA City should consider exploring options to make more timely use of available Quimby funds.		**X**									

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QUIMBY PARK FEES - Rethinking Park Fees and Development	Los Angeles Co. Regional Planning	**R 8.1**	The City and County of Los Angeles should review and consider raising Quimby fees to purchase more park land.	**X**										
		R 8.2	LAC & LA City Park Dept. should consider issuing bonds and measures for park acquisitions and development like the Land and Water Conservation Funds, which was established in 1964 at no cost to the taxpayer, the Outdoors Equity Program, Los Angeles County Measure A, and the California Parks, Environment, Energy, and Water Bond Measure, so help areas that are park-poor.	**X**										
		R 8.3	The City of Los Angeles should consider using the funds available from Quimby and other fees to purchase park space.						**X**					
		R 8.4	LAC and LA development should not be approved in areas that are park poor until enough land is acquired in those areas before more development is approved.						**X**					
		R 8.5	LAC and LA City should complete a study and target areas that are park-poor to evaluate the reason why these areas are park poor and develop remedies.	**X**										
		R 8.6	LAC and LA City should consider issuing bonds in addition to charging developers Quimby fees to purchase land for park development.	**X**										
		R 8.7	LAC and LA City should realign land use zoning to increase available land for parks.						**X**					
		R 8.8	LAC and LA City should consider exploring options to make more timely use of available Quimby funds.								**X**			

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WELLBEING CENTERS - In Los Angeles County Schools	**Los Angeles Co. Board of Supervisors**	**R 10.1**	The DPH should evaluate the current system for capturing visits to the WBC's (REDcap) to see if the system is appropriate and can be improved, or if it needs to be replaced.	**X**										
		R 10.2	Relevant Data Analysis metrics need to be developed by the Program Director.	**X**										
		R 10.3	Measures of success or outcomes need to be developed in cooperation with stakeholders, especially with administration of the high schools with WBC's. These measures must be collected and reported from the beginning of the program.	**X**										
		R 10.4	The Program Director should develop standards describing accountability for the practices in use for the WBC's in high schools.	**X**										
		R 10.5	The Program, Director should make a survey of programs used to evaluate the effectiveness of the Wellbeing Centers.	**X**										
		R 10.6	The Department. of Public Health needs to develop a process to consistently distribute Wellbeing Center Reports, and ensure information is shared across all schools that host a Wellbeing Center.	**X**										
		R 10.7	Other Healthcare providers should be considered to provide student related services for any future Wellbeing Centers					**X**						

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Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
WELLBEING CENTERS - In Los Angeles County Schools	**Los Angeles Co. Office of the Chief Executive**	**R 10.1**	The DPH should evaluate the current system for capturing visits to the WBC's (REDcap) to see if the system is appropriate and can be improved, or if it needs to be replaced.	**X**										
		R 10.2	Relevant Data Analysis metrics need to be developed by the Program Director.	**X**										
		R 10.3	Measures of success or outcomes need to be developed in cooperation with stakeholders, especially with administration of the high schools with WBC's. These measures must be collected and reported from the beginning of the program.	**X**										
		R 10.4	The Program Director should develop standards describing accountability for the practices in use for the WBC's in high schools.	**X**										
		R 10.5	The Program, Director should make a survey of programs used to evaluate the effectiveness of the Wellbeing Centers.	**X**										
		R 10.6	The Department. of Public Health needs to develop a process to consistently distribute Wellbeing Center Reports, and ensure information is shared across all schools that host a Wellbeing Center.	**X**										
		R 10.7	Other Healthcare providers should be considered to provide student related services for any future Wellbeing Centers					**X**						

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Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
WELLBEING CENTERS - In Los Angeles County Schools	Los Angeles Co. Dept. of Public Health	**R 10.1**	The DPH should evaluate the current system for capturing visits to the WBC's (REDcap) to see if the system is appropriate and can be improved, or if it needs to be replaced.	**X**										
		R 10.2	Relevant Data Analysis metrics need to be developed by the Program Director.	**X**										
		R 10.3	Measures of success or outcomes need to be developed in cooperation with stakeholders, especially with administration of the high schools with WBC's. These measures must be collected and reported from the beginning of the program.	**X**										
		R 10.4	The Program Director should develop standards describing accountability for the practices in use for the WBC's in high schools.	**X**										
		R 10.5	The Program, Director should make a survey of programs used to evaluate the effectiveness of the Wellbeing Centers.	**X**										
		R 10.6	The Department. of Public Health needs to develop a process to consistently distribute Wellbeing Center Reports, and ensure information is shared across all schools that host a Wellbeing Center.	**X**										
		R 10.7	Other Healthcare providers should be considered to provide student related services for any future Wellbeing Centers					**X**						

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Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
WELLBEING CENTERS - In Los Angeles County Schools	Los Angeles Co. Office of Education	**R 10.3**	Measures of success or outcomes need to be developed in cooperation with stakeholders, especially with administration of the high schools with WBC's. These measures must be collected and reported from the beginning of the program.	**X**										
		R 10.4	The Program Director should develop standards describing accountability for the practices in use for the WBC's in high schools.	**X**										
		R 10.6	The Department. of Public Health needs to develop a process to consistently distribute Wellbeing Center Reports, and ensure information is shared across all schools that host a Wellbeing Center.	**X**										
	Los Angeles Unified School District	**R 10.3**	Measures of success or outcomes need to be developed in cooperation with stakeholders, especially with administration of the high schools with WBC's. These measures must be collected and reported from the beginning of the program.	**X**										
		R 10.4	The Program Director should develop standards describing accountability for the practices in use for the WBC's in high schools.	**X**										
		R 10.6	The Department. of Public Health needs to develop a process to consistently distribute Wellbeing Center Reports, and ensure information is shared across all schools that host a Wellbeing Center.					**X**						

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Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
WELLBEING CENTERS - In Los Angeles County Schools	Montebello Unified School District	**R 10.3**	Measures of success or outcomes need to be developed in cooperation with stakeholders, especially with administration of the high schools with WBC's. These measures must be collected and reported from the beginning of the program.	**X**										
		R 10.4	The Program Director should develop standards describing accountability for the practices in use for the WBC's in high schools.	**X**										
		R 10.6	The Department. of Public Health needs to develop a process to consistently distribute Wellbeing Center Reports, and ensure information is shared across all schools that host a Wellbeing Center.	**X**										
	Lynnwood Unified School District	**R 10.3**	Measures of success or outcomes need to be developed in cooperation with stakeholders, especially with administration of the high schools with WBC's. These treasures must be collected and reported from the beginning of the program.								**X**			
		R 10.4	The Program Director should develop standards describing accountability for the practices in use for the WBC's in high schools.								**X**			
		R 10.6	The Department. of Public Health needs to develop a process to consistently distribute Wellbeing Center Reports, and ensure information is shared across all schools that host a Wellbeing Center.								**X**			

				Responses										
Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
DE-ESCALATION - Take a Beat, Not a Beating	Los Angeles Co. Board of Supervisors	R 11.3	Both LAPD and LASD should implement findings of the Study of traffic stops which was published in the Proceedings of the National Academy of Science in May 2023. "The First 45 Words" specifies what law enforcement should say when they initially make a traffic stop of a driver in LA County.	X										
	Los Angeles Co. Office of the Chief Executive	R 11.3	Both LAPD and LASD should implement findings of the Study of traffic stops which was published in the Proceedings of the National Academy of Science in May 2023. "The First 45 Words" specifies what law enforcement should say when they initially make a traffic stop of a driver in LA County.	X										

				Responses										
Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
DE-ESCALATION - Take a Beat, Not a Beating	Los Angeles Police Dept.	R 11.1	LASD has tested a new App relating to traffic stops for drivers. This App is called "SafeStop". A recommendation is made for LASD and LAPD to advertise on their websites this App to enable drivers in LA County to add it to their cell phones. The App will assist drivers to have a dialogue with the officers or deputies who initiated the stop, thus alleviate potential adverse situations.											X
		R 11.2	LASD and LAPD should provide pamphlets similar to the ones that Antelope Valley Sheriff's Department offers their citizens which gives guidance on what to do when you are involved in a traffic stop with a deputy sheriff. This pamphlet can be made available at all LASD and LAPD station. These pamphlets should also be placed at other traffic related locations such as car rental agencies, Automobile Association of America offices and Insurance Agencies.											X

				Responses										
Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
DE-ESCALATION - Take a Beat, Not a Beating	Los Angeles Police Dept.	R 11.3	Both LAPD and LASD should implement findings of the Study of traffic stops which was published in the Proceedings of the National Academy of Science in May 2023. "The First 45 Words" specifies what law enforcement should say when they initially make a traffic stop of a driver in LA County.									X		
		R 11.4	Direct LASD and LAPD to monitor and explore all new Artificial Intelligence (AI) currently being created to provide improved training, augment their current policies and reporting.		X									

				Responses										
Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
DE-ESCALATION - Take a Beat, Not a Beating	**Los Angeles Sheriff's Dept.**	**R 11.1**	LASD has tested a new App relating to traffic stops for drivers. This App is called "SafeStop". A recommendation is made for LASD and LAPD to advertise on their websites this App to enable drivers in LA County to add it to their cell phones. The App will assist drivers to have a dialogue with the officers or deputies who initiated the stop, thus alleviate potential adverse situations.	**X**										
		R 11.2	LASD and LAPD should provide pamphlets similar to the ones that Antelope Valley Sheriff's Department offers their citizens which gives guidance on what to do when you are involved in a traffic stop with a deputy sheriff. This pamphlet can be made available at all LASD and LAPD station. These pamphlets should also be placed at other traffic related locations such as car rental agencies, Automobile Association of America offices and Insurance Agencies.	**X**										

