

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
SEPTEMBER 10, 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, Secretary*
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. Call to Order/ Approval of Minutes</u>	<p><i>The meeting was called to order at 10:30 a.m. by Commission Chair Crawford 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 the Chair's request.</i></p>	Information only.
<u>II. Presentation: Drug Medi-Cal Organized Delivery System (DMC-ODS)</u>	<p>Wesley Ford, Director Substance Abuse Prevention and Control (SAPC), presented on Drug Medi-Cal Organized Delivery System (DMC-ODS)</p> <p>The Affordable Care Act (ACA) asked SAPC for a status on the DMC waiver since 2010. The DMC waiver submitted to ACA in November of 2014. The DMC waiver was approved in August of 2015.</p>	

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	<p>Expansion of SUD Services under the Affordable Care Act (ACA) - 2010 to 2015:</p> <ul style="list-style-type: none"> • DMC-ODS waiver was approved August 2015 • An implementation plan was put together showing adequate network • Board approval was needed to opt in/out • Two action steps: <ol style="list-style-type: none"> I. Get Board approval II. Work with the State and obtain financing through DMC waiver – First two years: <ul style="list-style-type: none"> - Fee for service - Per User Per Month (PUPM) rate - Similar to Manage Care Program <p>Mr. Ford indicated that SAPC will be putting a plan together for approval by the Department of Health Services and the Centers for Medicare/Medicaid – and anticipated implementation by July 1, 2016, after approval process is complete.</p> <p>The State divided up implementation into two phases:</p> <ul style="list-style-type: none"> • Northern region • Second region <p>Mr. Ford stated the stakeholder input was completed in September 2015. He indicated that the success of this waiver is to prove added benefits for substance use under the demonstration project will actually decrease costs in the medical system.</p> <p>Highlights of DMC-ODS Waiver:</p> <ul style="list-style-type: none"> • Expand services under the Medi-Cal program that are reimbursable – currently the following services have very limited benefits under Drug Medi-Cal program: <ul style="list-style-type: none"> ○ Outpatient Counseling ○ Residential care and counseling for prenatal women and (mostly outpatient) 	

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	<ul style="list-style-type: none"> • Under the Waiver: <ul style="list-style-type: none"> ○ Intensive outpatient Counseling ○ Residential Care ○ Narcotic Treatment Programs ○ Recovery Services ○ Case Management ○ Waiver will help establish a continuum care model ○ Utilize the American Society of Addiction Medicine (ASAM) criteria and medical necessity to provide the right treatment <p>New Opportunities for SUD System and its clients:</p> <ul style="list-style-type: none"> ○ Full continuum of care ○ Involves the homeless and those involved in the criminal justice system ○ Work with housing as partners/link homeless into housing <ul style="list-style-type: none"> • Reimbursable services to improve quality of care • Integration of care with physical and mental health • Solidify SUD's status as a chronic health rather than an acute health condition • Achieve Parity Act with other Health Systems in order to successfully integrate care and improve health outcomes. <p>Spending by System of Care in Los Angeles County:</p> <ul style="list-style-type: none"> • Department of Health Services (DHS) - \$4 Billion for Physical Health care • Department of Mental Health (DMH) – \$2 Billion for Mental Health services • Total funding for Substance Abuse Prevention & Control (DPH SAPC) – \$260 million for substance use <p>Foundational principles for transforming Los Angeles County's SUD System of Care under the DMC-ODS Waiver:</p> <ul style="list-style-type: none"> • Treat substance abuse disorders as a chronic health condition • Provide Coordinated and Integrated Care • Establish a single benefit package 	

