

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
MAY 14, 2015
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 PUBLIC HEALTH REPRESENTATIVE

Dr. Jeffrey Gunzenhauser, Interim Medical Director***

Evelina Villa, Interim Public Health Commission Staff*
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
I. Call to Order	<i>The meeting was called to order at approximately 10:25 a.m. by Chairperson Champommier at the Central Public Health Center.</i>	<i>Information only.</i>
II. Announcements and Introductions	<i>Introductions of Commissioners and guests were conducted.</i>	<i>Information only.</i>
III. Presentation regarding the Los Angeles County Coalition in support of an Office of Healthcare Enhancement	<p><i>Presentation by Bruce Saltzer, Executive Director of Association of Community Human Services Agencies (ACHSA)</i></p> <ul style="list-style-type: none"> • Mr. Saltzer requested for the Public Health Commission to join the LA County Coalition for an Office of Healthcare Enhancement, in response to the March 30, 2015 draft report regarding the potential creation of a health agency. • Mr. Saltzer provided the Commission with a final draft of a document that will be submitted on 5/19. • Mr. Saltzer provided the Commission with highlights from the document: <ul style="list-style-type: none"> ○ The Coalition desires to explore an alternative model to what is being considered by the County CEO's office. ○ The model is based on the Office of Child Protection, which was recommended by the Blue Ribbon Commission. ○ The Coalition believes that the OHE would be consistent with that of the 	

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	<p>Office of Child Protection. Additionally, the three County departments should maintain its own operational responsibilities and budgetary authority.</p> <ul style="list-style-type: none"> ○ The three department directors should report directly to the Board of Supervisors as opposed to an agency director and maintain everyday operations. ○ Mr. Saltzer made reference to a chart in the document that exemplifies each department head reporting to the Board of Supervisors with a dual role to work with the OHE where there is overlap of the three areas (mental health, public health, and health services). ○ Mr. Saltzer indicated that the Coalition does not believe that there is a justification for a new health agency model. ○ He stated that the OHE rejects the need for a radically transformed healthcare system (as referenced in the CEO's draft report page six) and offers the ability to enhance the current models of integration. ○ The OHE would focus on integrated care which would allow the three department heads to run their departments. ○ Mr. Saltzer discussed the theme of organizational integration. He stated that rather focusing on integrated governance, the draft report should be focused on better working relationships amongst DMH, DPH, and their providers. ○ Mr. Saltzer discussed page 12 of the document, which discusses the model of integrating mental health, public health, and substance abuse, into a "one-stop-shop" model, where every recipient of healthcare services would enter a single door to have their healthcare needs met. ○ Mr. Saltzer indicated that individuals with more severe mental illnesses and those within underserved ethnic and cultural communities will not utilize a single entry door but would have better access with a "no wrong door" approach, where services would be coordinated within the context of culturally welcoming recovering model services. ○ The draft report concludes its discussion of streamlining access to care with reference to proposed solution to screening tools; referral criteria, protocols, 	

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	<p>consents and authorization, etc.</p> <ul style="list-style-type: none"> ○ He also indicated that the draft report states that the solution lies in streamlining and rationalizing multiple processes with the observation that some believe that without a single entity prioritizing the end goal, will not be realistic for the County to accomplish the necessary steps. ○ Additionally, he stated that the draft report fails to detail how an agency model would accomplish the end with its operational barriers and significant required financial investment, and with the health agency's unworkable foundation of a "dual role" staff model. ○ Mr. Saltzer discussed theme #2: Accomplishing enhanced healthcare without the significant disruption created by an agency. He indicated the major rebuttal of the opportunities presented under a health agency is that it would be possible to achieve most of the opportunities without transitioning to an agency and that non-agency solutions can equally achieve these shared objectives. ○ Mr. Saltzer referred to the draft report, page 14, where Dr. Ghaly states that people want to do the work they do because they want clients and patients to get better services and not because they want to sit in a room full of meetings talking about what should move on an organizational chart. The Coalition agrees with this. ○ Mr. Saltzer indicated that there is no way of getting around the fact that staff pulled away from their current day-to-day departmental responsibilities because they are expected to devote half their time to agency work would only be half as effective in performing their regular responsibilities. Paying for a small team of experts to address the areas of integration overlap, as set forth in the Office of Child Protection model that the Coalition is recommending be used, would be a much more cost effective way of doing this. ○ Mr. Saltzer indicated that the draft report attempts to dispute the argument 	

