

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
AUGUST 14, 2014
MINUTES**

COMMISSIONERS

Jean G. Champommier, Ph.D., Chairperson*
 Crystal D. Crawford, J.D., Vice-Chair**
 Waleed W. Shindy M.D., M.P.H.*
 Michelle Anne Bholat, M.D., M.P.H. **
 Patrick Dowling, 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>I. CALL TO ORDER</i>	<i>The meeting was called to order at approximately 10:26 a.m. by Commissioner Dowling at Central Public Health Center.</i>	<i>Information only.</i>

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II. ANNOUNCEMENTS & INTRODUCTIONS	<i>Introductions of Commissioners and guests were conducted.</i>	<i>Information only.</i>
III. APPROVAL OF MINUTES	MOTION: APPROVAL OF THE JULY 10, 2014 MINUTES	<i>The motion passed with Chairperson Champommier, and Commissioners Dowling and Shindy voted in favor by saying yes.</i>

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<p>IV. PUBLIC HEALTH REPORT</p>	<p><i>Cindy Harding provided the Commission with a Public Health Report and discussed public health activities since the last report on July 10, 2014.</i></p> <p><i>Interim Director and Interim Health Officer Appointments</i></p> <p><i>Cindy Harding informed the Commission that she has been appointed as the Interim Director, and Jeffrey D. Gunzenhauser, MD, MPH, as the Interim Health Officer, for the Department of Public Health (DPH). Ms. Harding and Dr. Gunzenhauser will assume their roles beginning September 1, 2014 while a search is being conducted for a permanent Director and Health Officer for DPH.</i></p> <p><i>Five Signature Letter from the Board of Supervisors to Governor Brown Regarding Exide Issue</i></p> <p><i>For the past several months, the County of Los Angeles has collaborated with the California Department of Toxic Substances Control (DTSC) in an effort to protect the health and safety of residents living in communities adjoining the Exide Technologies battery recycling facility in East L.A.</i></p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p><i>Recently, the Board has learned that DTSC has begun final preparations for the cleanup of lead-contaminated soils in only two homes out of 39 initially targeted by the State. This piecemeal approach to an urgent environmental hazard violates the clear commitments made to the County and community leaders by DTSC. County officials have repeatedly urged the State to prepare for recalcitrance by Exide and take the necessary steps to ensure that all 39 homes were tested and remediated without delay. Therefore, the Board respectfully requested Governor Brown intervention with the appropriate State regulatory and environmental agencies to ensure steps are taken immediately.</i></p> <p>Media Report: Medical Director Pleaded Guilty to Billing Fraud</p> <p><i>On July 1, 2014, the Center for Investigative Reporting published an article entitled, "Doctor pleads guilty to billing fraud at Los Angeles-area rehab clinic." Dr. Leland Whitson was the medical director for a number of Drug/Medi-Cal (DMC) providers since 1999 and was reportedly responsible for \$46 million in fraudulent medical claims. The four active DMC providers employed Dr. Whitson until he resigned on March 1, 2014, and subsequently hired a new medical director.</i></p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p><i>By contract, providers are required to notify SAPC when a medical director position becomes vacant. Additionally, the providers are required to submit the name of key staff, such as medical directors, prior to hiring to have them live scanned. None of the four DMC providers notified SAPC when the medical director position was vacated and subsequently filled. The County contract prohibits all staff employed by contractors and subcontractors to be on active probation or parole within the last three years. SAPC is conducting program monitoring audits to determine whether to take additional enforcement actions including termination.</i></p> <p><i>Bi-Weekly Report: California Department of Public Health Review of L.A. County Health Facilities Inspection Division (HFID)</i></p> <p><i>The Quality Review report was issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) on June 1, 2014. The first bi-weekly report was submitted to the Board on July 8, 2014. This is the second bi-weekly report.</i></p> <p><i>Recommendations 1 through 5 in the Quality Review report have been completed, and recommendation 6 is on-track for completion by the established due dates. During weekly meetings with CDPH, LAC continues to emphasize the need for additional staff. To date, HFID has not received a response regarding our funding request for</i></p>	

