

**COUNTY OF LOS ANGELES  
PUBLIC HEALTH COMMISSION  
SEPTEMBER 25, 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***

<b><i>TOPIC</i></b>	<b><i>DISCUSSION/FINDINGS</i></b>	<b><i>RECOMMENDATION/ACTION/ FOLLOW-UP</i></b>
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<b>TOPIC</b>	<b>DISCUSSION/FINDINGS</b>	<b>RECOMMENDATION/ACTION/ FOLLOW-UP</b>
<b>I. CALL TO ORDER</b>	<i>The meeting was called to order at approximately 10:08 a.m. by Chairperson Champommier at Central Public Health Center.</i>	<i>Information only.</i>
<b>II. ANNOUNCEMENTS &amp; INTRODUCTIONS</b>	<i>Introductions of Commissioners and guests were conducted.</i>	<i>Information only.</i>

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<b>III. APPROVAL OF MINUTES</b>	<i>Minutes will be approved at the next meeting when there's a quorum.</i>	
<b>IV. PUBLIC HEALTH REPORT</b>	<p><i>Carrie Brumfield provided the Commission with a Public Health Report and discussed public health activities since the last report on September 11, 2014.</i></p> <p><b>Update on Community Environmental Risk Reduction Project, County Toxic Threat Strike Team (March 11, 2014, Agenda Item 6)</b></p> <p><i>The Strike Team identified 140 communities in the unincorporated areas of the County, comprised of pollution-</i></p>	

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	<p><i>burdened census tracts scoring in the top 10<sup>th</sup> percentile using the California Communities Environmental Health Screening Tool (CalEnviroScreen). The communities were further screened and narrowed to a candidate list of 18 communities based on the number of emission sources (i.e., industrial facilities under State regulation) and the existence of active community-based organizations. These two factors were used to further identify the potential for effective County intervention and risk reduction during the pilot effort.</i></p> <p><i>The Strike Team plans to convene an orientation meeting of key stakeholders in these communities during the month of October. It is therefore the consensus of DPH, Department of Public Works (DPW), County Fire, District Attorney, and</i></p>	
<p><b>IV. PUBLIC HEALTH REPORT CONTINUED</b></p>	<p><i>County Counsel that resources needed to support the ongoing work of the Strike Team will be assessed during the pilot project. They would then return to the Board during the next budget cycle with necessary program augmentations.</i></p> <p><b><i>Update on Multi-Departmental Medi-Cal Outreach and Enrollment Grant (Item 13, Board Agenda of June 10, 2014)</i></b></p> <p><i>Ms. Brumfield indicated the report is in response to Supervisor Ridley-Thomas' motion of June 10, 2014 requesting the Directors of the Departments of Public Health (DPH), Mental Health (DMH), Health Services (DHS), Public Social Services</i></p>	

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	<p><i>(DPSS), and the Sheriff (LASD) provide updates on the implementation of the Multi-Departmental Medi-Cal Outreach and Enrollment Grant.</i></p> <p><i>On June 10, 2014, the Board approved authorization to accept a \$7 million grant award from the State Department of Health Care Services (DHCS) effective July 1, 2014 through December 31, 2016. The purpose of the grant is to conduct outreach and enroll residents newly eligible for accessing services through provisions under the Affordable Care Act. This Medi-Cal Outreach and Enrollment Assistance project aims to reach and assist particularly hard-to-reach uninsured target populations including: persons with mental health disorder needs, persons with substance use disorder needs, the homeless, young men of color, incarcerated persons,</i></p>	

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<p><b>IV. PUBLIC HEALTH REPORT CONTINUED</b></p>	<p><i>families of mixed immigration status, and persons with limited English proficiency.</i></p> <p><i>This report provides an update on the first 60 days of the project: July 1, 2014 through August 31, 2014. The DPH Maternal, Child and Adolescent Health (MCAH) Program, as the lead Division for this project, has taken steps to successfully implement the new grant in partnership with DPH Substance Abuse Prevention and Control (SAPC), DMH, DPSS, DHS, and Sheriff's Department (LASD).</i></p> <p><i>Since the inception of this project, DPH/MCAH hired a Project Manager to coordinate the overall initiative and ensure that grant objectives are met. DPH also finalized the contract agreement with DHCS ("State Allocation Plan"), and submitted a detailed and revised project work plan and budget along with an initial project report.</i></p> <p><i>For departments not using the CHOI data system or those using the system partially (DPSS, LASD, SAPC, and DMH), arrangements are in process to work with their individual data systems to track and extract deliverables for the grant objectives.</i></p> <p><i>The next comprehensive quarterly report covering the July 2014 – September 2014 reporting period will be submitted in December 2014.</i></p>	