				Responses										
Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
DE-ESCALATION - Take a Beat, Not a Beating	**Los Angeles Sheriff's Dept.**	**R 11.3**	Both LAPD and LASD should implement findings of the Study of traffic stops which was published in the Proceedings of the National Academy of Science in May 2023. "The First 45 Words" specifies what law enforcement should say when they initially make a traffic stop of a driver in LA County.	**X**										
		R 11.4	Direct LASD and LAPD to monitor and explore all new Artificial Intelligence (AI) currently being created to provide improved training, augment their current policies and reporting.	**X**										

				Responses										
Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
LAW ENFORCEMENT USE OF FORCE - Involving Racial Bias	Los Angeles Co. Board of Supervisors	**R 12.1**	The LAPD and the LASD should use training officers who have a more inclusive attitude toward other ethnic minorities and dissuade patrol training officers from passing on outdated and racially bias procedures. a) LAPD should source creative strategies and anti-racist curriculum for training officers. b) LASD should source creative strategies and anti-racist curriculum for training officers.	**X**										
		R 12.3	LACY LE agencies should make a more concerted effort to recruit officers who live in or near areas they are assigned to patrol. LASD should collect racial data on officers to include for consideration when assigning officer patrol locations.	**X**										
		R 12.5	REC Not in final report											
		R 12.6	REC Not in final report											
	Los Angeles Co. Office of the Chief Executive	**R 12.2**	All LACY LE agencies and departments should follow California Assembly Bill 748 to the letter of the law. LACY LE oversight authorities should stop allowing LE to do whatever they please when it comes to releasing BWV.		**X**									
		R 12.3	LACY LE agencies should make a more concerted effort to recruit officers who live in or near areas they are assigned to patrol. LASD should collect racial data on officers to include for consideration when assigning officer patrol locations.	**X**										
		R 12.5	REC Not in final report											
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Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
LAW ENFORCEMENT USE OF FORCE - Involving Racial Bias	**City of Los Angeles**	**R 12.1**	The LAPD and the LASD should use training officers who have a more inclusive attitude toward other ethnic minorities and dissuade patrol training officers from passing on outdated and racially bias procedures. a) LAPD should source creative strategies and anti-racist curriculum for training officers. b) LASD should source creative strategies and anti-racist curriculum for training officers.								**X**			
		R 12.2	All LACY LE agencies and departments should follow California Assembly Bill 748 to the letter of the law. LACY LE oversight authorities should stop allowing LE to do whatever they please when it comes to releasing BWV.								**X**			
		R 12.3	LACY LE agencies should make a more concerted effort to recruit officers who live in or near areas they are assigned to patrol. LASD should collect racial data on officers to include for consideration when assigning officer patrol locations.								**X**			
		R 12.5	REC Not in final report											
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LAW ENFORCEMENT USE OF FORCE - Involving Racial Bias	**Los Angeles City Council**	**R 12.1**	The LAPD and the LASD should use training officers who have a more inclusive attitude toward other ethnic minorities and dissuade patrol training officers from passing on outdated and racially bias procedures. a) LAPD should source creative strategies and anti-racist curriculum for training officers. b) LASD should source creative strategies and anti-racist curriculum for training officers.								**X**			
		R 12.2	All LACY LE agencies and departments should follow California Assembly Bill 748 to the letter of the law. LACY LE oversight authorities should stop allowing LE to do whatever they please when it comes to releasing BWV.								**X**			
		R 12.4	LE oversight entities should do their jobs and be outraged at their own failing to hold LE officers and their commanders accountable for continued unwanted missuses of authority and to deprive citizens of fair treatment under the law.								**X**			
		R 12.5	REC Not in final report											
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LAW ENFORCEMENT USE OF FORCE - Involving Racial Bias	**Los Angeles Police Dept.**	**R 12.1**	The LAPD and the LASD should use training officers who have a more inclusive attitude toward other ethnic minorities and dissuade patrol training officers from passing on outdated and racially bias procedures. a) LAPD should source creative strategies and anti-racist curriculum for training officers. b) LASD should source creative strategies and anti-racist curriculum for training officers.		**X**									
		R 12.2	All LACY LE agencies and departments should follow California Assembly Bill 748 to the letter of the law. LACY LE oversight authorities should stop allowing LE to do whatever they please when it comes to releasing BWV.						**X**					
		R 12.3	LACY LE agencies should make a more concerted effort to recruit officers who live in or near areas they are assigned to patrol. LASD should collect racial data on officers to include for consideration when assigning officer patrol locations.						**X**					
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LAW ENFORCEMENT USE OF FORCE - Involving Racial Bias	Office of the Inspector General, Los Angeles Police Commission	**R 12.1**	The LAPD and the LASD should use training officers who have a more inclusive attitude toward other ethnic minorities and dissuade patrol training officers from passing on outdated and racially bias procedures. a) LAPD should source creative strategies and anti-racist curriculum for training officers. b) LASD should source creative strategies and anti-racist curriculum for training officers.						**X**				**X**	
		R 12.2	All LACY LE agencies and departments should follow California Assembly Bill 748 to the letter of the law. LACY LE oversight authorities should stop allowing LE to do whatever they please when it comes to releasing BWV.						**X**					
		R 12.3	LACY LE agencies should make a more concerted effort to recruit officers who live in or near areas they are assigned to patrol. LASD should collect racial data on officers to include for consideration when assigning officer patrol locations.										**X**	
		R 12.4	LE oversight entities should do their jobs and be outraged at their own failing to hold LE officers and their commanders accountable for continued unwanted missuses of authority and to deprive citizens of fair treatment under the law.										**X**	
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LAW ENFORCEMENT USE OF FORCE - Involving Racial Bias	**Los Angeles Sheriff's Dept.**	**R 12.1**	The LAPD and the LASD should use training officers who have a more inclusive attitude toward other ethnic minorities and dissuade patrol training officers from passing on outdated and racially bias procedures. a) LAPD should source creative strategies and anti-racist curriculum for training officers. b) LASD should source creative strategies and anti-racist curriculum for training officers.	**X**										
		R 12.2	All LACY LE agencies and departments should follow California Assembly Bill 748 to the letter of the law. LACY LE oversight authorities should stop allowing LE to do whatever they please when it comes to releasing BWV.	**X**										
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LAW ENFORCEMENT USE OF FORCE - Involving Racial Bias	Los Angeles Co. Office of the Inspector General	**R 12.1**	The LAPD and the LASD should use training officers who have a more inclusive attitude toward other ethnic minorities and dissuade patrol training officers from passing on outdated and racially bias procedures. a) LAPD should source creative strategies and anti-racist curriculum for training officers. b) LASD should source creative strategies and anti-racist curriculum for training officers.	**X**										
		R 12.2	All LACY LE agencies and departments should follow California Assembly Bill 748 to the letter of the law. LACY LE oversight authorities should stop allowing LE to do whatever they please when it comes to releasing BWV.	**X**										
		R 12.3	LACY LE agencies should make a more concerted effort to recruit officers who live in or near areas they are assigned to patrol. LASD should collect racial data on officers to include for consideration when assigning officer patrol locations.	**X**										
		R 12.4	LE oversight entities should do their jobs and be outraged at their own failing to hold LE officers and their commanders accountable for continued unwanted missuses of authority and to deprive citizens of fair treatment under the law.	**X**										
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LAW ENFORCEMENT USE OF FORCE - Involving Racial Bias	Los Angeles Co. District Attorney	**R 12.2**	All LACY LE agencies and departments should follow California Assembly Bill 748 to the letter of the law. LACY LE oversight authorities should stop allowing LE to do whatever they please when it comes to releasing BWV.	**X**										
		R 12.5	REC Not in final report											
		R 12.6	REC Not in final report											
	Los Angeles City	**R 12.5**	REC Not in final report											
		R 12.6	REC Not in final report											

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EV CHARGING IN Los Angeles Co. - The "Shocking" Story	Los Angeles Board of Supervisors, Chief Executive Office, Internal Services Dept., & Dept. of Public Work	R 13.1a	Increase the number of EV Charging Stations at all large parking facilities that currently have less than ten percent of their total parking spaces set up as EV charging stations	X										
		R 13.1b	Request that funding from BOS for the EV Charging Infrastructure be tripled to six million dollars annually at LAC controlled parking facilities.					X						
		R 13.2	At the entrance of each large parking facility, install the following signage: "Follow green line to EV Charging Stations" as well as install a green line from each entrance of the parking facilities to charging station.	X										
		R 13.3	Install an EV-Only sign and paint the ground "EV-Charging Only" at each charging station.						X					
		R 13.4	Train parking personnel to regularly monitor EV Charging Stations and report broken or missing signs and missing or problematic QR codes to ISD management.	X										
		R 13.5	Refresh EV-Only ground signs when they are difficult to read.	X										
		R 13.6	Enforcement policy of EV Only laws need to be done on a case by case basis. Train parking personnel to recognize that if no EVCS are available, we recommend a paper warning sign be place under the windshield wiper of the gas powered vehicle stating that their vehicle is in violation of the EV Charging statutes. If an EV is not connected to charging station, then a similar notice should be placed under the windshield wiper of the EV not charging.	X										