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	<p>that an agency isn't required based on lack of authority. He stated that in discussing the proposed structure of the health agency, stakeholders are quoted as arguing "you don't need an agency to do this" and "the departments can simply establish priorities and work together to achieve them." The draft report says that this view has not been proven feasible in practice. The draft report also includes a comment that a non-agency structured model similar to the Coalition's OHE model would be ineffective because it would offer accountability but no authority to get things done on a practical level.</p> <ul style="list-style-type: none"> ○ Mr. Saltzer discussed the draft report's view regarding a hierarchical model, where there is one person directing the setting of strategic priorities for the three departments is necessary. The Coalition disagrees and notes that the evidenced based management literature does not support the premise that such a model can actually result in achieving integrative goals. Instead, literature on strategic alliances (published in the last decade-including studies from healthcare and the public sector) have refocused attention away from traditional hierarchical model to a collaborative model of leadership among top executives of the partner organizations. ○ Mr. Saltzer discussed how the Coalition strongly disagrees that a model like the OHE model would be ineffective. He stated that the ultimate authority rests not with either an agency director or the OHE Director, but with the Board of Supervisors. The OHE's OCP inspired model, which the Coalition is proposing, was based on that fundamental principle, and clearly goes far beyond having the Departments themselves establishing priorities and working together to achieve them. ○ The OHE's small group of talented staff would be led by a director which the Board of Supervisors could fill with authority over the areas of overlap of client care responsibilities that promote integration. This would be reinforced by the high visibility of the position, was well as regular Board of 	

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	<p>Supervisors' monitoring and public hearings on progress, with the department heads being held accountable to the Board for their collaborative work in the areas.</p> <ul style="list-style-type: none"> ○ Mr. Saltzer discussed theme number three: Limited overlap of departmental missions minimizes the purpose of an agency. ○ He stated that in an ideal scenario justifying departmental integration, there are substantially overlapping missions, closely compatible cultures, and an overlap in the responsibilities and scope of services delivered by the integrated departments. ○ He also stated that in the section of the document on Risk of Cultural Differences, the 2004-2005 Los Angeles County Civil Grand Jury reported on the significant differences between DMH and DHS. Similarly, Dr. Johnathan Fielding, the former director of DPH, highlighted the fundamentally different missions of DPH and DHS in his testimony before the Board on January 13, 2015. ○ He discussed how the draft report goes on to state that a health agency would not focus on the areas where there is no benefit from greater collaboration, which asks the real question of why to institute an agency in the first place, as opposed to working to better coordinate those aspects of the three departments' missions, client care responsibilities, and service delivery for which there is overlap. Mr. Saltzer indicated that this is what the Coalition is proposing with the OHE, which would allow the County to reach its goal of improved integration without the disruption caused by an agency. ○ Mr. Saltzer highlighted a quote from director of DHS, Mark Finucane, who found a number of adverse effects on public health programming and services under the Health Services Department, which he outlined in a memo to the Board. ○ He also discussed the 2005 CAO report to the Board of Supervisors, which provided additional detailed supporting documentation for an independent 	

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	<p>public health department. A more detailed analysis of the thinking behind an independent DPH was provided from County CAO David Janssen’s “Report on Public Health as a Separate Department”.</p> <ul style="list-style-type: none"> • In an August 2014 memo from Dr. Jonathan Fielding to the Board regarding “Health and Disease in LA County: The Impact of Public Health over the Past 16 Years,” independence allowed the department to advocate for an allocate its own administrative and fiscal resources, which has been essential to prioritizing disease prevention and control efforts, diversifying and establishing effective partnerships, and evolving into a more prepared and responsive agency when public health emergencies arise. • Additionally, Dr. Fielding’s memo also makes reference to the fact that DPH, no longer eclipsed by DHS’s complexity and competing priorities, has focused public resources on mitigating the biggest disease burdens in the population and reducing yawning disparities in health that undermine quality of life and economic productivity. Major successes of an independent DPH: 1) restoration of the Chronic Disease and Injury Prevention Division, which had been dismantled in 2001 due to budget crises and shifts in DHS priorities, 2) relocation of the Public Health Lab allowing for expanded menu of testing services and the ability to rapidly detect agents with bioterrorism. • Mr. Saltzer highlighted the fact that DPH has been able to financially sustain its programs due to the repeated success of securing competitive grants. • Mr. Saltzer discussed the draft report’s attempts to provide reassurances to stakeholders that practical steps can help build confidence that the needs of each department will not be deprioritized in an agency. The primary step outlined in the report to address this is the selection of an agency director with experience in all three areas to help establish credibility, build trust, and decrease the likelihood that an agency will narrowly advocate on a limited set of issues. The Coalition is not convinced of this. Mr. Saltzer stated that this step ignores the most significant factor in play, which is the lost voice of each departmental constituency. Through the 	