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<p><b>IV. PUBLIC HEALTH REPORT CONTINUED</b></p>	<p><b>Advance Copy: “Mortality in Los Angeles County 2011: Leading Causes of Death and Premature Death with Trends for 2002-2011</b></p> <p><i>Ms. Brumfield distributed and discussed a copy of the Department of Public Health (DPH) report, Mortality in Los Angeles County 2011: Leading causes of death and premature death with trends for 2012-2011. The report provides the leading causes of death and premature death (defined as death before age 75) for the county overall and for population groups. It will be released to the public next week and available on the DPH website at <a href="http://www.publichealth.lacounty.gov/dca/dcareportspubs.htm">http://www.publichealth.lacounty.gov/dca/dcareportspubs.htm</a>.</i></p>	

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<p><b>V. TUBERCULOSIS CONTROL PROGRAM (TCP)</b></p>	<p><i>Dr. Peter Kerndt, Acting Director, Tuberculosis Control Program (TCP), provided the Commission with an update of activities within TCP.</i></p> <p><b><u>Vision:</u></b></p> <p><i>Tuberculosis (TB) eliminated from Los Angeles County.</i></p> <p><b><u>Mission:</u></b></p> <p><i>To prevent transmission of TB within Los Angeles County.</i></p> <p><b><i>DPH Strategic Plan Strategic Priority 5: Public Health Protection</i></b></p> <p><b><u>Goals:</u></b></p> <ul style="list-style-type: none"> <li>• <i>Improve effectiveness in preventing and controlling infectious disease.</i></li> <li>• <i>Enhance the effectiveness, accessibility, and quality of surveillance systems.</i></li> <li>• <i>Promote increased use of electronic health care data to benefit public health.</i></li> </ul>	



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<p><b>V. TCP CONTINUED</b></p>	<p><b>Core Priorities of TCP</b></p> <p><u>Priority 1:</u></p> <ul style="list-style-type: none"> <li>• <i>Ensure identification, reporting and appropriate treatment of active cases</i></li> <li>• <i>Ensure identification, evaluation, and treatment of contacts</i></li> </ul> <p><u>Priority 2:</u></p> <ul style="list-style-type: none"> <li>• <i>Ensure evaluation and treatment of new immigrants and refugees with “Class B” TB notifications upon arrival to U.S.</i></li> </ul> <p><u>Priority 3:</u></p> <ul style="list-style-type: none"> <li>• <i>Promote targeted testing and treatment of TB infection in high-risk populations</i></li> </ul> <p><b>TB Control Program Activities</b></p> <ul style="list-style-type: none"> <li>• <i>Provides oversight of TB clinical care/case management provided by private medical providers and Community Health Services (CHS) staff in the 14 district public health centers</i></li> </ul>	

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<p>V.     <b>TCP CONTINUED</b></p>	<ul style="list-style-type: none"> <li>• Oversees the implementation of CDC and CA State grant &amp; County funded activities for TB control and prevention</li> <li>• Assures the successful diagnosis, reporting, investigation, follow-up, and treatment of all TB cases, suspects and their contacts</li> <li>• Promotes and monitors targeted testing and treatment of persons with TB infection</li> </ul> <p><i>Dr. Kerndt discussed the following charts and graphs:</i></p> <ul style="list-style-type: none"> <li>• Organizational chart for TCP</li> <li>• TBCP/CHS Contact and Cluster Investigations</li> <li>• TB Cases and Suspects in L.A. County (LAC), 2004-2013</li> <li>• TB Cases by Treatment Administration LAC, 2004-2012</li> </ul> <p><b>Epidemiology of TB Cases in L.A. County</b></p> <ul style="list-style-type: none"> <li>• U.S. and Foreign-Born TB Cases, 1990-2013</li> <li>• TB Case Rate by Gender, 2000-2013</li> <li>• TB Cases by Age Group, 2010-2013</li> <li>• TB Cases by Race and Ethnicity, 2010-2013</li> <li>• U.S. and Foreign Born TB Cases by Race/Ethnicity 2013</li> </ul>	

