

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
OCTOBER 8, 2015
MINUTES**

APPROVED

2/11/16

COMMISSIONERS

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

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVE

Dr. Jeffrey Gunzenhauser, Interim Medical Director**

Sara S. Guizar, Staff Liaison*
Public Health Commission

PUBLIC HEALTH COMMISSION ADVISORS

Cynthia Harding, Interim Director**
Carrie Brumfield, Chief of Staff*

***Present **Excused ***Absent**

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
<u>I.</u> <u>Call to Order/ Approval of Minutes</u>	<p><i>The meeting was called to order at approximately 10:30 a.m. by Vice-Chairperson Shindy at the Central Public Health Center.</i></p> <p><i>Introduction of Commissioners and guests.</i></p> <p><i>The approval of minutes was postponed until the next regularly scheduled meeting due to a lack of quorum.</i></p>	<i>Information only.</i>
<u>II.</u> <u>Public Health Report</u>	<p><i>The Department of Public Health (DPH) Report was provided by Ms. Carrie Brumfield, Chief of Staff.</i></p> <p>Save the Date - Community Health Improvement Plan (CHIP)</p> <ul style="list-style-type: none"> • The CHIP is a 5 year strategic plan for DPH and community organizations to collectively improve the health of all residents: <ul style="list-style-type: none"> ○ Presentation date November 20, 2015 ○ A guide for public and private activities 	

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	<ul style="list-style-type: none"> ○ Developed in partnership with a wide variety of organizations throughout Los Angeles County (LAC) ○ Aimed to improve the health status of community members and the community conditions that foster care <p>Commissioner Bholat asked for the names of the Co-chairs for the CHIP strategic plan.</p> <p>Ms. Brumfield stated there will be two co-chairs assigned to the CHIP (names have not been disclosed). She stated selections for the CHIP co-chairs will be announced in 2016.</p> <p>Food Facility Grading System</p> <ul style="list-style-type: none"> ● Monthly progress reports are submitted to the Board on restaurant grading recommendation implementation activities: <ul style="list-style-type: none"> ○ Implementation plan for restaurant grading was develop to report the progress/status of each recommendation ○ DPH determined two of the recommendations have broader policy implications ○ Changes to point value deductions in inspection reports ○ Public disclosure of foodborne illnesses potentially associated with particular restaurants <p>Medi-Cal Outreach and Enrollment Grant</p> <ul style="list-style-type: none"> ● Aimed to reach/assist specific hard-to-reach uninsured populations and educate clients about health insurance: <ul style="list-style-type: none"> ○ Collaborative includes ○ Five County departments ○ 37 contractors and subcontractors ○ Work directly with about 200 community-based organizations ○ Educate potential clients about health insurance were provided ○ Total of 6,207 persons were directly assisted with completing Medi-Cal applications 	

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	<ul style="list-style-type: none"> ○ Total of 2,021 persons were successfully enrolled with Medi-Cal benefits <p>Soil Testing for Valley Fever</p> <ul style="list-style-type: none"> ● DPH to provide reports to the Board on procedures requiring soil testing for Valley Fever as part of utility-scale renewable energy projects: <ul style="list-style-type: none"> ○ Study on Valley Fever in California was published in 2012 ○ DPH recommends focusing on mitigation procedures <p>Water Quality Monitoring of Small Water Systems</p> <ul style="list-style-type: none"> ● DPH to provide quarterly reports to the Board on its water quality monitoring of small water systems: <ul style="list-style-type: none"> ○ Department of Public Health Drinking Water Program (DPH-DWP) serving as local enforcement agency for California's Drinking Water Standards in LAC ○ Defined by the California Health and Safety Code as a system with less than 200 service connections ○ DPH-DWP currently inspects 150 small water systems within LAC <p>Commissioner Bholat asked about Soil Testing in the Valleys - can dust mitigation still be done.</p> <p>Ms. Brumfield stated unfortunately there are no scientifically-validated standards for the interpretation or application for the results of these types of tests. DPH recommended focusing on mitigation procedures instead of procedures for soil testing.</p> <p>Public Health Strike Team Response to the Butte Fire in Calaveras County</p> <ul style="list-style-type: none"> ● Response of Los Angeles County DPH - Request from Calaveras County for DPH EH to assist with the Butte fires: <ul style="list-style-type: none"> ○ In major disasters smaller counties such as Calaveras County depend on rapid, professional, and expert assistance from larger counties, such as Los Angeles County ○ Butte fires started on September 9, 2015 	