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	<p>requirement that all three department heads report directly to the agency head, it would be difficult to bring the current level of attention to mental health and public health issues and constituency concerns, which would be subsumed under the dictates of the agency head. Mental health would not be the number one priority of the integrated agency. Nor would DPH continue to have its public health concerns be the top priority under an integrated agency.</p> <ul style="list-style-type: none"> • Mr. Saltzer discussed the section of the Coalition’s report that discusses the draft report’s attempt to downplay agency model risks is incorrect and ignores the recent Board of Supervisor’s governance decision (page 29 of the document). • Mr. Saltzer discussed the draft report, page 38, which attempts to respond to stakeholder’s concerns regarding diminished departments’ voice in an agency model, tries to mitigate those concerns by pointing out that the Department Heads currently report to the County CEO (and previously reported to the Deputy CEO for the Health Cluster, who reported to the CEO) rather than directly to the Board, and yet have frequent communication with the Board Offices. • Mr. Saltzer also discussed the portion of the document that discusses the draft report providing stakeholder feedback that responds to the attempt at mitigation. (Page 38 of the draft report) discusses that despite Department-Board communication that exists, some felt that the DCEO’s and CEO hampered those open lines of communication with the Board and that the communications would have been more robust had there been a direct reporting relationship to the Board, while maintaining and respecting Brown Act rules. It is not just the stakeholders that have been concerned about this level of communication and relationship, but the Supervisor’s themselves. • He discussed the Board of Supervisors recent approval of revised governance structure. On February 24th, the Board approved a Board motion to restructure County government back to the way it was run prior to the adoption of the interim governance structure in 2007, when County Department Heads reported directly and independently to the Board. This action alone speaks volumes, but the Board 	

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	<p>motion language is instructional. Recent changes in County leadership and the CEO management structure, including the reassignment of the DCEO's represent an improvement over the 2007 structure by removing an unnecessary layer of management.</p> <ul style="list-style-type: none"> • Mr. Saltzer discussed the portion of the Coalition's document that discusses that an unintended consequence of the interim governance was in increased distance between departments and the Board, thereby reducing accountability. The Board has an opportunity to formally update the County governance structure and provide stability in County government in a manner that retains departmental collaboration and interdepartmental communication, but reduces bureaucracy. • He also discussed the buffer that the draft report is recommending between the Board and the department heads in the form of a health agency director is parallel to the CEO buffer that the Board recently rejected in going back to the County's old governance structure and a CAO model. So even though under the 2007 interim county governance structure, the department heads had the ability to directly communicate to the Board, as the report argues, the Supervisors decided to eliminate that model as ineffective and lacking accountability. • Mr. Saltzer discussed the Coalition's proposed OHE mode, which is 100 percent consistent with the Board's focus in the passage of the motion on retaining departmental collaboration and interdepartmental communication but reducing bureaucracy, which is reflected in its establishment in the Office of Child Protection. Mr. Saltzer indicated that by adopting the OHE model, the Board will ensure that DMH and DPH are not the only two of the more than 30 departments in the County that are run by non-elected official's whose department heads would not be reporting directly to the Board. • Mr. Saltzer ended his presentation by indicating that the conclusion portion of the Coalition's document summarizes and highlights the points that he already made in the bulk of his presentation. He then opened up the discussion for questions from the Commission. 	