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<b>V.TCP CONTINUED</b>	<ul style="list-style-type: none"> <li>• <i>TB Cases by Country of Birth (8 highest), 2010-2013</i></li> <li>• <i>Median years between U.S. Arrival and TB Diagnosis, Foreign-born L.A. County Cases Confirmed 2010-2013</i></li> </ul> <p><b>Comorbidities in TB Patients</b></p> <ul style="list-style-type: none"> <li>• <i>TB Cases with HIV Co-Infection L.A. County TB Cases 2000-2013</i></li> <li>• <i>Key Comorbidities – Percent of Cases L.A. County TB Cases 2010-2013</i></li> <li>• <i>Demographics of TB Cases with Diabetes, 2010-2013- More likely to be aged 55 or older, Asian race, and foreign born.</i></li> </ul> <p><b>Drug-Resistant TB- Multi Drug Resistant TB Cases in LAC</b></p> <ul style="list-style-type: none"> <li>• <i>Multi-drug resistant (MDR) and extensive drug resistant (XDR) cases remain low</i></li> <li>• <i>94% of MDR TB Cases in LAC are foreign-born</i></li> <li>• <i>13 MDX/XDR cases under current treatment</i></li> <li>• <i>4 MDR and 1 pre-XDR case diagnosed n 2014</i></li> </ul>	

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<b>V.TCP CONTINUED</b>	<p><b><i>Olive View Medical Center TB Inpatient Unit</i></b></p> <ul style="list-style-type: none"> <li>• <i>Recognized as a Center of Excellence for treatment of complex TB patients</i></li> <li>• <i>FY 2013-14: 15 bed capacity, staffed currently to accommodate 10 patients</i></li> <li>• <i>Average daily census: 9-10 patients (at full capacity)</i></li> <li>• <i>FY 2013: 55 admissions and 2,867 inpatient days</i></li> </ul> <p><b><i>Homelessness in LAC</i></b></p> <ul style="list-style-type: none"> <li>• <i>The Los Angeles region has the highest concentration of homeless persons in the country.</i></li> <li>• <i>The 2013 L.A. Homeless Service Authority's (LAHSA) Homeless Count, estimated 58,423 persons were homeless in LAC.</i></li> <li>• <i>LAHSA estimates that over the course of a year, at least 190,207 men, women and children experience homelessness in LAC.</i></li> <li>• <i>Persons who are sheltered represent only about 1 in 4 each night – 15,013 (26%) were sheltered, while 43,410 had no safe place to stay (74%).</i></li> </ul>	

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<b>V.TCP CONTINUED</b>	<p><b>Homeless Definition</b></p> <p><i>Men, women, and children who are sleeping in places not meant for human habitation, including on the street, in parks, along rivers, in backyards, unconverted garages, cars and vans, along freeways or under overpasses, and the like; sleeping in emergency shelters, safe havens, or transitional housing programs and were homeless upon entry into the program.</i></p> <p><i>Dr. Kerndt discussed the following graphs and charts:</i></p> <ul style="list-style-type: none"> <li>• <i>Homeless TB cases by year of report LAC, 1992-2013</i></li> <li>• <i>Outbreak of TB in the Homeless, 2007-2014 YTD</i></li> <li>• <i>Outbreak of TB in the Homeless, 2007-2014, YTD: Descriptive Epidemiology of the Homeless Cases</i></li> <li>• <i>Outbreak of TB in the Homeless 2007-2014 YTD: TB Disease Characteristics</i></li> <li>• <i>Epi-Aid Cluster Investigation</i></li> <li>• <i>Second homeless-associated TB cluster: "Grupos"</i></li> </ul>	