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EV CHARGING IN Los Angeles Co. - The "Shocking" Story	Los Angeles Board of Supervisors, Chief Executive Office, Internal Services Dept., & Dept. of Public Work	R 13.7	It is recommended that after paper warning been placed on a specific vehicle for violation of the EV statute, the next offense should be enforced with a $100 ticket or that their car be towed or that a boot be placed on the vehicle tire.					X						
		R 13.8	ISD management to train parking personnel on parking enforcement protocols.	X										
		R 13.9a	It is recommended that a Wi-Fi extender (strengthens Wi-Fi signal) be placed in areas where repeated Wi-Fi issues occur. The optimal solution is to install a Wi-Fi booster or repeater to increase Wi-Fi strength to those areas with poor reception.						X					
		R 13.9b	It is recommended that the EV-Optional signs be placed in areas of the weakest Wi-Fi signal for those parking facilities that have reversible signs reading EV-Optional on one side and the 4 hr. limit with the violation codes on the other side.						X					
		R 13.9c	ISD to examine the feasibility placing Wi-Fi boosters or repeaters in areas with poor reception.						X					
		R 13.10	It is recommended that when a charging project is slated to begin that data be collected and recorded on an excel spread sheet. The following information would facilitate incremental improvements to the installation process: a) Actual start date of EV charger project at (address of location). b) Actual completion date of installation of charging stations. c) Actual date the charging stations come online and are available for charging. d) Actual date when wall signs are installed. e) Actual date when ground signs are installed.	X										

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EV CHARGING IN Los Angeles Co. - The "Shocking" Story	**Los Angeles Board of Supervisors, Chief Executive Office, Internal Services Dept., & Dept. of Public Work**	**R 13.11**	It is recommended that a contract be established with at least one to three reliable repair contractors so that an independent service provider can respond to a problem if PowerFlex is not able to respond within 48 hours.	**X**										
		R 13.12	It is recommended that all DC fast chargers in publicly accessed parking facilities to removed and replaced Level 2 chargers. The DC Fast Chargers should be used primarily for emergency response electric vehicles, police electric vehicles, public transportation electric vehicles and the LAC Sheriff's electric vehicles.						**X**					
		R 13.13	Education is needed for the EV owner to understand how to use the EVCSs. A QR code could be created for EV owners to provide them with the education that they need to make their EV driving and charging experience seamless and enjoyable.	**X**										
		R 13.14a	At 145 Broadway, Los Angeles, (Parking Lot 10, the Committee recommends that either the wall and ground signs be remove d or additional chargers be installed to replace the ones that have been removed.	**X**										
		R 13.14b	At 11705 Alameda St in Lynwood. Either install EV Chargers where the signs are or remove the signs	**X**										
		R 13.14c	At 8300 S Vermont, Los Angeles. Install an additional 10-20 EVCS.	**X**										
		R 13.15	ISD & DPW work together to include EV CS when new or upgraded parking facilities are being planned.	**X**										

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EV CHARGING IN Los Angeles Co. - The "Shocking" Story	**Los Angeles Board of Supervisors, Chief Executive Office, Internal Services**	**R 13.16**	Training of parking facilities managers by ISD is recommended. This training would include: Things to watch for like broken or damaged signs, pealing QR codes on EV Chargers, EVs parked at charging stations but not charging their vehicle, gas vehicles parked in EV Charging spots. All problems should be reported to parking management who in turn report to ISD management.	**X**										
ARTIST AND CIVIC PLACEMAKING - Creative Strategist Supporting non-Arts Government Functions	**Los Angeles Co. Board of Supervisors**	**R 14.1a**	BOS direct CEO to find funding to meet staffing needs of DA&C					**X**						
		R 14.1b	DA&R should report to BOS and CEO with staffing requirements; with special consideration towards creating foundational program infrastructure and accounting for future opportunities for the Department.	**X**										
		R 14.3	DA&C should use sole source contracts to rehire those Creative Strategists with incomplete and easily revived projects.					**X**						
		R 14.4a	BOS should direct CEO to find funding for unaddressed strategies outlined in the Countywide Cultural Policy Strategic Plan.					**X**						
		R 14.4b	BOS should direct CEO to find remaining funding for partially-funded Strategies outlined in the Countrywide Cultural Policy Strategic Plan.					**X**						
		R 14.4c	BOS should direct all Department Heads to engage DA&C to incorporate Countywide Cultural Policy goals, such as, but not limited to, allocating resources to engage Creative Strategies and other programs					**X**						

				Responses											
Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
ARTIST AND CIVIC PLACEMAKING - Creative Strategist Supporting non-Arts Government Functions	**Los Angeles Co. Board of Supervisors**	**R 14.5a**	BOS should direct all Department Heads to explore incorporating Cultural Policy goals, and especially Creative Strategist, into their operations or service models. Internal surveys, open calls and program evaluations can help make this determination for allocating departmental resources to engage DA&C programming.					**X**						
		R 14.5b	BOS should direct all Department Heads to engage with DA&C for guidance, recommendations and development during this exploratory period. BOS direct CEO and DA&C to designate anticipated staffing and funding needs to properly interface with other Departments regarding the Countywide Cultural Policy.					**X**						
		R 14.5c	DA&C should create necessary infrastructure (program availability, educational materials, vendor lists, compliance blueprints, and inter-departmental relations person). We recognized this recommendation cannot be implemented unless DA&C received additional staff positions.	**X**										
		R 14.7a	BOS should direct CEO to find funding to meet staffing needs for DA&C's cross-sector work to enable the necessary infrastructure to be set in place.					**X**						
		R 14.7b	DA&C report to BOS and CEO with staffing requirements to fully-support the cross-sector division; ensure special consideration regarding potential opportunities for future expansion.	**X**										
		R 14.7c	BOS and CEO should refer to Strategy 15 in DA&C's 2022 Countrywide Cultural Strategic Plan for funding and staffing considerations.	**X**										
		R 14.8	BOS should direct CEO to find funding to adopt DA&C's Strategic Plan Strategy 15.					**X**						

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Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
ARTIST AND CIVIC PLACEMAKING - Creative Strategist Supporting non-Arts Government Functions	**Los Angeles Co. Board of Supervisors**	**R 14.9a**	BOS and CEO assist Departments in reallocating funding and resources to engage a Creative Strategist in their priority projects. Direct Departments to find outside sources, if necessary, with consultation with DA&C.					**X**						
		R 14.10a	Our Committee understands that fully funding of the Strategic Plan and/or the Creative Strategist Program cannot happen overnight. In the interim, BOS direct CEO to find funding to rehire via sole source contract process Creative Strategist identified by DA&C whose projects would benefit from expansion into all five districts.					**X**						
		R 14.11	BOS should direct CEO to find funding for a non-arts grant writer staff position. Much of the Countywide Cultural Policy situates DA&C in the role of arts facilitator or cultural programing administrator, not as a creative entity itself.					**X**						
		R 14.12	BOS and DA&C should direct LACAC to assemble a working group to explore potential outside financial opportunities; fundraising, fund-matching, grant partners, etc. *Commissioners can utilize their professional experience working in the County's creative economy to guide the Department towards guaranteed sources.*					**X**						
		R 14.13	BOS should direct CEO to find funding for cross-sector continuity Staffing position.					**X**						

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Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
ARTIST AND CIVIC PLACEMAKING - Creative Strategist Supporting non-Arts Government Functions	**Los Angeles Co. Board of Supervisors**	**R 14.16**	Regarding DA&C's need for an entrepreneurial pivot, BOS should directs all Departments to consult with DA&C to evaluate whether a Creative Strategist shall be utilized or engaged for any and all proposed third-party consulting contracts. *Adding an artist would provide grassroots, people-focused engagement as a compliment to the top-down, analytical lens of a FUSE Fellow's report recommendations. Their pairing would directly support the Cultural Policy's robust vision for the future of County* governance.					**X**						
	Los Angeles Co. Chief Executive Officer	**R 14.1a**	BOS to direct CEO to find funding to meet staffing needs of DA&C					**X**						
		R 14.1b	DA&R should report to BOS and CEO with staffing requirements; with special consideration towards creating foundational program infrastructure and accounting for future opportunities for the Department.	**X**										
		R 14.3	DA&R should use sole source contracts to rehire those Creative Strategists with incomplete and easily revived projects.					**X**						
		R 14.4a	BOS should direct CEO to find funding for unaddressed strategies lined in the Countywide Cultural Policy Strategic Plan.					**X**						
		R 14.4b	BOS should direct CEO to find remaining funding for partially-funded Strategies outlined in the Countrywide Cultural Policy Strategic Plan.					**X**						
		R 14.4c	BOS should direct all Department Heads to engage DA&C to incorporate Countywide Cultural Policy goals, such as, but not limited to, allocating resources to engage Creative Strategies and other programs.					**X**						

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ARTIST AND CIVIC PLACEMAKING - Creative Strategist Supporting non-Arts Government Functions	**Los Angeles Co. Chief Executive Officer**	**R 14.5c**	DA&C should create necessary infrastructure (program availability, educational materials, vendor lists, compliance blueprints, and inter-departmental relations person). We recognized this recommendation cannot be implemented unless DA&C received additional staff positions.	**X**				**X**						
		R 14.7a	BOS should direct CEO to find funding to meet the staffing needs for DA&C's cross-sector work to enable the necessary infrastructure to be set in place.	**X**										
		R 14.7b	DA&C report to BOS and CEO with staffing requirements to fully-support the cross-sector division; ensure special consideration regarding potential opportunities for future expansion.	**X**										
		R 14.7c	BOS and CEO should refer to Strategy 15 in DA&C's 2022 Countrywide Cultural Strategic Plan for funding and staffing considerations.					**X**						
		R 14.8	BOS should direct CEO to find funding to adopt DA&C's Strategic Plan Strategy 15.					**X**						
		R 14.9a	BOS and CEO assist Departments in reallocating funding and resources to engage a Creative Strategist in their priority projects. Direct Departments to find outside sources, if necessary, with consultation with DA&C.					**X**						
		R 14.10a	Our Committee understands that fully funding of the Strategic Plan and/or the Creative Strategist Program cannot happen overnight. In the interim, BOS direct CEO to find funding to rehire via sole source contract process Creative Strategist identified by DA&C whose projects would benefit from expansion into all five districts.					**X**						

