

COUNTY OF LOS ANGELES
 PUBLIC HEALTH COMMISSION
 August 8, 2013
 MINUTES

APPROVED

COMMISSIONERS

Patrick Dowling, M.D., M.P.H., Chairperson*
 Jean G. Champommier, Ph.D., Vice-Chair*
 Waleed W. Shindy M.D., M.P.H.**
 Michelle Anne Bholat, M.D., M.P.H. *

DEPARTMENT OF HEALTH SERVICES REPRESENTATIVE

Jonathan E. Fielding, Director of Public Health and Health Officer***
 Angela Haley, Secretary*
 Public Health Commission

PUBLIC HEALTH COMMISSION ADVISOR

Cynthia Harding, Chief Deputy*
 Public Health

PUBLIC HEALTH COMMISSION YOUTH ADVISOR

Vacant

*Present **Excused ***Absent

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
I. CALL TO ORDER	The meeting was called to order at approximately 10:10 a.m. by Chairperson Dowling at Central Health Center.	Information only.

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II. ANNOUNCEMENTS & INTRODUCTIONS	<i>Introductions of Commissioners and guests were conducted.</i>	<i>Information only.</i>
III. APPROVAL OF MINUTES	<i>Minutes will be approved at the next meeting due to a lack of a quorum.</i>	

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<p>IV. PUBLIC HEALTH REPORT</p>	<p>Cindy Harding provided the Commission with a Public Health Report and discussed public health activities since the last report on July 11, 2013.</p> <p>Drug Medi-Cal Reform</p> <p>Cindy Harding discussed and provided an update of the above subjected memo to the Board on the efforts of the Department of Public Health (DPH) and the Department of Mental Health (DMH) to secure a robust substance use disorder (SUD) benefit in the California Drug Medi-Cal (DMC) program as part of California's health reform expansion.</p> <p>DPH and DMH have worked together over the last two years to describe how SUD benefits could be improved to better meet the treatment needs in LAC. While the ACA and the federal Mental Health Parity and Addiction Equity Act together requires that SUD services must be offered by health plans at a comparable level with services for other health conditions, the ACA gives each state the authority to define what specific services will be included in their SUD benefit.</p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>Notice of California Watch/Center for Investigative Reporting Investigation</p> <p>Ms. Harding informed the Commission about an ongoing news investigative report by California Watch/Center for Investigative Reporting regarding entities that participate in the State's Drug Medi-Cal (DMC) Program in Los Angeles County (LAC). The investigative reporting is expected to be completed soon, and a report forthcoming that will likely focus on entities that contract with the LAC Department of Public Health (DPH) Substance Abuse Prevention and Control Program (SAPC) for DMC services.</p> <p>Ms. Harding will provide the Commission with an update about any additional information DPH obtains about Center for Investigative Reporting (CIR) investigation and provide a copy of any publication that becomes available.</p> <p>Update on the Drug Medi-Cal Program in L.A. County</p> <p>On Monday, July 29, 2013, CNN aired a CIR series entitled "Rehab Racket" on the Anderson 360 show. The series will also be posted on the CIR website on Monday. The series will investigate California Drug Medi-Cal (DMC) Program funded providers.</p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p>DPH will provide additional updates on the Department of Justice's investigation and the continuing efforts by the County and State to protect the fiscal and programmatic integrity of the DMC program.</p> <p>The Voice Newsletter</p> <p>Ms. Harding distributed and discussed some of the highlights in "The Voice" newsletter for employees of the LAC DPH.</p> <ul style="list-style-type: none"> • Program Promotes Healthy Activity and Curbs Violence • National Leaders, Food Service Providers Join Public Health to Promote Healthier Food Choices • Nurse Recognition – Nurses honored at 30th Annual Awards Luncheon • National Association of Counties 2013 Achievement Award • Management Changes • Drawing Attention to the Health Effects of Substandard Housing on World Asthma Day • Emergency Preparedness Campaign Promotes Community Resiliency • New Report Triggers Discussion on Women's Health Care Needs and Challenges 	

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<p>V. TUBERCULOSIS CONTROL PROGRAM (TBCP)</p>	<p>Dr. Peter Kerndt, Acting Director, Tuberculosis (TB) Control Program, provided the Commission with an update of the activities within TBCP.</p> <p>Background</p> <ul style="list-style-type: none"> • TB declining in LAC since the early 1990's • Genotyping of TB isolates introduced in 2004 (likely to represent a single chain of transmission) • 76 genotypically linked TB cases in LAC between 2007-2012- 83% homeless, 25% HIV+, 20% mortality • Point estimate of 51,000 homeless in LAC in 2011 <p>Dr. Kerndt discussed the following slides and charts:</p> <ul style="list-style-type: none"> • Total TB cases and TB Cases and Percent Reported as Homeless, LAC, 1993-2012 • Homeless Population Estimate Skid Row/Downtown Metro Area (LAHSA) • Total TB Cases and Homeless Outbreak Cases, LAC, 2007-2012 	

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<p>V. TBCP CONTINUED</p>	<p>DPH Response, 2008-2011</p> <ul style="list-style-type: none"> • Oct 2008: First alert from genotyping data • May 2009: Total of 24 cases, chart reviews performed by LAC TBCP showing involvement of 3 shelters • Feb 2010: CA TBCB/LAC TBCP established an outbreak response plan • Nov 2010-Jan 2011: CA TBCB onsite visit, performed chart abstractions and visited shelters to establish likely sites of transmission • Jan 2011: Meeting between CA TBCB, LAC TBCP, and CHS to discuss clustered cases <p>DPH Response, 2012-2013</p> <ul style="list-style-type: none"> • Activated the ICS • Issued Provider Alert • Shelter specific screening and outreach • Shelter guidelines and shelter operator trainings • Expanded PHL QFT capacity • Community forums/FAQs/TB fact sheets • Requested CDC Epi-Aid January 2013 	