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	<ul style="list-style-type: none"> ○ The Butte fires burned 70,868 acres, including 475 residences ○ Environmental Health Field Assessment Strike Team (EHFAST) conducted environmental hazard assessments to prevent injury and illness to the public which included: <ul style="list-style-type: none"> ○ Exposed drinking water wells ○ Comprised Septic tanks <p>Community Prevention and Population Task Force – Mission, Responsibilities, and Membership</p> <ul style="list-style-type: none"> ● Provide recommendations to the Board, the Health Agency, and DPH on policies and practices to improve population health in LAC: <ul style="list-style-type: none"> ○ Promote health equity, and community well-being in the County of Los Angeles ○ Focus on population health improvement ○ Make recommendations on public health priorities, initiatives and practices <p>Commissioner Bholat asked about the overall roll of the Task Force.</p> <p>Ms. Brumfield stated that the Task Force oversees DPH’s ongoing county-wide community health planning efforts to improve population health for all Los Angeles County community members. She stated the focus is to guide the development and implementation of the CHIP.</p> <p>Los Angeles County Operational Area and Southern California Region Bioterrorism Response Exercise</p> <ul style="list-style-type: none"> ● The emergency response exercise provides testing of many emergency response related capabilities, provide public information, and deliver and dispense medications to the public: <ul style="list-style-type: none"> ○ Required by the Centers for Disease Control and Prevention and the California Department of Public Health ○ Conduct a week-long emergency response exercises beginning November 16 through November 20, 2015 	

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	<ul style="list-style-type: none"> ○ LA County is in conjunction with 11 other counties in the Southern California region ○ Seek emergency declarations and request state and federal support <p>Tuberculosis (TB) in Los Angeles County – 2015 Report</p> <ul style="list-style-type: none"> ● Update and interventions for preventing the disease in LAC: <ul style="list-style-type: none"> ○ Total of 249 TB cases in LAC were reported during the first six months of 2015 ○ 19 (7.6%) of TB cases reporting homelessness ○ 79% of confirmed TB cases occurred among the foreign born ○ DPH continue to focus on strategies to achieve reduction in TB morbidity <p>Commissioner Bholat asked about the different shelter screenings for TB, and how it is done.</p> <p>Ms. Davenport stated that shelter screenings for TB are done annually. She stated TB Control is trying to use a cough alert program in shelters to screen people that come in with a cough and possibly take them to the emergency room or urgent care. A few concerns for shelters:</p> <ul style="list-style-type: none"> ● Most shelters do not have the resources therefore rely in the community providers ● Most community providers only take sick calls and are ambulatory care units ● Homelessness are provided with a 7-day stay at a shelter <p>Commissioner Bholat asked what type of tracking system is used at shelters for patients, and how it is tracked.</p> <p>Ms. Davenport stated tracking is done by the Los Angeles Homeless Services Authority (LAHSA) centers. She stated that LAHSA has a data base with a TB clearing section that is monitored nightly. She stated TB Control is working on</p>	

