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Dr. Jeffrey Gunzenhauser, Interim Medical Director*

Sara 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>L</u>	Call to Order	The meeting was called to order at 10:40 a.m. by Chairperson Bholat, at the Central Public Health Center.	Information only.
<u>II.</u>	Announcements and Introductions	Introduction of Commissioners and guests were conducted.	Information only.
<u>III.</u>	Approval of Minutes	MOTION: APPROVAL OF MINUTES FOR OCTOBER 13, 2016	Commissioner Champommier entertained a motion to approve the meeting minutes for
		MOTION: APPROVAL OF MINUTES FOR NOVEMBER 10, 2016	(October 13, 2016). The motion was seconded by Commissioner Dowling, all in favor.
			Due to a lack of quorum, the approval of minutes for November 10, 2016, was postponed by Commission Chair Bholat, until the next regularly scheduled meeting.
<u>IV.</u>	Public Health	Cynthia Harding, Interim Director Department of Public Health (DPH), provided	
	<u>Report</u>	the Commission with the Public Health Report and discussed PH activities.	

MINOTES				
		Ms. Harding informed the Commission about the work around the landfills odor nuisances and the work on Sunshine Canyon. She stated Sunshine Canyon is one with the most severe problem with numerous complaints by constituents. The Department Regional Planning (DRP) is the lead on the landfills problem.		
		Chiquita Canyon Landfill and Scholl Canyon Landfill		
		The Board directed the Departments of Public Works (DPW), DPH and DRP, to review all conditions of approval and enforcement tools to eliminate landfill odors migrating beyond the property boundary and impacting the surrounding communities, report back to the Board on its findings and recommendations, and investigate odor and traffic for the Scholl Canyon Landfill.		
		Sunshine Canyon Landfill		
		DPH, DPW, and DRP were instructed by the Board to investigate actions to address the ongoing odor nuisance problems at the Sunshine Canyon Landfill, and identify any and all conditions of the approval and enforcement tools to eliminate landfill odors migrating beyond the property boundary, and impacting the surrounding communities.		
		Ms. Harding stated DPH, DMH and DHS met with the Board to discuss the impact of homelessness and the need for additional resources for the County to comprehensively and effectively address homeless issues, provide the right complemented services, and help/prevent people from becoming homeless.		
	V. Presentation: SAPC - Independent Practice Associations and Health Plans in LAC			
		Expansion of Substance SUD Services under ACA		
		 Launch New SUD System: July 2017 - Transform LAC's SUD system of care and launch single benefit package for eligible beneficiaries that includes new DMC benefits 		

- July 2016 My Health LA SUD Expansion; SUD treatment services available to individuals eligible for My Health LA (except OTP/MAT)
- May 2016 Medi-Cal eligibility expansion; Children under 19 are eligible for full-scope Medi-Cal regardless of immigration status
- Medi-Cal eligibility expansion New beneficiaries now include single adults without children with income up to 138% Federal Poverty Level

Waivers - Section 1115 of the Social Security Act

- Permits states to waive certain federal Medicaid program requirements or obtain federal matching funds for services otherwise not permitted under Medicaid to test innovative approaches to care and improve health outcomes for Medicaid beneficiaries, and low income individuals:
 - Increase and strengthen coverage
 - o Increase access to stabilize and strengthen Medicaid providers
 - Improve health outcomes
 - Increase efficiently and quality of care through incentives to transform service delivery networks

START-ODS Systems Transformation to Advance Recovery and Treatment

Participation in California's Medi-Cal 2020 Waiver is the greatest opportunity in recent history to design and implement a SUD system of care that has the financial and clinical resources to fully address the complex needs of all patients.

Los Angeles County Implementation Timeline

Obtain Board approval on implementation plan and rates, and execute new State/County contract – March 2017:

- March 2016 Launched stakeholder process to obtain input on new system of Care Redesign
- July 2016 DHCS/CMS approved the DMC-ODS implementation plan
- By July 2017 Launch waiver and new benefit package

DMC Reimbursable Services Expand

The Waiver expands DMC reimbursable services to create a fuller continuum of care:

New DMC-SUD System

- Outpatient, intensive outpatient, residential (All populations)
- Opioid treatment program, additional medication assisted treatment, withdrawal management and individual sessions
- o Group sessions, family therapy, recovery support services

Increasing Beneficiary Awareness through Outreach

New SUD Benefits—beneficiary and provider outreach:

- Collaborate with L.A. Care and Health Net to place messages in both member/provider newsletters to explain new benefits, and materials
- Collaborate with CCALAC and Health Care LA (IPA) to increase provider awareness of new benefits and referrals

Enhanced Integration of Care and Care Coordination – SUD System

Dr. Connolly informed the Commission that moving from an acute care to chronic care service model, and an emphasis on impacting overall health outcomes and decreasing overall health costs, necessitates improved integration of services and care coordination - New SUD System:

- 24-hour/365 day toll-free line operated by L.A. Care on behalf of SAPC
- Case-management services funded by DMC at an increased rate to support improved connections, especially with physical/mental health
- Formal care coordination procedures with managed care plans
- Improved collaboration and coordination among DHS, DMH, and DPH

New Beneficiary Access Line Operated By L.A. CARE

Track connections in identifying treatment needs and helping beneficiaries connect with services:

- Operate 24 hours per day, 365 days per year
- System enhancements to refer patients to the appropriate provider for full assessment
- Identify providers with specific cultural, linguistic and developmental expertise

Case-Management and Care Coordination Services for Treatment Patients

Case-management benefit:

· Ensure integrated and coordinated care

		Available to all patients receiving treatment services in a DMC funded level of care Care coordination responsibilities of the County SUD agency and the managed care health plans Medication-Assisted Treatments (MAT) MAT is the use of pharmacological interventions, in combination with counseling and behavioral therapies: Provide a comprehensive and whole-person approach to SUD treatment Mat & Psychosocial Interventions Dr. Connolly stated that research has consistently demonstrated that when treating SUDs, a combination of medication and behavioral therapies is more effective than either intervention alone:	
<u>VI.</u>	PUBLIC COMMENT	Ms. Lolita Namocatcat of the Asian Pacific Counseling and Treatment Center commented on homelessness issues. She provided the Commission with information from the homeless people.	
VII.	<u>ADJOURMENT</u>	The meeting adjourned at approximately at 11:45 a.m.	