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<p>V. TBCP CONTINUED</p>	<p>CDC Epi-Aid Investigation Objectives</p> <ul style="list-style-type: none"> • Provide recommendations for highest priority case-finding and site-based investigation activities • Provide recommendations to interrupt TB transmission, including at congregate setting sites • Provide recommendations for the modification of the shelter registration information system to allow real-time tracking of TB evaluation results and identification of high-risk contacts <p>CDC Epi-Aid</p> <ul style="list-style-type: none"> • Limited to TB cases reported since Jan 2010 w/the outbreak genotype or homeless and w/an epidemiologic link • Reviewed 64 cases – Interviewed 6 patients • Identified 45 outbreak cases – 40 confirmed, 5 probable <p>Epidemiologic Linkages Among Cases</p> <ul style="list-style-type: none"> • 83 epidemiologic links identified among 35 of 45 outbreak patients – 1 confirmed close association; 67 confirmed/15 suspected location-based 	

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V.TBCP CONTINUED	<ul style="list-style-type: none"> • Four shelters identified where transmission was likely (21 named) • Transmission also likely in jail, at a liquor store, under a bridge, w/in a household <p>Ongoing Outbreak Investigation</p> <ul style="list-style-type: none"> • Define exposure/infectious period of cases • Obtain data from shelters and other sources to identify contacts • Conduct active case and priority contact finding <p>Dr. Kerndt discussed the following slides:</p> <ul style="list-style-type: none"> • Sites of Transmission • Identification of Exposed Contacts • Exposure Among Contacts • Data Obtained From Congregate Settings • Prioritization of Exposed Contacts for Evaluation • TBCP Data Systems Integration Plan • Cover Your Cough Sign • New Images/Pathways to Home 	

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<p>V.TBCP CONTINUED</p>	<p>DPH interventions (Ongoing or Planned) in Response to this Homeless TB Outbreak</p> <ul style="list-style-type: none"> • Analysis of data sources to identify contacts • Onsite evaluations to look for active cases • Targeted testing and treatment of contacts • Community education • Annual TB screening in homeless shelters • Integrated outreach strategies <p>Analysis of Data Sources to Identify Priority Contacts</p> <ul style="list-style-type: none"> • Review related databases from agencies that serve homeless clients, including: Homeless shelters, Skid Row Medical Providers, and Jails. <p>Onsite Evaluations to Look for Active Cases</p> <ul style="list-style-type: none"> • Perform targeted onsite evaluations to identify individuals with active TB disease • Work closely with DHS facilities to ensure adequate capacity to evaluate referred patients for active TB disease. 	

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<p>V.TBCP CONTINUED</p>	<p>Targeted Testing and Treatment of High-Risk Contacts</p> <ul style="list-style-type: none"> • Work with LAHSA, shelters operators and medical providers to locate priority contacts • Ensure that these individuals receive appropriate medical evaluations • Use incentives/enablers and short course treatment for those found to have LTBI <p>Community Education</p> <ul style="list-style-type: none"> • Educate stakeholders • Provide TB screening and infection control guidelines and trainings to shelter operators • Issue provider alerts to medical community • Develop fact sheets and post them on web • Train County 211 information Line operators <p>Annual TB Screening for Homeless Entering Shelters in L.A County</p> <ul style="list-style-type: none"> • Work with local clinics and shelter operators to determine best approach to facilitate TB clearance for homeless upon shelter entry • Ensure that shelter medical providers have appropriate TB screening and evaluation protocols and including screening results into a shelter clearance registry 	

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<p>V.TBCP CONTINUED</p>	<p>Shelter Guidelines</p> <ul style="list-style-type: none"> • Appoint a TB liaison • Verify TB screening clearance at intake • Establish a cough alert protocol and medical provider referral • Require annual TB screening for clients and staff <p>Integrated Outreach Strategies</p> <ul style="list-style-type: none"> • Conduct flu vaccine outreach among homeless and offer TB screening as part of this flu outreach • Partner with LAHD to ensure care for people living with HIV who have LTBI • Partner with Skid Row providers to conduct outreach screening events <p>Lessons Learned</p> <ul style="list-style-type: none"> • Need for Surge Capacity-ICS Activation • Prioritization of Resources • Relationships with DPH Partners • Importance of Ongoing Assessment 	

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<p>V. TBCP CONTINUED</p>	<p><i>Vice-Chairperson Champommier stated that Dr. Kerndt presentation was doable and comprehensive. Also, he asked if it would be easier to handle TB among the homeless population, if LAC was a smaller county. Dr. Kerndt indicated if LAC can eliminate TB among the homeless population, we would save 10 million of dollars.</i></p> <p><i>The Commission suggested that DPH and DHS in the future discuss the issue and determine why L.A. County facilities will not treat a patient(s) who has a TB infection due to a lack of funds.</i></p> <p><i>The Commission thanked Dr. Kerndt for a comprehensive presentation.</i></p> <p><i>The meeting adjourned at 11:25 a.m.</i></p>	