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	<ul style="list-style-type: none"> • Dr. Bholat indicated that she was very appreciative of the Coalition's report and asked Mr. Saltzer who put the document together. • Mr. Saltzer indicated that he did most of it. He stated that a lot of the document is based on research conducted over a three and a half month timeframe, along with other resources such as: transcripts, information from Dr. Fielding and his analysis, various websites, David Jansen's CAO memo, Lynn Kersey's letter to the CEO. He also stated that most of the writing was done by him but has input from a variety of others as well. He also indicated that prior to the research conducted for the document, he was not too familiar with public health, and now, after conducting so much research, he is impressed with public health's vast service scope. • Dr. Bholat indicated that the document is instructive and contains a lot of information. She asked if Mr. Saltzer could describe the Office of Child Protection model. • Mr. Saltzer stated that the model was established recently and indicated that there is an attachment in the document that gives a summary of the description. He stated that the Blue Ribbon Commission transition team, co-chaired by DHS director, directed by the Board to work with the Board to provide input into the job description. The summary description indicates that the Board adopted the basic principle, that a single entity be established to develop, coordinate, update, and continually advise the Board on implantation of a strategic plan, covering the total complex of child safety programs. Additionally, the director would report directly to the Board, would be supported by a small but talented staff; work directly with departments involved and work with the directors with an ongoing strategic plan, as a collaborative endeavor, but at the same time, be infused with authority by the Board to improve delivery of services by funneling the efforts and areas of overlap among the three departments. • Mr. Saltzer indicated that the OHE director should be someone who works with all three department heads (DPH/DMH/DHS) and makes them work together in a collaborative way. They would have a team of staff that would be working with them 	

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	<p>to overcome the barriers of integrated care.</p> <ul style="list-style-type: none"> • Mr. Saltzer asked the question if there is a need for a radically transformed system. He stated that from his research, DPH is doing amazing things and serves as a model for the country. He also stated that there is always room for improvement, but it is not completely broken—the Coalition strongly disagrees that there needs to be a radical change. • Dr. Bholat stated that the US healthcare system is broken and needs radical transformation. She also stated that it will be interesting to see the person who is selected as the agency head, who must have expertise in all three areas-mental health, public health, and health services. She stated that the Commission needs to think about the structure. She indicated if Dr. Katz were selected as the agency head, he would also be the DHS director; that would be a major concern. • Mr. Saltzer indicated that another concern for public health or mental health, would be the fact that public health would not report directly to the Board; leaving DPH and DMH as two of the only County departments that do not report to the Board. This would be the main difference here, under this proposed model. Part of this is about making a statement that public health (and mental health) matters and they both do what other County departments do, with direct authority to the Board, which is a fundamental, significant element. • Mr. Saltzer indicated that originally, a czar structure was discussed. The concept is that the person has the authority from the Board to work to improve overlap of services. The idea of the model is that it is not dictatorial, which the Coalition believes is not an effective model, which is what the literature shows. This is the concern that the Coalition has with the agency model. All three departments need to report directly to the Board. There are other elements (mental health medical model/recovery model/children’s mental health) that are significant and concerning as well. The concern is with the medical model and what it means. The main concern comes back to the need for the departments to have the independence, autonomy, direct reporting relationship to the Board. The agency head would have 	

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	<p>the final say. The department's voices are not directly to the Board.</p> <ul style="list-style-type: none"> • Dr. Bholat indicated that the Board decided to look at different models besides the agency model (or the Child Protection model). She asked if anyone had any comments about what may have pushed the Board to do this. • Mr. Saltzer indicated that the motion started with an integrated department in January, then the motion changed to look at a health agency model, establish a stakeholder process, and analyze the drawbacks and risks. He also stated that Dr. Ghaly did a great job of identifying the risks; and that the Coalition agrees with all of them. The Coalition does not believe that the risks were addressed in the report. The hope is that the Board would reevaluate what is important, based on the scope of information they have available to them. In terms of the Coalition, right now, there are 100 agencies in support. He also mentioned that when the Board says they want the departments reporting directly to them, removing the extra layer of bureaucracy, increasing accountability; that directly applies to DPH and DMH. To say that it is OK for DPH or DMH to not report to the Board is a fundamentally bad statement to be made and hopefully the Commission will recognize that. • Commissioner Dowling asked Mr. Saltzer if he represented a coalition of people and if the organization is a 501(c)3 • Mr. Saltzer indicated that the coalition is a loose coalition and not a 501 (c) 3 and is a group of organizations that have signed on to support the OHE model as a better health model than the proposed health agency (draft report). The report will be submitted to the Board and when that happens, all of the organizations that are involved will be shared. • Commissioner Dowling asked Mr. Saltzer if he thinks that mental health parity impacts any of these decisions. • Mr. Saltzer indicated that he absolutely thinks it does. He stated that the principle that mental health should be treated equally to health is exactly what parity is about and is the message trying to be portrayed. A significant part of this is that mental health matters. Public health, mental health, and health services matters. Parity is 	