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	<ul style="list-style-type: none"> • Maintain partnerships between SAPC and its community based provider network • Educate, empower, and inform people and their community • Establish continuous quality improvement process for treatment services <p>How DMC-ODS Will Transform SUD Services:</p> <ul style="list-style-type: none"> • Increased System Capacity • Increased Infrastructure Capacity with Medium/Smaller Providers • Small System Providers <p>How DMC-ODS will Transform SUD Services (Skills):</p> <ul style="list-style-type: none"> • Workforce development challenges <ul style="list-style-type: none"> ○ Patient center treatment services approach ○ Determination of medical necessity/ASAM placement ○ Evidence based practices ○ Cultural and linguistic competence ○ Cross-system care coordination with mental health and primary care <p>How DMC-ODS Will Transform SUD Services (Finance):</p> <ul style="list-style-type: none"> • Financing <ul style="list-style-type: none"> ○ Finance a full continuum of services on DMC and supported by all other revenue streams ○ Negotiate the Fee-For-Service rates with the State ○ Determine Federal Financial Participation (FFP) - cost sharing ratios between LA County and the State <p>Draft implementation Timeline - Services to implement the first year:</p> <ul style="list-style-type: none"> • Phase 1 <ul style="list-style-type: none"> ○ One Year from DHCS Approval • Phase 2 <ul style="list-style-type: none"> ○ 2 Years from DHCS Approval • Phase 3: <ul style="list-style-type: none"> ○ 3 Years from DHCS Approval 	

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	<p>Next steps:</p> <ul style="list-style-type: none"> ○ September 2015 – complete an extensive stakeholder input process as required under the Standard Terms and Conditions of the DMC-ODS Waiver ○ October 2015 – Obtain Board approval to opt into the DMC-ODS Waiver ○ November 2015 – Submit DMC-ODS application to DHCS for approval ○ July 2016 – Begin initial implementation of DMC-ODS <p>Mr. Ford provided the Commissioners with following additional resources:</p> <ul style="list-style-type: none"> • SAPC Website: Provider Information, HCR/DMC-ODS <ul style="list-style-type: none"> ○ http://publichealth.lacounty.gov/sapc/HealthCare/HealthCareReform.htm • UCLA-SAPC Lecture Series <ul style="list-style-type: none"> ○ http://publichealth.lacounty.gov/sapc/media/lectureseries.htm • ASAM Criteria <ul style="list-style-type: none"> ○ http://www.asam.org/publications/the-asam-criteria <p>Commission Chair Crawford thanked Mr. Ford for a very informative presentation.</p> <p>Mr. Ford indicated often substance abuse is related to mental health issues. He stated SAPC deals with people who often do not have a mental health condition, but instead have a physical health condition due to long term drug use which causes their physical health has suffered in many ways.</p> <p>Commissioner Champommier asked what is being done in coordinating SAPC's efforts in continuing care. Commissioner Champommier expressed his appreciation for what is being done and he hopes the State and the funding issues for substance use are addressed.</p>	

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	<p>Mr. Ford stated that drug addiction medicine is a specialty that needs to be treated as such to be able to effectively treat substance use.</p> <p>Commissioner Champommier stated that he agrees and hopes progress is made within substance use issues.</p> <p>Commissioner Dowling asked if there were any best practices in the public systems for a better approach, and asked if SAPC has looked at how Kaiser approaches these types of issues.</p> <p>Mr. Ford stated that yes, the best practices in terms of engagement theory around trauma are:</p> <ul style="list-style-type: none"> • Therapeutic techniques that have been developed over the last 10 to 15 years. • More interest in how trauma is treated with substance use. • Issues with health and equities. <p>Mr. Ford stated that SAPC is strongly focusing on the adult system care, but not strongly focusing on the adolescent system care. He stated that a strong and effective adolescent system for treatment needs to be created. He stated that the following areas to focus/work on in terms of best practices and special populations are:</p> <ul style="list-style-type: none"> • The criminal justice population • Work with Gay/lesbian transgender • The homeless population <p>Commissioner Champommier indicated that programs need to work as a team in order to provide better support to the gay/lesbian population.</p> <p>Commissioner Bholat asked as a physician often when on call, half of her service relates to substance abuse use. Commissioner Bholat stated substance abuse use should be a shared responsibility. She asked Ms. Ford what the ambulatory general cost for a client without extended on-site meetings would be when coming in for treatment.</p>	