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	<p>getting LAHSA's data base incorporated by running LAHSA's data base against TB's data base.</p> <p>Commissioner Bholat asked CHS for a copy of the tracking summary for TB screenings.</p>	
<p>III. <u>Presentation: Community Health Services Administration (CHSA)</u></p>	<p><i>Deborah Davenport, Director Community Health Services (CHS) presented on Community Health Services Transition and Change</i></p> <p>Ms. Davenport provided an overview of responsibilities within CHS' clerical and field services. She stated The Area Health Offices and SPA's are part of Community Health Services.</p> <p>Demographics of CHS</p> <ul style="list-style-type: none"> • CHS currently has over 600 staff – (CHS clinics are limited to TB, STD, Immunization and TB Screening: <ul style="list-style-type: none"> ○ Majority of staff perform field work ○ Area Health Officers ○ Field Staff ○ Business Staff ○ Clinical Staff (Phys. Specialist/RN/LVN) ○ Support Services (Lab/Radiology/Pharmacy) ○ 15 facilities <ul style="list-style-type: none"> - 14 Health Centers - Santa Clarita AHO HQ <p>Transition and Drivers of Change</p> <ul style="list-style-type: none"> • Promoting and Enabling Population-based Health: <ul style="list-style-type: none"> ○ Continued support and growth of Community Liaison Program ○ ACA on Clinic Services ○ Billing System (Re-establish a payment method for Medi-Cal) ○ Health Care Coverage Enrollment – Not all patients carry health insurance ○ 27% of patients have private insurance 	

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	<ul style="list-style-type: none"> ○ All other patients have Medicare, Medi-Cal ○ Electronic Health Record (EHR) – A bigger system than ORCHID at a better price ○ Service Integration – Health Services Agency ○ Co-location with Primary Care (DHS) ○ Referrals <ul style="list-style-type: none"> - Facilities Location/Regionalization of Services ○ Short-term Sustainability & Safety – HVAC Repair (ensure TB care is provided in a safely manner) ○ Long-Term Facility Planning <p>Commissioner Bholat asked how CHS verifies insurance on the Web.</p> <p>Ms. Davenport stated CHS does not have a financial screening system for insurance verification purposes. She stated CHS currently relies on a survey done with patients that states what type of insurance coverage a patient has. Ms. Davenport also stated CHS is currently in the process of incorporating a financial screening system.</p> <p>Ms. Davenport stated there are several Bureaus within DPH. She stated CHS works with all Bureaus but mostly around Communicable Disease Control & Prevention.</p> <p>Commissioner Bholat asked for clarification on what is the Bureau.</p> <p>Ms. Davenport stated that the department have been organized into three primary Bureaus:</p> <ol style="list-style-type: none"> I. Health promotion (Chronic disease, SAPC, maternal child) II. Health protection (EH, health facilities and EPRP) III. Disease control (CHS, CDCP, DHSP) <p>SPA Leadership in Community Engagement</p> <ul style="list-style-type: none"> ● Area Health Officers meet with City Councils on presentations regarding upcoming ordinances: 	

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	<ul style="list-style-type: none"> ○ Tobacco Ordinances ○ SB 697 / Triennial Hospital Community Benefits <ul style="list-style-type: none"> - CHS actively participates/partner with hospitals on studies related to community benefits ○ Baby-Friendly Hospitals / Breastfeeding Initiatives <ul style="list-style-type: none"> - CHS has maintained/increased services in four additional hospitals that have become baby friendly ○ STD Interventions / 2nd District - South Central Areas <ul style="list-style-type: none"> - Services coordinated at the parks by PH Nurses ○ Parks After Dark ○ Summer Night Lights ○ Walking Clubs ○ Nutrition Groups ○ Teen CERT-SPA6 – Organized group of teens received National recognition for the Teen Cert project ○ EPRP Community Resilience Program <ul style="list-style-type: none"> - Work with identified communities in studies to get communities ready for disasters ○ Library Partnership <ul style="list-style-type: none"> - Community based for health and flu project helping families ○ Homeless Shelter Staff <ul style="list-style-type: none"> - CHS working with homeless on the cough alert program and actively involved in the Skid Road area ○ Bike Paths/Walkable Communities / Walking School Buses ○ Children’s Healthy Food Cook-off <p>Commissioner Bholat asked about the impact statistics for each program. She also asked about the type of data used that would make a difference in the community.</p> <p>Ms. Davenport stated most statistics are kept under the programs and community benefits are currently under development. She stated CHS met with community</p>	