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<p>IV. PUBLIC HEALTH REPORT CONTINUED</p>	<p><i>additional resources. In the interim, HFID continues to follow a workload plan that prioritizes surveys, complaints, and ERIs, and optimizes the most productive use of existing staff.</i></p> <p>Maximizing Expanded Drug Medi-Cal Eligibility</p> <p><i>SAPC and its collaborative partners, Department of Health Services and Department of Mental Health, remain actively engaged in efforts to change federal and State policy, to expand access and availability of substance use disorder (SUD) services, to improve service delivery systems supporting coordinated, integrated health and behavioral health care, and to ensure that the best expertise is used. These efforts will result in maximizing federal funding for SUD services, redirecting other SUD funds for services not covered by California’s Drug Medi-Cal (DMC), and integrating SUD services into other health and mental health services for at-risk County clients.</i></p> <p><i>Ms. Harding distributed and discussed Department of Health Services Annual Report 2012-2013.</i></p> <p><i>Commissioner Dowling asked if SAPC prescribe Suboxone in L.A. County.</i></p>	<p><i>Ms. Harding and Dr. Gunzenhauser will investigate and report back to the Commission.</i></p>

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<p>V. DPH BUDGET</p>	<p><i>Ms. Harding introduced the core program directors, and provided the Commission with an overview of the strategic directions and budget for DPH. The presentation covered the following:</i></p> <ul style="list-style-type: none"> • <i>Budget FY 2014-15</i> • <i>Strategic Issues</i> • <i>Future areas for public health work</i> <p>DPH Budget Goals</p> <ul style="list-style-type: none"> • <i>Positioning resources for the changing public health environment</i> • <i>Maximize leveraging internal resources</i> • <i>Building scientific capacity</i> • <i>Providing resources to address the future of public health in the areas of:</i> • <i>Healthy and safe communities</i> • <i>Addressing toxic exposures in underserved communities</i> • <i>Clinical and community preventive services</i> • <i>Health care consumer empowerment</i> • <i>Health disparities elimination</i> 	

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<p>V. DPH BUDGET CONTINUED</p>	<p>DPH Budget Context</p> <p><i>Ms. Harding indicated that things are improving for DPH, as a result, we're receiving additional resources through Sales Tax Improvement and Vehicle License Fee; and we have been very conservation in our spending and projection so that we can address future things as they come up and crisis as they come up.</i></p> <p><i>Ms. Harding discussed the following graphs:</i></p> <ul style="list-style-type: none"> • <i>DPH FY 2014-15 Board Adopted Fund Sources (majority in grants)</i> • <i>Board Adopted FY 2014-15 DPH Program Performance Budget Summary</i> <p>Revenue & Net County Cost (NCC) Growth</p> <ul style="list-style-type: none"> • <i>9% grant revenue growth rate for DPH</i> • <i>\$3.8 million increase in net county cost funding</i> 	

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<p>V.DPH BUDGET CONTINUED</p>	<p>Conservative Fiscal Approach</p> <ul style="list-style-type: none"> • <i>While FY 2013-14 evidenced improvement of the economy, DPH continues to follow a conservative fiscal approach.</i> • <i>DPH is leveraging available resources to address funding of critical positions, increases in retirement costs and other employee benefits.</i> • <i>DPH budget maintains a prudent use of anticipated revenues.</i> <p>DPH Budgetary Issues</p> <ul style="list-style-type: none"> • AIDS Healthcare Foundation: <i>Status of lawsuits and litigation costs (\$1.4 million)</i> • Facilities: <i>Clinical facilities require consolidation and replacement; AVRC</i> • Grant Funding: <i>Community Transformation Grant (\$10 million in 2014-15); NPHII Grant (\$0.9 million in 2014-15. Losing both of these grants, they end at the end of the year.</i> • Substance Abuse Prevention and Control: <i>Financial liability (\$7 million); increased oversight of contractors</i> • State HFID Grant 	

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<p style="text-align: center;">V.DPH BUDGET CONTINUED</p>	<p>Public Health Priorities</p> <ul style="list-style-type: none"> • <i>Eliminate health disparities through a focus on prevention and wellness</i> • <i>Protect the most vulnerable</i> • <i>Improve social and physical environments</i> • <i>Promote effective and high quality medical care</i> • <i>Strategic plan (2013-2017): preventive health, consumer empowerment, health equity, public health protection, infrastructure, and healthy & safe community environment.</i> <p>Emergent Public Health Issues</p> <ul style="list-style-type: none"> • <i>Toxic Exposures in Communities</i> • <i>Prescription and other drug abuse</i> • <i>Water</i> • <i>Early Childhood Development</i> • <i>Climate Change</i> 	