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	<p>the key element and part of the message we want to convey to the Board; that the three departments are all equal and each of these departments deserve to report directly to the Board.</p> <ul style="list-style-type: none"> • Mr. Saltzer discussed the mental health department in the County of Los Angeles and in the State of California as well as current mental health barriers. He stated that the focus should be primarily on the three departments collaborating. • Mr. Saltzer referred to Ms. Harding’s comments at the April 9th Public Health Commission meeting, which indicated her desire for increased collaboration between the three departments. Mr. Saltzer asked to what extent have the three department heads (DPH, DMH, DHS) physically sat down to collaborate. He stated that if there was a visible, vested interest in this by all of the directors, this could be done without a health agency. • Commissioner Dowling offered his perspective as family physician. He stated that the epidemic in the world has changed. He indicated that we have gone from an infectious disease model to a chronic disease as the number one cause of mortality all over the world. At the same time, we have new threats of infectious disease. Public health has been very successful with immunization, sanitation, and antibiotics. As a family doctor, he stated that he sees all sorts of mental health problems every day and he indicated that if we are the best in the State, there are a lot of problems going on. He stated perhaps the way to be most effective is put a blended model right at the front door; where people come in to co locate mental health in the same system. Commissioner Dowling stated that it would work for a large group of people; the seriously mental ill, would have to be handled differently. He stated that getting a start where everyone is in the same place to start with, there is a chance to get a good outcome that is cost effective. He stated that it is not a medical model, it is a healthcare delivery model, recognizing the psychosocial, biomedical model; it is all intertwined. They should not be separated out unless you are dealing with severe psychotic problems. • Mr. Saltzer indicated that the population of mental health is not the mild to moderate 	

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	<p>individuals. He stated that DMH serves the highly-moderate to severe population. He stated that the Coalition believes that the problem solving approach should be done through an Office of Healthcare Enhancement, where someone is responsible for collaborating, coordinating, and doing the problem solving; as opposed to someone just telling everyone what to do.</p> <ul style="list-style-type: none"> • Commission Vice Chair Crawford stated that the agency model risks had been identified and asked if there are any risks identified for the OHE. • Mr. Saltzer indicated that there were no risks identified. He indicated that those who oppose the OHE model indicate that the model will not work because there will be a lack of authority. The idea of having dual role staff, people working in two areas, working for the department as well as the agency, is not effective and that he work will suffer. He also stated that Ms. Harding has stated before, that this could work if the three department heads work together and do some problem solving together. He stated that he believes that the department heads could make it work if they really wanted to collaborate together. • Commissioner Shindy asked Mr. Saltzer how many public health agencies are on board the Coalition's OHE? • Mr. Saltzer indicated that UCLA Fielding School, Child/Maternal Health Access, Southern California Public Health Association, and the Center for Public Health Advocacy were onboard. 	
<p><i>Presentation from Lynn Kersey, MA, MPH, CLE</i></p>	<ul style="list-style-type: none"> • Ms. Kersey indicated that based on the meetings she has attended (regarding the health agency), people share the vision of improved healthcare services and healthier communities but do not support the idea of an agency. • Ms. Kersey stated that the draft report does not capture the various [stakeholders] meetings that were held throughout the County. • Ms. Kersey indicated that in 2006, there was a large clamoring in LA County for separation of Public Health and Mental Health from Health Services. In 2007, Local health officers throughout the State were clamoring for the separation. Today, she stated, this is not the case. Local health officers are not clamoring for this. She 	