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	<p>Mr. Ford indicated that this is a piece that needs to be worked out with the State. He stated that currently, this is not a Medi-Cal benefit.</p> <p>Commissioner Bholat stated that this is true however it is a benefit paid by all other plans. She stated that she had been on some conference calls and listened to what was said by the State. She also asked Mr. Ford what does it cost physicians to deliver these services.</p> <p>Mr. Ford stated SAPC will need to bring a person with this to figure the exact cost.</p> <p>Commissioner Bholat stated geriatrics is a great example of super specialization. She stated at 10,000 a day since 2011, there are not enough geriatricians to care for all the people. She indicated that to super specialize something that effects 1 in 12 Americans seems a bit challenging and a year certification is important.</p> <p>Mr. Ford stated that a current concern is the geriatric population. He stated sometimes these populations unintentionally mixes drugs and unintentionally end up overdosing. He stated that another issue to think about is the issue of pain management, and how to manage pain without addiction.</p> <p>Commissioner Bholat asked Mr. Ford if he has seen or got involved with patients that have been in the workers comp arena for a long time, at the door step of the County of LA due to high doses of opiates, and getting involved in criminal acts due to no longer having insurance.</p> <p>Mr. Ford responded that he is familiar with these types of patients. He believes the challenge for SAPC has been not having a Medical Director in the office which did not exist until recently. He stated that SAPCs new Medical Director is working on the workforce around prescription drug use. He stated Dr. Gunzenhauser is also on the committee.</p> <p>Commissioner Bholat thanked Mr. Ford for his comments.</p>	

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	<p>Commissioner Shindy asked about prevention. He asked what can be done to prevent substance abuse in youth/teenagers. He asked if there is anything allocated for prevention. He stated that it is important to work with teenagers and youth at risk which can save money.</p> <p>Mr. Ford stated that he agrees 100% and that it is a big concern, but the waiver does not pay for prevention; it only pays for treatment. He expressed the need to have a youth educational campaign for substance abuse use, and the need to educate youth in a way that they understand. He stated he has been working with southern region counties on how to form resources together, to begin engaging youth developing messaging to youth, and engaging social media.</p> <p>Commissioner Shindy asked is there anything allocated at all towards those kids at risk which family members are substance users.</p> <p>Mr. Ford indicated that here is funding. Particularity DCFS with foster care kids, foster care homes. He stated that family counseling is available under the Drug Medi-Cal program in situations where there is substance abuse use in the family.</p> <p>Dr. Gunzenhauser stated that a prescription drug abuse task force is expanding. He stated that a Board motion was approved to set up a drug take back program for accessing meds/prescription drugs. He stated that a directive was received from the Board to develop an ordinance to work with communities and stakeholders.</p> <p>Commissioner Shindy stated that college age students are also using drugs to enhance their ability to study.</p> <p>Mr. Ford stated synthetic drugs and alcohol are something that needs to be addressed in college age users and high school kids. He stated it is not completely rolled out in all primary care clinics but hopes to get alcohol screenings expanded. He stated that LA Care currently would pay for at least two expert screenings a year, other health plans pay for one. He stated SAPC's Medical Director is working in trying to educate a primary care setting on the use of a</p>	