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ARTIST AND CIVIC PLACEMAKING - Creative Strategist Supporting non-Arts Government Functions	**Los Angeles Co. Chief Executive Officer**	**R 14.11**	BOS should direct CEO to find funding for a non-arts grant writer staff position. Much of the Countywide Cultural Policy situates DA&C in the role of arts facilitator or cultural programing administrator, not as a creative entity itself.					**X**						
		R 14.12	BOS and DA&C should direct LACAC to assemble a working group to explore potential outside financial opportunities; fundraising, fund-matching, grant partners, etc. *Commissioners can utilize their professional experience working in the County's creative economy to guide the Department towards guaranteed sources.*					**X**						
		R 14.13	BOS should direct CEO to find funding for cross-sector continuity Staffing position.	**X**										
	Dept. of Arts & Culture	**14.1b**	DA&R should report to BOS and CEO with staffing requirements; with special consideration towards creating foundational program infrastructure and accounting for future opportunities for the Department.					**X**						
		R 14.3	DA&C should use sole source contracts to rehire those Creative Strategists with incomplete and easily revived projects.					**X**						
		R 14.4c	BOS should direct all Department Heads to engage DA&C to incorporate Countywide Cultural Policy goals, such as, but not limited to, allocating resources to engage Creative Strategies and other programs.	**X**										
		R 14.5c	DA&C should create necessary infrastructure (program availability, educational materials, vendor lists, compliance blueprints, and inter-departmental relations person). We recognized this recommendation cannot be implemented unless DA&C received additional staff positions.	**X**										

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ARTIST AND CIVIC PLACEMAKING - Creative Strategist Supporting non-Arts Government Functions	Dept. of Arts & Culture	**R 14.6**	DA&C should expand preparatory period timelines from six to twelve months, given the project's scope. Build in clause to allow for additional time if necessary, recognizing that Creative Strategists should be engaged for a minimum of two years.					**X**						
		R 14.7a	BOS should direct CEO to find funding to meet the staffing needs for DA&C's cross-sector work to enable the necessary infrastructure to be set in place.	**X**										
		R 14.7b	DA&C report to BOS and CEO with staffing requirements to fully-support the cross-sector division; ensure special consideration regarding potential opportunities for future expansion.	**X**										
		R 14.7c	BOS and CEO should refer to Strategy 15 in DA&C's 2022 Countrywide Cultural Strategic Plan for funding and staffing considerations.					**X**						
		R 14.9a	BOS and CEO assist Departments in reallocating funding and resources to engage a Creative Strategist in their priority projects. Direct Departments to find outside sources, if necessary, with consultation with DA&C.	**X**										
		R 14.10b	Our Committee understands that fully funding the Strategic Plan and/or the Creative Strategist program cannot happen overnight. In the interim, DA&C should review the completed Creative Strategist residencies and assess which projects could be re-implemented.					**X**						
		R 14.11	BOS should direct CEO to find funding for a non-arts grant writer staff position. Much of the Countywide Cultural Policy situates DA&C in the role of arts facilitator or cultural programing administrator, not as a creative entity itself.					**X**						

				Responses										
Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
ARTIST AND CIVIC PLACEMAKING - Creative Strategist Supporting non-Arts Government Functions	**Dept. of Arts & Culture**	**R 14.12**	BOS and DA&C should direct LACAC to assemble a working group to explore potential outside financial opportunities; fundraising, fund-matching, grant partners, etc. *Commissioners can utilize their professional experience working in the County's creative economy to guide the Department towards guaranteed sources.*					**X**						
		R 14.13	BOS should direct CEO to find funding for cross-sector continuity Staffing position.	**X**										
		R 14.15a	DA&C should build out a paid "item menu" of specialized services (ex. Cross-sector local jurisdictional exchange); including but not limited to expansion of impact and grant-matching.					**X**						
		R 14.15b	DA&C should direct LACAC to investigate alternative funding sources (Galas, benefits, bond measures, percentage tax allocations).					**X**						
		R 14.16	Regarding DA&C's need for an entrepreneurial pivot, BOS should directs all Departments to consult with DA&C to evaluate whether a Creative Strategist shall be utilized or engaged for any and all proposed third-party consulting contracts. *Adding an artist would provide grassroots, people-focused engagement as a compliment to the top-down, analytical lens of a FUSE Fellow's report recommendations. Their pairing would directly support the Cultural Policy's robust vision for the future of County* governance.					**X**						

				Responses										
Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	Los Angeles Co. Board of Supervisors	**R 15.1**	County should draft an ordinance for retrofitting soft-story first floor buildings.					X						
		R 15.2	County should extend the proposed non-ductile retro-fit to buildings of every height, not just those over 75 feet.					X						
		R 15.6	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.	X										
		R 15.7	LAC CEO should develop and earthquake recovery/resilience plan.	X										
		R 15.12	The Medical Examiner should make/update their emergency plans to include no ground access to the Antelope Valley (Lancaster, Palmdale). Where will autopsies and exams be done? Where will mutual and volunteers from other medical examiners work, eat, park their vehicles? How can people work without water or electricity?					X						

				Responses										
Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	**Los Angeles Co., Dept. of Medical Examiner**	**R 15.1**	County should draft an ordinance for retrofitting soft-story first floor buildings.					**X**						
		R 15.2	County should extend the proposed non-ductile retro-fit to buildings of every height, not just those over 75 feet.					**X**						
		R 15.6	Once the cost estimate is complete LAC PW should develop a Request for Proposal (RFP) to gain detailed cost estimates. Once the RFP is complete LAC CEO should solicit bids for Hall of Administration retrofit project and chose winning bidder.	**X**										
		R 15.7	LAC CEO should develop and earthquake recovery/resilience plan.	**X**										
		R 15.12	The Medical Examiner should make/update their emergency plans to include no ground access to the Antelope Valley (Lancaster, Palmdale). Where will autopsies and exams be done? Where will mutual and volunteers from other medical examiners work, eat, park their vehicles? How can people work without water or electricity?					**X**						

				Responses										
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EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	**Dept. of Public Works**	**R 15.1**	County should draft an ordinance for retrofitting soft-story first floor buildings.					**X**						
		R 15.2	County should extend the proposed non-ductile retro-fit to buildings of every height, not just those over 75 feet.					**X**						
		R 15.3	LAC PW should complete design phase for earthquake safety retrofit for Hall of Administration.					**X**						
		R 15.4	Once the design phase for the earthquake safety/seismic retrofit is complete for the Hall of Administration LAC PW should develop a project schedule.	**X**										
		R 15.5	Once the design phase for the Hall of Administration is complete LAC PW should obtain a cost estimate.					**X**						
		R 15.6	Once the cost estimate is complete LAC PW should develop a Request for Proposal (RFP) to gain detailed cost estimates. Once the RFP is complete LAC CEO should solicit bids for Hall of Administration retrofit project and chose winning bidder.	**X**										

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EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	Los Angeles Co. of Internal Services Dept.	R 15.13	The County should buy enough radio or satellite phones so that each agency and city referenced in the Responses section has at least two phones. ISD should track who the phones are assigned to, provide video or written training for how to use the phones, and ask that the agency or city use them in their annual ShakeOut Drill as well as export their success/failure to ISD each year.					X						
	Los Angeles Co. Fire Department	R 15.12	The Medical Examiner should make/update their emergency plans to include no ground access to the Antelope Valley (Lancaster, Palmdale). Where will autopsies and exams be done? Where will mutual and volunteers from other medical examiners work, eat, park their vehicles? How can people work without water or electricity?	X										
	Port of Los Angeles	R 15.14	The LA and Long Beach ports should make/update plans for cargo that needs to be moved, especially perishables, when roads and railways out of the county may be damaged. They also need to create/update their plans for damage in their harbors, including things that could possibly fall over.					X						
	Port of Long Beach	R 15.14	The LA and Long Beach ports should make/update plans for cargo that needs to be moved, especially perishables, when roads and railways out of the county may be damaged. They also need to create/update their plans for damage in their harbors, including things that could possibly fall over.	X	X									

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Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	City of Los Angeles	R 15.8	The City of Los Angeles is requested to commend on each of its 18 goals in their "Resilience By Design Plan" as to any misunderstandings the Civil Grand Jury may have had as well as progress that has been made that was not mentioned. This is meant to help those who build on this in the future.								X			
	Los Angeles Dept. of Water & Power	R 15.9	The City of Los Angeles's DWP should continue to work on water transport and storage, especially in regards to putting out fires.		X									
	City of Long Beach	R15.10	Long Beach, Santa Clarita, Glendale, Lancaster, and Palmdale should inventory their buildings to determine if they have enough need in their city for retrofitting buildings of certain types. If So, create appropriate ordinances.		X									
		R 15.15	If there is a lot of damage to building, more building inspectors would be needed. Plan for how temporary inspectors will be obtained and how they will be assigned, keeping in mind that businesses in the medical field should be inspected first, followed by those who were enrolled in the Back to Business program.	X										

				Responses										
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EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	City of Santa Clarita	R 15.10	Long Beach, Santa Clarita, Glendale, Lancaster, and Palmdale should inventory their buildings to determine if they have enough need in their city for retrofitting buildings of certain types. If So, create appropriate ordinances.	X										
		R 15.15	If there is a lot of damage to building, more building inspectors would be needed. Plan for how temporary inspectors will be obtained and how they will be assigned, keeping in mind that businesses in the medical field should be inspected first, followed by those who were enrolled in the Back to Business program.		X									
	City of Glendale	R 15.10	Long Beach, Santa Clarita, Glendale, Lancaster, and Palmdale should inventory their buildings to determine if they have enough need in their city for retrofitting buildings of certain types. If So, create appropriate ordinances.								X			
		R 15.15	If there is a lot of damage to building, more building inspectors would be needed. Plan for how temporary inspectors will be obtained and how they will be assigned, keeping in mind that businesses in the medical field should be inspected first, followed by those who were enrolled in the Back to Business Program.				X							