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	<p>asked who, on the public health side, is clamoring for the integration to occur. She also indicated that public health is distinctly different from Health Services.</p> <ul style="list-style-type: none"> • Ms. Kersey expressed little hope in the CEO's draft report's statements regarding the three departments' activities will not be affected, because, at the same time, the CEO's draft report is contradictory, calling for a radical transformation at the same time. • In terms of overlapping services and service integration, Ms. Kersey stated, that is where the ACA comes in. She indicated that while the information provided about service integration is important, they are not public health. • Ms. Kersey indicated that this process (in terms of the proposed agency structure) has been a great opportunity to highlight and explain public health to the world. She stated that public health focuses on population change, improvement of health, and promoting health among populations. She stated that public health is very distinct from service integration. • Ms. Kersey also stated that the reasons for public health clinic's should be further explored; she stated that the public health clinics are needed to keep up experience among nurses and other staff for how to respond to outbreaks of diseases. • Ms. Kersey indicated that the draft report states that certain groups receive gaps in services, which is a problem. She stated this is a resource issue and that the most vulnerable are not experiencing what everyone else is experiencing. She stated that public health serves all and that issues that define whether or not people get or do not get services is not public health orientation. • Ms. Kersey spoke to the distinctly different missions of DPH and DHS. She stated that DPH's mission is primarily focused on: promoting health, strategic planning, emergency preparedness, and prolonging health and life. She stated that DPH has the smallest budget with the biggest mandate. She also stated that it would make more sense for DPH to be an umbrella over Health Services. She indicated that Health Service's efforts are primarily on individual patients. • Ms. Kersey stated that the agency poses the risk of losing acute care and chronic disease care. She also stated that prior to 2006, these programs were dismantled and had to be reestablished. • Ms. Kersey stated that she hopes the Public Health Commission would consider joining the Coalition's efforts. 	

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	<ul style="list-style-type: none"> • Ms. Kersey asked if the Public Health Commission will be making a vote on this issue at this particular meeting. • Chairperson Champommier indicated that next steps will be discussed shortly after. He also thanked Ms. Kersey for her presentation. • Commissioner Bholat asked for clarification on the idea that DHS takes care of 10% of the population, whereas the public/private sector are caring for the other 90%. • Ms. Kersey indicated that she was trying to address the idea that DPH is not sufficiently attuned to patients within DHS. Additionally, she stated that public health is not getting enough attention and resources; not focused well enough on the vulnerable. She also stated that she rejects the view that public health is not sufficiently attentive to DHS patients. She stated that where there are clinic issues, that can be mitigated in OHE or small group model. • Commissioner Bholat stated that there is no doubt that there are cultural differences among different providers, surgeons, family medicine, etc. One of the things that is interesting is that the idea of diversity and different perspectives has demonstrated to get a better outcome; the literature supports this. Commissioner Bholat stated that expertise and knowledge needs to be maintained and it is important to recognize opportunities to collaborate. She stated that imperative to have leadership that will sit and do things together. She stated that it is stunning that there are three departments (DPH/DMH/DHS) that may not know what the other does. She stated that she is surprised that the three departments have not yet had the discussion regarding the similarities and differences between the three departments. Commissioner Bholat thanked Ms. Kersey for her presentation. • Commission Chair Champommier stated that both DPH and DMH have been involved in collaborating. He stated that this needs to be recognized, built upon, and supported. He also stated that DHS should be a part of it. • Commission Chair Champommier indicated that it was acceptable for Dr. Katz to make a comment before moving on to further discussion. • Dr. Katz indicated that the current conversation was healthy for the County. He stated that it may feel difficult and oppositional at times, but that it is a good conversation and what has transpired so far has already achieved things, and will continue to achieve things. He stated that there are two areas where people can 	

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	<p>differ. He stated that on the public health side, people believe population health is a major focus, which he has no problem with.</p> <ul style="list-style-type: none"> • Commission Chair Champommier indicated to Dr. Katz that he has had an opportunity to present the same issue, but what is currently being discussed is a fundamentally different approach to the problem. • Dr. Katz stated that some people who are in the clinical end of DPH; the people running the STD/TB clinics, have a different view. He stated that to him, it does relate to the question of what the agency or coordinator gets to it best. He stated that part of this issue is that people see it differently. • Commission Chair Champommier asked if Dr. Katz is speaking on behalf of public health individuals. • Dr. Katz indicated that there have been a variety of stakeholder meetings, including at public health; some of them are in the report, where they discuss what they see in their clinics. • Commission Chair Champommier indicated that what is interesting is that the testimony that he has heard at various stakeholder meetings is missing. He stated that it is interesting that Dr. Katz speaks on behalf of public health (in clinical terms of public health), when the leadership has a different opinion. He also stated that the services provided by public health have been terrific. He stated that the assumptions which are made in the report—that something is broken and not working-- come from the DHS side. He stated that he has not seen DHS' cooperation and integration attempts made by both DPH and DMH; he stated that perhaps it is occurring, but he has not seen it. He stated the collaboration examples used in the report are already taking place. He stated that his fundamental concern is a top-down model, which does not work. He indicated that in terms of collaboration, DPH and DMH know that collaboration needs to be done. He stated that the model that Mr. Saltzer discussed (OHE) has significant advantage. He indicated that the Office of Child Protection model has applicability when discussing the proposed health agency model because it would provide oversight to ensure that the department is cohesive as well as reporting to the Board. • Commission Chair Champommier indicated that the three departments need someone to instruct them on collaborating. He stated that what he is concerned about is the departments not having an independent voice to the Board, because he 	