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<p><b>V.TCP CONTINUED</b></p>	<p><b>Partnerships</b></p> <ul style="list-style-type: none"> <li>• Signed MOU with CCH/FQHCs that provide medical services to homeless person and shelters</li> <li>• JWCHI</li> <li>• L.A. Christian Medical Clinics</li> <li>• Union Rescue Mission/UCLA School of Nursing</li> <li>• Central City Community Clinic</li> </ul> <p><b>Shelter Guidelines</b></p> <ul style="list-style-type: none"> <li>• Appoint a TB liaison</li> <li>• Require annual TB screening for clients and staff</li> <li>• Establish a cough alert protocol and medical provider referral</li> <li>• Verify TB screening clearance at intake</li> </ul> <p><b>Collaborations with Medical Providers on Skid Row</b></p> <ul style="list-style-type: none"> <li>• UCLA clinic at Union Rescue Mission</li> <li>• 600 TB evaluations captured so far</li> <li>• Follow-up on patients who screened positive</li> <li>• Collaborations with DPH Central Satellite Health Clinic</li> </ul>	

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<p><b>V.TCP CONTINUED</b></p>	<p><b>LAHSA TB Clearance</b></p> <ul style="list-style-type: none"> <li>• Annual TB screening required at shelters</li> <li>• TB Clearance information uploaded into LAHSA HMIS database</li> <li>• &gt;100 records uploaded each month</li> </ul> <p><b>LAC Department of Health Services Homeless Patients</b></p> <ul style="list-style-type: none"> <li>• Patients who are homeless who use the Department of Health Services inpatient services each year, 2,300</li> <li>• Annual cost for inpatient services for patients who are homeless \$70 million (\$30,000/patient)</li> <li>• Average length of stay for patient who is homeless: 10.6 days (vs. 6.4 days for patients who are not homeless)</li> <li>• Annual denied days cost for patients who are homeless. \$6 million</li> </ul> <p><b>Star Apartments</b></p> <ul style="list-style-type: none"> <li>• The Star Apartments include four stories of modular prefabricated housing units to house homeless and chronically homeless individuals in 102 studio apartments targeting the County health system's highest utilizers.</li> </ul>	

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<p><b>V. TCP CONTINUED</b></p>	<p><b>California Immunization Registry (CAIR)</b></p> <ul style="list-style-type: none"> <li>• <i>CAIR is a secure database for immunization records and TB screening and CXR results.</i></li> <li>• <i>CAIR can quickly verify if entering students or program participants have completed their needed shots.</i></li> <li>• <i>CAIR is free-of-charge and supported by the California Department of Public Health (CDPH) and California’s local health departments.</i></li> </ul> <p><b>Directly Observed Therapy (DOT)</b></p> <ul style="list-style-type: none"> <li>• <i>Cornerstone approach for treating active TB disease</i></li> <li>• <i>Strategy to ensure or verify a patient is adherent with, and completes treatment—is cured of their illness; healthy outcome</i></li> <li>• <i>In-person observation of a patient taking their medication</i></li> <li>• <i>DOT occurs during regular County business hours</i></li> <li>• <i>Appointment may be in the clinic, patient’s home, work, or either</i></li> <li>• <i>Keeping a DOT appointment could result in missed work, lost wages, transportation costs, and loss of personal time</i></li> </ul>	

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<p><b>V. TCP CONTINUED</b></p>	<p><b>Video Directly Observed Therapy (VDOT)</b></p> <ul style="list-style-type: none"> <li>• <i>Innovative approach for treating active TB disease</i></li> <li>• <i>Strategy to ensure or verify a patient is adherent with, and completes treatment – is cured of their illness; healthy outcome</i></li> <li>• <i>Online technology based observation of a video recording of the patient taking their medication – VDOT</i></li> <li>• <i>Patient given a weekly schedule of which days to take medication</i></li> <li>• <i>Occurs at a time and place when it is convenient for the patient</i></li> <li>• <i>Reduces missed work, lost wages, transportation costs, and loss of personal time</i></li> </ul> <p><i>The Commission thanked Dr. Kerndt for an excellent presentation.</i></p>	<p><i>Commissioner Dowling requested a copy of the homeless shelter guidelines. Dr. Kerndt will send the guidelines to Commission staff.</i></p> <p><i>The meeting adjourned at 11:23 a.m.</i></p>