				Responses										
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EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	City of Lancaster	**R 15.10**	Long Beach, Santa Clarita, Glendale, Lancaster, and Palmdale should inventory their buildings to determine if they have enough need in their city for retrofitting buildings of certain types. If So, create appropriate ordinances.								**X**			
		R 15.15	If there is a lot of damage to building, more building inspectors would be needed. Plan for how temporary inspectors will be obtained and how they will be assigned, keeping in mind that businesses in the medical field should be inspected first, followed by those who were enrolled in the Back to Business Program.								**X**			
	City of Palmdale	**R 15.10**	If there is a lot of damage to buildings, more building inspectors would be needed. Plan for how temporary inspectors will be obtained and how they will be assigned, keeping in mind that businesses in the medical field should be inspected first, followed by those who were enrolled in the Back to Business Program	**X**										
		R 15.15	If there is a lot of damage to building, more building inspectors would be needed. Plan for how temporary inspectors will be obtained and how they will be assigned, keeping in mind that businesses in the medical field should be inspected first, followed by those who were enrolled in the Back to Business Program.	**X**										

				Responses										
Report Title	**REQUIRED Agency to Respond**	**Recommendation**	**Description**	**Agree**	**Implemented**	**Partially Agree**	**Partially Implemented**	**Partially Disagree**	**Disagree**	**Cannot be Implemented**	**No Response**	**Will Not Implement**	**Not Our Responsibility/ Jurisdiction**	**Further Study Needed**
EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	**City of Industry**	**R 15.11**	The Cities of Industry and Vernon should consider having a Back to Business program to benefit the large number of businesses in their cities and to help the economy recover.								**X**			
		R 15.15	If there is a lot of damage to building, more building inspectors would be needed. Plan for how temporary inspectors will be obtained and how they will be assigned, keeping in mind that businesses in the medical field should be inspected first, followed by those who were enrolled in the Back to Business program.								**X**			
	City of Vernon	**R 15.11**	The Cities of Industry and Vernon should consider having a Back to Business program to benefit the large number of businesses in their cities and to help the economy recover.	**X**	**X**									
		R 15.15	If there is a lot of damage to building, more building inspectors would be needed. Plan for how temporary inspectors will be obtained and how they will be assigned, keeping in mind that businesses in the medical field should be inspected first, followed by those who were enrolled in the Back to Business program.	**X**										

				Responses										
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EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	Alhambra Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.	X										
	Arcadia Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.	X										

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EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	Beverly Hills Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.								X			
	Burbank Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.	X	X									

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Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	Compton Fire Dept.	15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English . Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO) The Dept. of Sustainability should include this information in their annual reports.								X			
	Downey Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.								X			

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EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	Glendale Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.									X		
	Long Beach Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.	X										

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EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	Los Angeles Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.		X									
	Montebello Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.								X			

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Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	Monterey Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English . Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By august 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO) The Dept. of Sustainability should include this information in their annual reports.								X			
	Pasadena Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.								X			

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Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	Redondo Beach Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.								X			
	Santa Monica Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.	X	X									

				Responses										
Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	Sierra Madre Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.	X										
	South Pasadena Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.	X										

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Report Title	REQUIRED Agency to Respond	Recommendation	Description	Agree	Implemented	Partially Agree	Partially Implemented	Partially Disagree	Disagree	Cannot be Implemented	No Response	Will Not Implement	Not Our Responsibility/ Jurisdiction	Further Study Needed
EARTHQUAKE SAFETY READINESS - How to Survive the Big "One"!	Torrance Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.		X									
	West Covina Fire Dept.	R 15.16	All Fire Departments within the county should grow their CERT training so that one out of every 2,000 residents in their jurisdiction in trained each year. Repeat this level of training for at least 3 years. Attempt to conduct 30% of the training in languages other than English. Add "refresher" classes for those that were previously trained. When responding please indicate the languages that would be included. By August 1 each year, report the number of trainees and the language in which they were trained during the previous 12 months to the County Chief Sustainability Office (in the Dept. of the Department of the County CEO). The Dept. of Sustainability should include this information in their annual reports.								X			

DETENTION COMMITTEE

DUTIES

Each fiscal year, as mandated by the California Penal Code, section 919 article (b), every Civil Grand Jury *must* inquire into the condition and management of the public detention centers, jails, and courthouse holding provisions within the County of its purview. Per section 921 of the California Penal Code, the Civil Grand Jury is entitled to free access at all reasonable times to these facilities.

It is the responsibility of the Detention Committee to ensure that the Civil Grand Jury makes a good faith effort to visit each of the detention facilities within the County of Los Angeles (County), and makes a record of each facility visited.

ACTIVITIES

In order to ensure that all detention facilities in the County could be visited, the Detention Committee must assign Civil Grand Jury members to groups, each group consisting of at least two members, and then assign each group to a subset of detention facilities within the County. A spreadsheet containing all such facilities was made, and was used to generate a list of facilities for each group. In addition, the same spreadsheet kept track of all facilities that were visited, the dates of visitations, and the group members who participated in each visit.

The 2024-2025 Los Angeles County Civil Grand Jury Members formed seven groups. Each group was comprised of at least two jurors, and was responsible for visiting a subset of the detention centers within the County. In order to minimize travel requirements for individuals, each group represented a particular area of the County, and members were chosen for each group based on the proximity of their homes to the areas visited by the group. For example, the group that visited several detention facilities in the southern reaches of the County was comprised of jurors from Long Beach and San Pedro. Wednesdays were set aside as the day of the week on which detention facilities would be visited.

On those Wednesdays that facilities were visited, each group was able to visit between four and six detention sites. Thus, between 28 and 42 sites could be visited each week. Over a period of weeks beginning August 21, 2024 and continuing until September 18, 2024, the Civil Grand Jury was able to physically

arrive at 128 detention locations, though not all could be visited. Some sites are no longer in use, and some are closed due to issues that preclude the housing of detainees for the present time.

The table below lists the detention facilities and stations visited by the 2024-2025 Los Angeles County Civil Grand Jury. For the purpose of ease of reading, the table begins on the following page.

Facility	Agency	Visited	Date Visited
77th Street Community Station 7600 S Broadway Los Angeles, CA 90003 (323) 786-5075	LAPD	Yes	8/21/2024
Alfred J. McCourtney Juvenile Justice Center 1040 W Avenue J Lancaster, CA 93534 (661) 945-6354	LASD	Yes	8/28/2024
Alhambra Courthouse 150 W Commonwealth Ave Alhambra, CA 91801 (626) 293-2100	LASD	Yes	8/21/2024
Alhambra Police Station 211 1st St Alhambra, CA 91801 (626) 570-5151	City PD	Yes	8/21/2024
Altadena Station 780 E Altadena Drive Altadena, CA 91001 (626) 798-1131	LASD	Yes	9/18/2024
Arcadia Police Station 250 W Huntington Drive Arcadia, CA 91007 (626) 574-5151	City PD	Yes	8/28/2024
Avalon Station 215 Sumner Ave Avalon, CA 90704 (310) 510-0174	LASD	Yes	9/11/2024
Azusa Police 725 N Akaneda Ave Azusa, CA 91702 (626) 812-3200	City PD	Yes	8/28/2024
Baldwin Park Police 14403 E Pacific Ave Baldwin Park, CA 91706 (626) 960-1955	City PD	Yes	9/4/2024
Barry J Nidorf Juvenile Hall 16350 Filbert St Sylmar, CA 91342 (818) 364-2011	LASD	Yes	8/21/2024
Bell Gardens Police 7100 Garfield Ave Bell Gardens, CA 90201 (562) 806-7700	City PD	Yes	9/4/2024

Facility	Agency	Visited	Date Visited
Bell Police 6326 Pine Ave Bell, CA 90201 (323) 585-1245	City PD	Yes Remodel in process	8/28/2024
Bellflower Courthouse 10025 Flower St Bellflower, CA 90706 (562) 345-3300	LASD	Yes	8/21/2024
Beverly Hills Courthouse 9555 Burton Way #191 Beverly Hills, CA 90210 (310) 288-1279	LASD	Not in Use	8/21/2024
Beverly Hills Police 464 N Rexford Drive Beverly Hills, CA 90210 (310) 550-4951	City PD	Yes	8/28/2024
Burbank Courthouse 300 E Olive St Burbank, CA 91502 (818) 260-8498	LASD	Yes	9/11/2024
Burbank Police Station 200 N Third St Burbank, CA 91502 (818) 238-3333	City PD	Yes	9/11/2024
Camp Clinton B Afflerbaugh 6621 N Stephens Ranch Rd La Verne, CA 91750 (909) 593-4926	Probation	Yes	9/4/2024
Camp Glenn Rockey 1900 Sycamore Canyon San Dimas, CA 91773 (909) 599-2391	Probation	Yes	9/18/2024
Camp Joseph Paige 6601 Stephens Ranch Rd La Verne, CA 91750 (909) 593-4921	Probation	Yes	9/4/2024
Camp Vernon Kilpatrick 427 S Encinal Canyon Rd Malibu, CA 90265 (818) 899-1353	Probation	Yes	9/4/2024
Carson Station 21356 S Avalon Blvd Carson, CA 90745 (310) 485-3294	LASD	Yes	8/21/2024