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	<p>medical system therapy. He stated methadone it's been a great group force for many years, some people have been on methadone for over 20 years. He indicated the need to look at other options before getting kids hooked on methadone.</p> <p>Commission Chair Crawford thanked Mr. Ford for his presentation. She indicated that prevention in youth is important. She stated that it would be helpful to establish a speaker's bureau model. She stated it would be helpful to include people in their 30's and 40's who have successfully resisted the temptation with drugs. She suggested engaging youth in a more personal way by sharing personal stories, college experiences, etc. She stated that it is important to come together as a community to talk with youth at prevention campaigns and community forums/churches.</p> <p>Mr. Ford stated his recent thoughts about developing a 10/15 minute video to engage youth/adults who have gone thru similar experiences.</p> <p>Commissioner Shindy stated this is a great idea, however, videos do not exactly engage youth. He stated that in the past, medical students went to inner city schools to talk about smoking and substance use. He stated it was a program provided by the UCLA Medical School and it was effective.</p> <p>Mr. Ford stated that the videos would need to be develop by youth themselves. His past experience in working with youth at Children's hospital was that by having youth develop these type of videos, they can more effectively talk to their own peers and make it more personal, which goes a long way.</p> <p>Commissioner Champommier that it is important to focus on the problem, what is behind it, and any family issues/environment issues that would present a better approach before recommending any funding.</p> <p>Commission Chair Crawford thanked Mr. Ford for his information and for presenting. She asked Mr. Ford to keep the commission posted in terms of ways the Commission may be able to support.</p>	

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<p>III. <u>Public Health Report</u></p>	<p><i>The Public Health (PH) Report was provided by Cynthia Harding, Interim DPH Director</i></p> <p>Ms. Harding announced her one year completion as DPH Interim Director, and Dr. Jeff Gunzenhauser as the Interim Health Officer. Ms. Harding also expressed her appreciation of the PH Commission. Ms. Harding stated the department had gone through quite a tumultuous year with Ebola, Typhus, Measles and Toxic Exposures in communities, and thanked the PH Commission for their guidance, assistance, suggestions, and all they do for the PH Commission and for the communities.</p> <p>New Appointments:</p> <ul style="list-style-type: none"> • Medical Director for the Department of Public Health <ul style="list-style-type: none"> ○ Dr. Jeffrey Gunzenhauser was appointed Medical Director for the Department of Public Health (DPH). Dr. Gunzenhauser will be responsible for the Disease Control Bureau which includes; Communicable Disease Control and Prevention, Community Health Assessment & Epidemiology, Planning, Evaluation & Development, and Quality Improvement and Accreditation. • Medical Director for the Immunization Program <ul style="list-style-type: none"> ○ Dr. Franklin D. Pratt was appointed Medical Director/Senior Physician of the Immunization Program. Dr. Pratt will oversee all clinical aspects of the Program and will supervise the Epidemiology Unit. • Management appointments <ul style="list-style-type: none"> ○ Mr. Joshua Bobrowsky was appointed Director of Policy and Legislative Affairs ○ Ms. Lauren Dunning was appointed as Board Liaison for Public Health <p>Food Facility Grading System. Monthly reports will be provided to the Board (final report to follow in six months):</p> <ul style="list-style-type: none"> • Scope of review 	

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	<ul style="list-style-type: none"> ○ DPH-EH conducted a thorough review of the retail food facility grading system in LA County ○ DPH-EH reviewed existing policies and procedures related to retail facility food grading ○ DPH-EH analyzed Envision Connect inspection data ○ DPH-EH review the rating systems used in other Counties and Cities <p>Flea-Borne Typhus Investigation in City of Pomona Mobile Home Park:</p> <ul style="list-style-type: none"> ● DPH Actions to Reduce the Risk of Disease in the San Gabriel Valley <ul style="list-style-type: none"> ○ Flea-Borne Typhus is an Acute bacterial infection ○ It is transmitted by Fleas that live on cats, dogs, and opossums ○ Investigations are being done in the San Gabriel Valley Area ○ An average of 46 cases of flea-borne typhus in LA County each year ○ 32 cases reported in 2015 <p>RAVE Festivals in Los Angeles County – Rave task force to look at recommendations and strategies on having Raves on County property. Report to be submitted to the Board on initial response:</p> <ul style="list-style-type: none"> ● Adverse Effects of Ecstasy and Other Drugs Use at RAVE Festivals <ul style="list-style-type: none"> ○ DPH to explore options/recommendations on the adverse effects of Ecstasy and other drugs ○ Reduce/prevent adverse health outcomes at RAVES ○ Use existing resources and one using additional resources ○ Development and distribution of social media messages and digital banners to community colleges and universities <p>Health and Public Safety Impacts of Sustaining a Women’s Jail Diversion Program in Los Angeles County:</p> <ul style="list-style-type: none"> ● LA County Second Chance Women’s Re-Entry Court (WRC) <ul style="list-style-type: none"> ○ Funded by the Diversion activities in the Department ○ Health Impact Assessment (HIA) on the economic impact of continuous program 	