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	<p>has heard concerns about DPH not having enough resources to do its job. He stated that he has been impressed with the talent and creativity of DPH. He also indicated that he is concerned about the stifling concerns at the clinical level. He stated that there are flawed assumptions in the draft report, other than the idea of the departments working together and collaborating.</p> <ul style="list-style-type: none"> • Commission Chair Champommier indicated that he continues to attend various meetings, expecting to hear something more, but he keeps hearing the same things. He stated that it is not personal, but he is looking for the truth. He stated that he is not angry, but rather, he is concerned based on what has occurred in the past. He stated that he senses DPH's excitement and creativity and he will continue to support that. He stated that the fact that the two departments would not report to the Board would be a travesty and a dis-service to the County. • Commission Chair Champommier indicated to Dr. Katz that he would have liked to hear something different but he [Dr. Katz] started discussing the same process as stated before. He stated that initially it was said that the system needs to be radically changed and then it was said that the health agency structure would not be a radical change. He stated that if the Board decides to move forward with the health agency model, he [Champommier] will do his best to support elements of excellence. • Vice Chairperson Crawford indicated that due to the Commission's fiduciary duty as to make the best decision, it would not be appropriate to join the Coalition at this time. She stated that more time is needed to read the document Mr. Saltzer provided as well as review the public comments that were being provided in response to the draft report. • Dr. Ghaly indicated that the public comments will be included in the final report [as an appendix] and will be available after May 29th. • The Commission discussed their interest in reviewing the public comments prior to making any decision. The Commission also discussed the possibility of hosting a Special Meeting, before the regular June 11th meeting, to further discuss its next steps, once the public comment was available. 	

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<i>TOPIC</i>	<i>DISCUSSION/FINDINGS</i>	<i>RECOMMENDATION/ ACTION/ FOLLOW-UP</i>
<p>IV. Approval of Minutes</p>	<p>MOTION: Approval of October 23, 2014 minutes</p> <p>MOTION: Approval of January 8, 2015 minutes</p> <p>MOTION: Approval of January 27, 2015 minutes</p> <p>MOTION: Approval of March 12, 2015 minutes</p>	<p><i>The motion passed with Chairperson Champommier, Vice-Chairperson Crawford, Commissioner Bholat, Commissioner Dowling, and Commissioner Shindy saying yes.</i></p> <p><i>The motion passed with Commissioner Shindy, Commissioner Bholat, and Commissioner Dowling saying yes.</i></p> <p><i>The motion passed with Commissioner Shindy, Commissioner Bholat, and Commissioner Dowling saying yes.</i></p> <p><i>The motion passed with Vice-Chairperson Crawford, Commissioner Bholat, and Commissioner Dowling saying yes.</i></p>

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TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ ACTION/ FOLLOW-UP
<p>V. New Business- ELECTION OF OFFICERS</p>	<p>MOTION: Commissioner Bholat made a motion to nominate Vice-Chairperson Crawford as Chairperson and Commissioner Shindy as Vice-Chairperson.</p> <p>Chairperson Champommier entertained the motion and Commissioner Dowling seconded the motion, with all in favor.</p> <p>(Newly elected Chairperson) Crawford thanked outgoing Chairperson Champommier for all of his hard work and dedication to the Commission. She also presented him with a certificate of appreciation.</p>	
<p>VI. Adjournment</p>	<p>The meeting adjourned at 12:17 PM.</p>	