Facility	Agency	Visited	Date Visited
Central Arraignment Courthouse 429 Bauchet St Los Angeles, CA 90012 (213) 974-6068	LASD	Yes	9/11/2024
Central Community Station 215 E 6th St Los Angeles, CA 90014 (213) 486-6606	LAPD	Yes	9/11/2024
Central Juvenile Hall 1605 Eastvale Ave Los Angeles, CA 90033 (323) 226-8611	LASD	No Closed	
Century Regional Correction Facility 11705 S Alameda St Lynwood, CA 90262 (323) 568-4500	LASD	Yes	8/28/2024 9/4/2024
Cerritos Station 18135 Bloomfield Ave Cerritos, CA 90703 (562) 860-0044	LASD	Yes	8/21/2024
City of Industry 150 N Hudson St City of Industry, CA 91744 (626) 330-3322	LASD	Yes	9/18/2024
Clara Shortridge-Foltz Criminal Justice Center 210 W Temple St Los Angeles, CA 90012 (213)628-7900	LASD	Yes	9/11/2024
Claremont Police 570 W Bonita Ave Claremont, CA 91711 (909) 399-5411	City PD	Yes	9/4/2024
Compton Courthouse 200 W Compton Blvd Compton, CA 90220 (310) 761-4300	LASD	Yes	8/28/2024
Covina Police Department 444 N Citrus Ave Covina, CA 91733 (626) 331-3391	City PD	Yes	9/4/2024
Crescenta Valley Station 4554 N Briggs Ave La Crescenta, CA 91214 (818) 248-3464	LASD	Yes	9/18/2024

Facility	Agency	Visited	Date Visited
Culver City Police 4040 Duquesne Ave Culver City, CA 90232 (310) 253-6208	City PD	Yes	8/21/2024
Devonshire Community Station 10250 Etiwanda Ave Northridge, CA 91325 (818) 832-0622	LAPD	Yes	8/28/2024
Dodger Stadium Security Office 1000 Elysian Park Los Angeles, CA 90012 (323) 224-2611	LAPD	Yes	9/11/2024
Dorothy Kirby Center 1500 S McDonnell Ave Los Angeles, CA 90022 (323) 981-4301	LASD	Yes	9/18/2024
Downey Courthouse 7500 Imperial Hwy Downey, CA 90242 (562) 658-0500	LASD	Yes	8/21/2024
Downey Police 10911 Brookshire Drive #2700 Downey, CA 91502 (562) 861-0771	City PD	Yes	8/21/2024
East Los Angeles Courthouse 4848 Civic Center Way Los Angeles, CA 90022 (323) 780-2025	LASD	Yes	9/11/2024
Ed Edelman Children's Court 201 Centre Plaza Drive #2700 Monterey Park, CA 91754 (323) 307-8098	LASD	Yes	9/4/2024
El Monte Courthouse 11234 E Valley Blvd El Monte, CA 91731 (626) 401-2298	LASD	Yes	8/21/2024
El Monte Police 11333 Valley Blvd El Monte, CA 91731 (626) 580-2100	City PD	Yes	8/21/2024
El Segundo Police Station 348 Main St El Segundo, CA 90245 (310) 524-2200	City PD	Yes	8/21/2024

Facility	Agency	Visited	Date Visited
Foothill Community Station 12670 Osborne St Pacoima, CA 91331 (818) 756-8861	LAPD	Yes	8/21/2024
Gardena Police 1718 162nd St Gardena, CA 90247 (310) 217-9670	City PD	Yes	8/21/2024
George Deukmejian Courthouse 275 Magnolia Ave Long Beach, CA 90802 (562) 256-3100	LASD	Yes	9/4/2024
Glendale Courthouse 600 E Broadway Ave Glendale, CA 91206 (818) 265-6400	LASD	Yes	8/28/2024
Glendale Police 131 N Isabel St Glendale, CA 91206 (818) 548-4840	City PD	Yes	8/28/2024
Glendora Police 150 S Glendora Ave Glendora, CA 91741 (626) 914-8250	City PD	Yes	8/28/2024
Harbor Community Station 2175 John Gibson Blvd San Pedro, CA 90731 (310) 726-7700	LAPD	Yes	8/28/2024
Hawthorne Police Station 12501 Hawthorne Blvd Hawthorne, CA 90250 (310) 675-4444	City PD	Yes	8/21/2024
Hermosa Beach Police 540 Pier Ave Hermosa Beach, CA 90254 (310) 318-0360	City PD	Yes	8/21/2024
Hollenbeck Community Station 2111 E 1st St Los Angeles, CA 90033 (323) 342-4100	LASD	Yes	9/11/2024
Hollywood Community Station 1358 Wilcox Ave Los Angeles, CA 90028 (213) 972-2971	LAPD	Yes	9/11/2024

Facility	Agency	Visited	Date Visited
Huntington Park Police Station 6542 Miles Ave Huntington Park, CA 90255 (323) 584-6524	City PD	Yes	8/28/2024
Inglewood Courthouse 1 E Regent St Inglewood, CA 90301 (310) 419-5132	LASD	Yes	8/28/2024
Inglewood Juvenile Court 110 E Regent St Inglewood, CA 90301 (310) 419-5255	LASD	Yes	8/28/2024
Inglewood Police Department 1 W Manchester Ave Inglewood, CA 90301 (310) 412-5211	City PD	Yes	8/28/2024
Inmate Reception Center 450 Bauchet St Los Angeles, CA 90012 (213) 893-5875	LASD	Yes	9/11/2024
Irwindale Police Station 505 N Irwindale Ave Irwindale, CA 91706 (626) 430-2244	City PD	Closed	8/28/2024
LA County Fairgrounds Holding Facility 101 W McKinley Ave Pomona, CA 91768	Pomona PD	No Seasonally Open?	9/4/2024
La Verne Police Department 2061 3rd St La Verne, CA 91750 (909) 596-1913	City PD	Storage Only?	9/4/2024
LA General Hospital Jail Ward 2051 Marengo St Los Angeles, CA 90033 (323) 409-1000	LASD	Yes	9/11/2024
Lakewood Police Station 5130 N Clark Ave Lakewood, CA 90712 (562) 623-3500	LASD	Yes	8/21/2024
Lancaster Sheriff's Station 501 W Lancaster Blvd Lancaster, CA 93534 (661) 948-8466	LASD	Yes	8/28/2024

Facility	Agency	Visited	Date Visited
LAX Courthouse 11701 S La Cienega Blvd Los Angeles, CA 90045 (310) 725-3000	LASD	Yes	8/21/2024
Lomita Station 26123 Narbonne Ave Lomita, CA 90717 (310) 539-1661	LASD	Yes	8/28/2024
Long Beach Police Department 400 W Broadway Long Beach, CA 90802 (562) 570-7260	City PD	Yes	9/4/2024
Los Angeles Airport Police Facility 9160 Loyola Blvd Los Angeles, CA 90045 (424) 646-6100	Airport PD	Yes	8/28/2024
Los Padrinos Juvenile Hall 7285 Quill Drive Downey, CA 90242 (562) 940-8681	LASD	Yes	8/21/2024
Lost Hills Station 27050 Agoura Rd Calabasas, CA 91301 (818) 878-1808	LASD	Yes	8/28/2024
Manhattan Beach Police Facility 420 15th St Manhattan Beach, CA 90266 (310) 802-5140	City PD	Yes	8/21/2024
Marina Del Rey Station 13851 Fiji Way Marina Del Rey, CA 90292 (310) 482-6000	LASD	Yes	8/21/2024
Men's Central Jail 441 Bauchet St Los Angeles, CA 90012 (213) 974-4921	LASD	Yes	9/11/2024
Mental Health Courthouse 5925 Hollywood Blvd Los Angeles, CA 90028 (323) 441-1898	LASD	Yes	9/11/2024
Metropolitan Courthouse 1945 S Hill St Los Angeles, CA 90007 (213) 745-3202	LASD	Yes	9/11/2024

Facility	Agency	Visited	Date Visited
Metropolitan Detention Center 180 N Los Angeles St Los Angeles, CA 90012 (213) 485-0439	LAPD	Yes	9/11/2024
Michael D Antonovich Antelope Valley Courthouse 42011 4th St Lancaster, CA 93534 (661) 974-7200	LASD	Yes	8/28/2024
Mission Hills Community Station 11121 N Sepulveda Blvd Mission Hills, CA 91345 (818) 838-9800	LAPD	Yes	8/28/2024
Monrovia Police 140 E Lime Ave Monrovia, CA 91016 (626) 256-8000	City PD	Yes	8/28/2024
Monterey Park Police 320 W Newmark Ave Monterey Park, CA 91754 (662) 573-1311	City PD	Yes	9/4/2024
Newton Community Station 3400 S Central Ave Los Angeles, CA 90011 (323) 846-6547	LAPD	Station Closed Plumbing Problems	8/28/2024 9/11/2024
North County Correctional Facility 29340 The Old Road Castaic, CA 91384 (661) 295-7810	LASD	Yes	9/4/2024
North Hollywood Community Station 11640 Burbank Blvd North North Hollywood, CA 91601 (818) 623-4016	LAPD	Yes	9/4/2024
Northeast Community Station 3353 San Fernando Rd Los Angeles, CA 90065 (323) 561-3218	LAPD	Yes	9/4/2024
Norwalk Courthouse 12720 Norwalk Blvd Norwalk, CA 90650 (562) 345-3700	LASD	Yes	9/4/2024
Norwalk Station 12335 Civic Center Drive Norwalk, CA 90650 (562) 863-8711	LASD	Yes	9/4/2024