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	<p>benefit consultants at hospitals to look at the type of data the hospitals currently use.</p> <p>ACA Impact on Clinic Services</p> <ul style="list-style-type: none"> • Financial Screening and Billing - ITC to Patient Resource Worker (PRW) Conversion: <ul style="list-style-type: none"> ○ PRW is the patient’s primary source for financial screening ○ CHS working with DPH Finance in creating a billing system within CHS for clinical and field work purposes <ul style="list-style-type: none"> - ICD 10 Code Implementation - Billable visit/task coding - Health Care Coverage Enrollment - EHR: Cerner ORCHID - Identification of SMEs/Domain Experts - Build Mid-2016 - Rollout Late-2016 - Confidentiality/3rd Party Payers Expectations <p>Integrate Clinical Services</p> <ul style="list-style-type: none"> • Co-Location of DHS Primary Care (PC) Services in CHS Health Center – Work with DHS to possibly co-locate primary care services <ul style="list-style-type: none"> ○ 2 Current Co-Located Sites for PC Services ○ Antelope Valley Health Center ○ Glendale Health Center ○ 3 Sites for Possible Fulltime PC Services ○ North Hollywood Health Center ○ Pomona Health Center ○ Curtis Tucker Health Center ○ Partial-Week/Day PC Locations – TBD ○ Bi-Weekly Meetings with DHS <ul style="list-style-type: none"> - e-Consult - Connectivity to Specialty Services in DHS <ul style="list-style-type: none"> i. System developed by DHS ii. Get specialty primary care referrals 	

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	<p>Facility Location/Regionalization of Services</p> <ul style="list-style-type: none"> • Short-Term (5-10 years) Sustainability and Safety of TB Services: <ul style="list-style-type: none"> ○ HVAC Repairs scheduled to begin March 2016 ○ Engineering and Design Coordinated through PRW ○ Merge TB Services into 7 sites - Due to impact repairs ○ Antelope Valley ○ Pacoima ○ Leavey/Center for Community Health ○ Hollywood-Wilshire ○ MLK Jr. CPH ○ Whittier ○ Work with DHSP to develop Prep clinics – 2 to start in mid-October <ul style="list-style-type: none"> - Ruth Temple (SPA6) - North Hollywood STD Clinic ○ Long-term Facility Planning ○ Comprehensive Health Facility Planning with DHS and DMH <p>Commissioner Bholat asked Ms. Davenport for a list of data by facility. She also asked about available space next to the Van Nuys Comprehensive Health Center.</p> <p>Ms. Davenport stated that space in Van Nuys is limited. She indicated CHS is in partner with DHS on opening additional TB clinics in other communities. She indicated CHS is placing SPA Health Educators in Van Nuys. Ms. Davenport stated SAPC is also working in placing Contractor Provider Enrollers.</p> <p>Commissioner Bholat asked about the role for the Contractor Provider Enroller.</p> <p>Ms. Davenport stated that the role for the Contractor Provider Enroller is to service rolling into care for diversion (help with referrals).</p> <p>Commissioner Champommier echoed his concern about the billing system and the colocation of programs.</p>	

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	<p>Ms. Davenport stated that CHS met with ORCHID staff - Mr. Kevin Lynch currently runs the ORCHID program for DHS. She indicated departments in Florida (Fire Dept., Public Health Dept., Hospitals, and Mental Health Dept.), were able to compartmentalize different systems used in ORCHID. Ms. Davenport stated ORCHID will potentially begin at DPH clinics in late 2016-17.</p> <p>Commission Vice Shindy thanked Ms. Davenport for the presentation.</p>	
<u>IV. Adjourn</u>	<p>A motion to adjourn the meeting was made by Commission Vice Chair Chindy. It was seconded by Commissioner Bholat. All Commissioners were in favor.</p> <p><i>The meeting adjourned at 11:55 AM</i></p>	