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<p>V.DPH BUDGET CONTINUED</p>	<p>Affordable Care Act</p> <ul style="list-style-type: none"> • <i>Opportunities for Local Health Departments</i> • <i>Assuring access, safety and quality of care</i> • <i>New and changing revenue sources</i> • <i>Greater cross-sector collaboration</i> • <i>Community Health Planning</i> • <i>Multi-sectoral collaborations to build healthier and safer communities (i.e., Health in All Policies and Healthy Neighborhoods)</i> • <i>Increased access to data – Meaningful Use</i> • <i>Increased role in consumer protection</i> <p>New Areas of Work</p> <ul style="list-style-type: none"> • <i>Assurance/oversight role</i> • <i>Cross-sector collaboration and partnerships to promote healthier and safer communities</i> • <i>Information Technology – Meaningful Use/Electronic Health Records</i> • <i>Integrated Surveillance Systems</i> <p>Clinic Facilities</p> <ul style="list-style-type: none"> • <i>Current facilities are aging and do not meet updated Cal-OSHA regulations for TB services.</i> • <i>The facilities are not cost-effective in terms of energy consumption and require ongoing maintenance.</i> 	

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<p>V.DPH BUDGET CONTINUED</p>	<ul style="list-style-type: none"> • <i>Major repairs are required to maintain current operability, especially in facilities providing TB services.</i> <p>Regional Public Health Center of Excellence</p> <ul style="list-style-type: none"> • <i>Core service delivery site for health promotion, health protection, and disease control programs.</i> • <i>Four to five new facilities would replace legacy clinics and expand new programs.</i> • <i>Each new prototype facility is estimated at \$36-45 million, excluding land acquisition.</i> • <i>Overall operational savings would be realized in staffing, equipment and supplies, deferred maintenance, and utilities.</i> <p>Electronic Health Records</p> <ul style="list-style-type: none"> • <i>Acquisition of an HER system will allow DPH to bill insurance for some services provided.</i> • <i>Implementation of HER will position the department to better collaborate with other County departments and external partners.</i> • <i>Estimate for HER is between \$4-8.2 million for the first five years.</i> 	

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<p>V.DPH BUDGET CONTINUED</p>	<p><i>Integrated Surveillance Systems</i></p> <ul style="list-style-type: none"> • <i>Many DPH programs collect and utilize invaluable surveillance data.</i> • <i>Unification of the different data systems will allow for increased use of and improved access to the data to better inform DPH and external partners.</i> • <i>This is a multi-year effort and requires intensive resources and funding, along with key leadership.</i> <p><i>Public Health?</i></p> <ul style="list-style-type: none"> • <i>40 programs that demonstrate a breadth of expertise and services.</i> • <i>How do we best educate the general public, the Board, and key stakeholders about our role in the health and safety in L.A. County.</i> 	

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<p style="text-align: center;">V.DPH BUDGET CONTINUED</p>	<p>Conclusion</p> <ul style="list-style-type: none"> • <i>The future presents important opportunities and challenges to DPH: Healthcare Reform, preventive care, quality oversight, and improving and protecting community health.</i> • <i>We thank the Public Health Commission for supporting DPH as we move into the next era of public health.</i> <p><i>Ms. Harding thanked her staff (David Dijkstra, Carrie Brumfield, and Evelina Villa) for putting the presentation together.</i></p> <p><i>Ms. Harding listed the areas for PHC Focus with DPH:</i></p> <ul style="list-style-type: none"> • <i>Advocacy and support for the development of the PH Center of Excellence – there will be a lot of competing departments for limited bond resources. We can probably help to finance 1-2 but will need CEO and the Board support to fund the rest.</i> • <i>Health Facilities Inspection – Advocacy at the State and local level to assist us to either get the appropriate resources or recommend giving the program back to the State.</i> 	

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<p>VI. DPH BUDGET CONTINUED</p>	<ul style="list-style-type: none"> • <i>Help us to educate the public about what DPH does and its critical role in building healthier communities.</i> • <i>Help us to think about how to fund new priorities for the future of public health.</i> <p><i>Ms. Harding indicated DPH staff would love to work more actively with PHC on the areas of focus.</i></p> <p><i>The meeting adjourned at 11:31 a.m.</i></p>	<p><i>Chairperson Champommier suggested that at the next Commission meeting, the Commission discuss the areas of focus, and how to strategize with DPH on addressing these areas of concern.</i></p>