Facility	Agency	Visited	Date Visited
Olympic Community Station 1130 S Vermont Ave Los Angeles, CA 90006 (213) 382-9102	LAPD	Yes	8/21/2024
Pacific Community Station 12312 Culver Blvd Los Angeles, CA 90066 (310) 482-63334	LAPD	Yes	8/21/2024
Palmdale Sheriff's Station 750 East Ave Q Palmdale, CA 93550 (661) 272-2400	LASD	Yes	8/28/2024
Palos Verdes Police 340 Palos Verdes Drive Palos Verdes, CA 90274 (310) 378-4211	City PD	Yes	8/28/2024
Pasadena Courthouse 300 E Walnut St Pasadena, CA 91101 (626) 396-3300	LASD	Yes	8/28/2024
Pasadena Police 207 N Garfield Ave Pasadena, CA 91101 (626) 744-4501	City PD	Yes	8/28/2024
Pico Rivera Station 6631 Passons Blvd Pico Rivera, CA 90660 (562) 848-2421	LASD	Yes, Station Visited, Jail Closed	9/4/2024
Pitchess Detention Center East Facility 29330 The Old Road Castaic, CA 91384 (661) 295-7810	LASD	Yes	9/4/2024
Pitchess Detention Center North Facility 29320 The Old Road Castaic, CA 91384 (661) 295-8840	LASD	Yes	9/4/2024
Pitchess Detention Center South Facility 29330 The Old Road Castaic, CA 91384 (661) 295-8840	LASD	Yes	9/4/2024
Pomona Courthouse 400 W Mission Blvd Pomona, CA 91766 (909) 802-1100	LASD	Yes	9/4/2024

Facility	Agency	Visited	Date Visited
Pomona Police 490 W Mission Blvd Pomona, CA 91766 (909) 620-2155	City PD	Yes	9/4/2024
Rampart Community Station 1401 W 6th Street Los Angeles, CA 90017 (213) 484-3400	LAPD	Yes	8/21/2024
Redondo Beach Police 401 Diamond St Redondo Beach, CA 90277 (310) 379-2477	City PD	Yes	8/28/2024
San Fernando Courthouse 900 3rd Street San Fernando, CA 91340 (818) 256-1800	LASD	Yes	8/21/2024
San Fernando Police 910 1st Street San Fernando, CA 91340 (818) 898-1267	City PD	Yes	8/21/2024
San Gabriel Police 625 Del Mar Ave San Gabriel, CA 91776 (626) 308-2828	City PD	Closed.	8/21/2024
San Marino Police 2200 Huntington Drive San Marino, CA 91108 (626) 399-0720	City PD	Yes	8/28/2024
Santa Clarita Courthouse 23747 W Valencia Blvd Valencia, CA 91355 (661) 253-5600	LASD	Yes	9/4/2024
Santa Clarita Sheriff's Station 26201 Golden Valley Road Santa Clarita, CA 91350 (661) 260-4000	LASD	Yes	9/4/2024
Santa Clarita Valley Station 23740 W Magic Mountain Pkwy Valencia, CA 91355 (661) 253-5699	LASD	Yes	9/11/2024
Santa Monica Courthouse 1725 Main St #114 Santa Monica, CA 90401 (310) 260-3515	LASD	Closed.	8/21/2024

Facility	Agency	Visited	Date Visited
Santa Monica Police Station 333 Olympic Dr. Santa Monica, CA 90401 (323) 395-9931	City PD	Yes	8/21/2024
Sierra Madre Police 242 W Sierra Madre Blvd Sierra Madre, CA 91024 (626) 355-1414	City PD	Yes	8/28/2024
Signal Hill Police 2745 Walnut Ave Signal Hill, CA 90755 (562) 989-7200	City PD	Yes	9/4/2024
South Gate Police 8620 California Ave South Gate, CA 90280 (323) 563-5436	City PD	Yes	8/28/2024
South Pasadena Police 1422 Mission St South Pasadena, CA 91030 (626) 403-7270	City PD	Yes	8/28/2024
Southwest Community Station 1546 Martin Luther King Jr Blvd Los Angeles, CA 90062 (213) 972-7828	LAPD	Yes	8/21/2024
Temple City Station 8838 Las Tunas Drive Temple City, CA 91780 (626) 285-7171	LASD	Yes	8/21/2024
Topanga Community Station 21501 Schoenborn St Canoga Park, CA 91304 (818) 756-4800	LAPD	Yes	8/28/2024
Torrance Courthouse 825 Maple Ave Torrance, CA 90503 (310) 787-3700	LASD	Yes	8/28/2024
Torrance Police 3300 Civic Center Drive Torrance, CA 90503 (310) 328-3456	City PD	Yes	8/28/2024
Twin Towers 450 Bauchet St Los Angeles, CA 90012 (213) 893-5100	LASD	Yes	9/11/2024

Facility	Agency	Visited	Date Visited
Van Nuys Community Station 6240 Sylmar Ave Van Nuys, CA 91401 (818) 374-9500	LAPD	Yes	9/11/2024
Van Nuys Courthouse West 14400 Erwin St Mall Van Nuys, CA 91401 (818) 989-6900	LASD	Yes	9/11/2024
West Hollywood Station 780 N San Vicente Blvd West Hollywood 90089 (310) 855-8850	LASD	Yes	9/4/2024
West LA Community Station 1663 Butler Ave Los Angeles, CA 90025 (310) 444-0702	LAPD	Yes	8/21/2024
West Valley Community Station 19020 Vanowen St Reseda, CA 91335 (818) 374-7611	LAPD	Yes	8/28/2024
Whittier Police 13200 Penn St Whittier, CA 90602 (562) 567-9200	City PD	Yes	9/4/2024
Wilshire Community Station 4861 W Venice Blvd Los Angeles, CA 90019 (213) 473-0476	LAPD	Yes	8/21/2024

ACRONYMS

Jury	2024 -2025 Los Angeles County Civil Grand Jury
LASD	Los Angeles County Sheriff's Department
LAPD	Los Angeles Police Department
City PD	For cities within the County other than Los Angeles which have their own police force, the local police department
County	County of Los Angeles

COMMITTEE MEMBERS

William Allen, Committee Chair
Ken Jefferson, Committee Co-chair
Terry Maynes, Committee Secretary
Lee Jenkins

EDIT COMMITTEE REPORT

According to California Penal Code 933 (a), each Civil Grand Jury shall submit a Final Report to the Presiding Judge of the Los Angeles Superior Court, which includes the findings, investigations, and the recommendations that concern the Los Angeles County government during the calendar year.

DUTIES

The 2024-2025 Los Angeles County Civil Grand Jury (Jury) is charged with thoroughly examining the submitted written contents of each Investigative and Standing Committee report before it is submitted to the Edit Committee for potential corrections. The Jury must approve the overall content of the report by a supermajority of its membership. Jury members are encouraged to submit their suggestions for grammatical, factual, and stylistic revisions to the Edit Committee once the content has been approved.

The Edit Committee works with Jury members – at the Jury members' requests – to solve any problems encountered in writing their reports. Once the document has been approved by the Jury, the Edit Committee meets with the committee that produced the original document to discuss any problems encountered during editorial review.

The Edit Committee makes suggestions for changes to the written report in order to improve the presentation, but such changes are approved by the committee that created the report.

All reports are compiled into the Final Report by the Publication Committee, which creates the layout for the printed proof of the Final Report.

The report is submitted to the Presiding Judge of the Los Angeles Superior Court for final approval.

For this publication, including this report, the Edit Committee has reviewed and edited every Investigative and Standing Committee report.

ACRONYM

Jury	2024-2025 Los Angeles County Civil Grand Jury

COMMITTEE MEMBERS

Bob Nathan, Committee Chair
Jenalea Smith, Committee Co-chair
Lee Jenkins, Committee Secretary
Bill Allen
Michele McKinley
Margaret Hatfield
Jesse Rhines

HOSPITALITY COMMITTEE REPORT

EXECUTIVE SUMMARY

The Hospitality Committee is made up of six members of the Civil Grand Jury. The Hospitality Committee organized social events, provided beverages and supplies, and promoted collegiality among the members which allowed for a general feeling of togetherness and a friendly working environment.

By general vote and agreement of the Grand Jury, the Committee established a monthly contribution amount for the general fund. The monies collected were used to buy needed supplies, monthly birthday celebrations and incidentals.

Members of the Civil Grand Jury were assigned in teams of two, on rotation, for weekly clean-up duties.

Holiday lunches were catered or celebrated in a local establishment. Birthday celebrations were marked with assorted bakery items and/or ice cream brought into the office lunch area.

COMMITTEE MEMBERS

Lynn Gidlow	Co-Chair
Margaret Hatfield	Co-Chair
Wayne Metcalf	Co-Treasurer
Terry Maynes	Co-Treasurer
Joel Floyd	

INFORMATION TECHNOLOGY

DUTIES

The members of the 2024-2025 Los Angeles County Civil Grand Jury (CGJ) were provided touch-screen laptop computing devices, primarily for performing research using the global Internet, creating content to be shared within the CGJ, and creating, editing, and reviewing reports generated by the investigations carried out by the CGJ. The Information Technology Committee (IT) is a small collection of individuals who are experienced in the use of, and interaction with, the programs and operating system provided to the CGJ, and is responsible for assisting the Jury in using the platform and software. That is, IT has NO responsibility for implementing or maintaining information and networking systems, firewalls, databases, virtual private networks, computer hardware or operating system configuration, as one might be misled to expect given the common usage of the acronym IT.

The basic responsibilities of IT are to explain things like how to store created content in appropriate locations on the server, how to save and retrieve information downloaded from the Internet, and how to integrate created content with content provided from other sources. In addition, IT was responsible for ensuring that all information stored on the local shared server is backed up on a regular basis. Finally, IT created the templates, agreed upon by the entire Jury, to ensure reports conform to an accepted format, so that the final publication has a uniform appearance.

ACTIVITIES

In the preceding section, we noted that content shared on the local server must be backed up regularly. IT chose to perform daily backups starting August 6, 2024. Lacking automation software, the backups are performed by copying from the server onto multi-terabyte USB hard drives. There is a complete backup of content and data that is accessible to Jury members for every day that the Jury was in session. IT began by backing up every afternoon, but as the time to back up the server increased beyond fifteen minutes per day, IT began coming in early and backing up before the Jury opened the daily session. This saved the previous day's work, and did not sacrifice any part of the session during the day.