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	<ul style="list-style-type: none"> ○ Provide mental health and substance use disorder treatment along with housing ○ Provide employment and family reunification services to women charged with felony offense or probation violation <p>Community Health Improvement Plan (CHIP) for LA County 2015/2020 – A Health improvement plan for the entire County of Los Angeles:</p> <ul style="list-style-type: none"> ● Part of Community Health Needs Assessment <ul style="list-style-type: none"> ○ Official launching date for the CHIP - November 20, 2015 ○ Used to guide public and private activities, initiatives, and investments ○ Used to improve the health status of community members and the community conditions that foster health ○ Used to working together in looking at housing and educational areas <p>Commissioner Shindy asked if Kaiser or anyone else had approached Ms. Harding regarding the Community Health Improvement Plan.</p> <p>Ms. Harding responded yes, Kaiser did. She stated DPH and the Hospital Association of Southern California (HASC) together with Kaiser, Province, and Indemnity Systems will be meeting in October to talk and think about community benefits plans.</p> <p>Commission Chair Crawford asked if copies of the CHIP can be distributed.</p> <p>Ms. Harding stated that it is available in the DPH website. Ms. Harding also offered to provide a copy of the November 20th CHIP meeting invitation to the Commission.</p>	

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<u>IV. Opportunity for Public Comment</u>	<p>Jaime Garcia, Regional Vice President, Hospital Association of Southern California</p> <p>Mr. Garcia thanked Mr. Ford and the PH Commission for the presentation regarding prevention.</p>	
<u>V. New Business - Discussion Regarding the Temporary Integration Advisory Board</u>	<p>Discussion regarding the temporary Integration Advisory Board (IAB) selection of two PH Commissioners representatives and one/two PH consumer representatives to serve as members of the IAB.</p> <p>Commission Chair Crawford opened up the floor discussion in terms of how to handle the IAB selection process. Commission Chair Crawford suggested selecting two PH Commissioners and allowing the other three PH Commissioners to be part of this process by rotating responsibilities as needed.</p> <p>Commissioner Bholat stated she liked the idea about rotating amongst the PH Commissioners. She stated that getting a different view point from the Commissioners was a very wise thought.</p> <p>Commissioner Dowling asked if there was any idea of the time commitment.</p> <p>Commission Chair Crawford stated it was unknown.</p> <p>Ms. Harding stated about a two-year commitment.</p> <p>Commission Chair Crawford suggested selecting two consumer representatives instead of one.</p> <p>Commissioner Champommier agreed with the idea of selecting two consumers. He expressed his excitement about the presentations and presence of the input by the other Commissioners.</p>	

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	<p>Commission Chair Crawford stated the small size of the PH Commission will allow a workable solution. She called for a Special Meeting to vote for the two PH Commission representatives and two consumer representatives.</p> <p>Commissioner Shindy asked Ms. Harding if any interested stakeholders had reached out to her.</p> <p>Ms. Harding answered that no one has reached out to her.</p> <p>Commissioner Shindy suggested selecting top five candidates from DPH's stakeholder roster.</p> <p>Commission Chair Crawford thanked Ms. Harding for being a strong leader during the transition time.</p>	
<u>VI. Adjourn</u>	<p>A motion to adjourn the meeting was made by Commission Chair Crawford. It was seconded by Commissioner Dowling. All Commissioners were in favor by saying "I".</p> <p>The meeting adjourned at 12:05 PM</p>	