To provide uniformity to reports, IT created templates for Microsoft Word documents that are inserted – by IT – into the Microsoft Word Templates subfolder within each juror's Documents folder. The templates specify fonts, margins, spacing, and other formatting rules that were agreed upon by a super-majority of jurors. Templates for Standing Committee Reports, and for Investigative Reports were created and provided to Jury members before the writing of reports was begun.

Most remaining activities consisted of instructive presentations, assistance to jurors with the usage of laptops and Microsoft Office software, and methodology for documents accepted by the Jury and submitted to the Edit Standing Committee. It was also the job of IT to recognize problems created by faulty hardware, and submit the information to CGJ administrators.

RECOMMENDATIONS

In order to obscure visibility to content supporting and created for Jury Investigations, the IT committee felt there should be a server volume that is exclusively available to the members of the Jury, and a separate volume that is used to share information between members of the Jury and the administrative staff. This provided a more effective method of keeping research and investigations confidential to the Jury.

The new Microsoft SharePoint server was extremely helpful to providing a method that allowed external agencies to get information to the Jury in a way that is confidential and fast. We would ask the administration to consider using the SharePoint portal in a complementary way. SharePoint can be used to create a temporary location, available over the Internet, where an external agent, or external agents, may provide temporary login credentials to access files in the temporary location. This can be used to implement a method for getting documents to informants and agencies that is more secure than electronic mail, faster than postal mail, and in many cases more expedient and cheaper than hand delivery.

Finally, on November 5, 2024, IT made a request to Grand Jury administration that the site http://grandjury.co.la.ca.us/ be replaced with a SSL secured site. We include a copy of the request in an appendix. The next Civil Grand Jury might follow-up on this request if it is of interest.

ACRONYMS

IT	The Information Technology Committee
CGJ	2024-2025 Los Angeles County Civil Grand Jury
Jury	2024 -2025 Los Angeles County Civil Grand Jury
USB	Universal Serial Bus

COMMITTEE MEMBERS

William Allen, Committee Chair
Nestor Apuya, Co-chair

APPENDIX

November 5, 2024

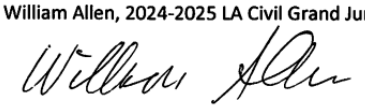
From the 2024-2025 LA County Civil Grand Jury,

We would like to request that the web site http://grandjury.co.la.ca.us/ and its child sites be made more secure by making it a SSL secured site. We realize that the site itself contains no input forms, so users are not at risk of entering compromising information, but there are documents available for download in most the underlying pages that may be altered. Furthermore, simple DNS spoofing can compromise the site, and users can then be easily misled into entering sensitive information.

All of these security points aside, the main issue is that Microsoft's Edge browser, which is the default browser on the work platform supplied to the Civil Grand Jury, simply will not navigate to sites that are not secured by a certificate. With Google Chrome, it is possible to circumnavigate this behavior by explicitly entering http:// in the navigation bar, but this is a workaround that is unfamiliar to most users. This behavior makes it difficult for Civil Grand Jury members, and the general public, to access electronic copies of previous annual reports, as well as pdf forms that include applications for civilian positions within the grand jury.

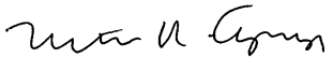
Thank you for your time and attention to this issue. We hope that it can be resolved quickly.

William Allen, 2024-2025 LA Civil Grand Jury IT Committee Chair



Suzy Yoshikawa, 2024-2025 LA Civil Grand Jury IT Committee Member

Nestor Apuya, 2024-2025 LA Civil Grand Jury IT Committee Member



Victor Lesley, 2025-2025 LA Civil Grand Jury Foreperson

PUBLICATION COMMITTEE

SUMMARY

The Publication Committee was established to work closely with a contracted publisher for the production and distribution of the 2024-2025 Los Angeles County Civil Grand Jury's (CGJ) annual final report. Each year the CGJ is mandated to investigate local governmental functions and operations, as well as, interview various experts and public officials to create a final report at the end of the term. The final product, 450 professionally bound books, is subsequently delivered to Los Angeles County Superior Court judges, the County Board of Supervisors, and the heads of County and City departments who contributed to CGJ's many inquiries.

For those agencies over which the CGJ does NOT have jurisdiction or is NOT required to provide responses to recommendations resulting from an investigation, will receive a personalized "Courtesy Letter" in early July, 2025. These letters contain links to the CGJ report webpage (a printed URL as well as a generated QR code), and an individualized message detailing how their contribution led to the findings and recommendations of a specific report.

The CGJ's final report will be posted online at :
http://grandjury.co.la.ca.us/cgjreports.html

DISCUSSION

The CGJ is mandated to compile a final report at the end of the term. Investigative and Standing Committee reports include investigative findings, background information, commendations, and recommendations. Each committee's submission must be approved by the CGJ prior to inclusion in the final report.

The Publication Committee is responsible for the report's overall appearance and style of binding, numbering, pagination, and cover material. Further, the members of the CGJ perform the statutory duty of providing copies of the relevant portions of individual reports to designated persons prior to the publication of the reports.

The Publication Committee's additional responsibilities include:

- The assembly of the final reports that will be submitted to the printer for the creation of the book.
- Coordinating the CGJ's professional group photograph.
- In collaboration with the Edit Standing Committee, the approval of the final report layout prior to delivery to the printer.
- Review and approval of the final report as it is returned from the printer.
- The assembly of specific reports that must be delivered to those individuals who were department heads and interviewed for the various investigations.
- The preparation of courtesy acknowledgement letters.

ACRONYMS

CGJ CIVIL GRAND JURY

COMMITTEE MEMBERS

Committee Chair Manson W. Metcalf
Committee Co-Chair Maria T. Maynes
LeRoy Titus
Carolyn Cobb

SPEAKERS AND TOURS

The Speakers and Tours Committee (Committee) of the 2024-2025 Los Angeles County Civil Grand Jury (CGJ) was tasked with the responsibility of scheduling speakers as well as arranging tours of local government facilities. The Jury selected the individual speakers to be invited and the facilities to tour. This selection process was completed within the first month of the Jury's deliberations. The prominent speakers chosen reflected the desire of the Jury to be educated and to obtain information on the responsibilities of their individual positions and any challenges they may be experiencing. A wide range of County and City speakers representing a variety of agencies were invited to speak. The tours of the selected facilities provided the Jury a first-hand look of the facility and an opportunity to observe the operations.

ACTIVITIES

It was important for the Committee to work diligently to schedule all speakers and tours early in the Jury year. This would provide information that might initiate investigations.

Per a vote by the Jury, the Committee scheduled the following list of individuals to speak on various topics of general information and of specialized interest.

SPEAKERS

DATE	NAME/TITLE	AGENCY
08/07/24	Harold Holmes, Executive Assistant to the Director	Los Angeles County Animal Care & Control
08/22/24	Max Huntsman, Inspector General	Office of Inspector General
08/27/24	Steve Wicklander, Field Representative	Board of State and Community Corrections (BSCC)

08/27/24	George Gascon, District Attorney	Los Angeles County Office of the District Attorney
09/03/24	Suzanne Kluh, Director of Scientific Technical Services	Greater Los Angeles Center Vector Control District
10/21/24	Margarita Lares, Chief Program Officer	Los Angeles Housing Authority
10/22/24	Robert Luna, Sheriff	Los Angeles County Sheriff's Department
10/24/24	Dr. Barbara Ferrer, Director	Los Angeles County Department of Public Health
10/25/24	Tami Omoto Frias, Senior Budget Deputy	Office of Los Angeles County Supervisor Hilda Solis – 1st District
11/05/24	Anthony Marrone, Chief	Los Angeles County Fire Department
11/25/24	Alberto M. Carvalho, Superintendent	Los Angeles Unified School District

The Committee scheduled tours to a number of facilities that provided a breadth of exposure and information for the Jury. The tours also included the major incarceration facilities. Transportation was arranged and provided by the Los Angeles County Sheriff's Department. For several of the tours, the Jury went by carpool.

TOURS

DATE	LOCATION	AGENCY
08/13/24	Men's Central Jail	Los Angeles County Sheriff's Department
08/29/24	Echo Park Tiny Homes Village	Hope The Mission
09/19/24	Port of Los Angeles*	City of Los Angeles
09/26/24	Los Angeles General Medical Center*	County of Los Angeles Department of Health Services
09/29/24	Pitchess Detention Center (North)	Los Angeles County Sheriff's Department
10/13/24	Harbor Medical Center	Los Angeles County Department of Health Services
10/17/24	Santa Clarita Senior Center	Santa Clarita Senior Center Program

11/14/24	ReEntry Opportunity Center	Los Angeles County Department of Health Services
11/14/24	Century Regional Detention Facility	Los Angeles County Sheriff's Department
11/21/24	Hilda L. Solis First Care Village	Weingart Foundation
11/29/24	County Medical Examiner*	Los Angeles County Coroner's Department

*Car Pool

RECOMMENDATIONS

All Committee communications made to outside entities must be made by a minimum of two people.

As stated above, it is highly recommended that the Committee begin to contact speakers as soon as possible. It is also recommended that the Committee develop a script to follow when calling to arrange for a speaker or tour. It was beneficial for the Committee to select a specific day of the week for the tours as well as for the speakers.

When calling, the Committee of two will most likely be talking to a secretary or person in charge of scheduling. Be prepared to send letters of invitation explaining exactly what is being requested. It is also recommended that all tours and speakers be completed as soon as possible to prevent conflicts when the investigative committees begin to make appointments.

As a result of the work of the Speakers and Tours Committee, several investigations were approved and launched by the Jury.

COMMITTEE MEMBERS

Carolyn Cobb, Committee Chairperson
Jesse Rhines, PhD, Committee Co-Chair
LeRoy Titus
Lynn Gidlow