

**COUNTY OF LOS ANGELES  
PUBLIC HEALTH COMMISSION  
MARCH 10, 2016  
MINUTES**

**APPROVED**

**4/14/16**

**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**

<b>TOPIC</b>	<b>DISCUSSION/FINDINGS</b>	<b>RECOMMENDATION/ACTION/ FOLLOW-UP</b>
<b><u>I. Call to Order</u></b>	<i>The meeting was called to order at approximately 10:35 a.m. by Commissioner Bholat at the Central Public Health Library.</i>	<i>Information only.</i>
<b><u>II. Announcements and Introductions</u></b>	<i>Introduction of Commissioners and guests were conducted.</i>	<i>Information only.</i>
<b><u>III. Approval of Minutes</u></b>	<p><b>MOTION: APPROVAL OF THE APRIL 9, 2015 MINUTES</b></p> <p><b>MOTION: APPROVAL OF THE MAY 14, 2015 MINUTES</b></p> <p><b>MOTION: APPROVAL OF THE JUNE 4, 2015 SPECIAL MEETING MINUTES</b></p> <p><b>MOTION: APPROVAL OF THE JUNE 11, 2015 MINUTES</b></p> <p><b>MOTION: APPROVAL OF THE FEBRUARY 11, 2016 MINUTES</b></p>	<i>Commissioner Bholat entertained a motion from Commissioner Champommier to approve meeting minutes for (April 9, 2015, May 14, 2015, June 4, 2015, June 11 2015, and February 11, 2016). The motion was seconded by Commissioner Dowling and carried unanimously.</i>

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<p><b><u>IV. Public Health Report</u></b></p>	<p><i>Cynthia Harding provided the Commission with a Public Health (PH) Report and discussed public health activities since the last report on February 11, 2016.</i></p> <p>Ms. Harding provided the Commission with information on two Environmental Health (EH) issues: DPH's involvement regarding the Exide Battery Recycling in Vernon, and the Porter Ranch Aliso Canyon gas leak.</p> <p><b>Status Report on Issues Related to Exide</b></p> <p>Ms. Harding informed the Commission that the Department of Public Health (DPH) was directed by the Board of Supervisors (Board) to submit a monthly report on the status related to Exide. She indicated DPH has twelve sampling teams of three staff each that perform sampling out on the field. DPH completed 500 homes in less than two weeks by sampling 45 to 50 homes a day in the community:</p> <ul style="list-style-type: none"> <li>• Day one – soil sampling</li> <li>• Day two – provide/explain results</li> <li>• Link people to community services</li> </ul> <p>Ms. Harding stated in January 2016, DPH and members of the Board traveled to Sacramento to meet with members of the committee that oversee toxic substances. She stated that the Department of Toxic Substances Control (DTSC) is involved in traditional soil sampling methods to detect levels of contamination. Ms. Harding indicated DPH will be launching a campaign to educate the health care community in the area about potential higher risk conditions, launch an initiative for people to enroll into health insurance, and figure out path ways to health care for people at Exide. She stated that as part of the PH link activities, DPH will be hosting two health fairs in the community/LA area:</p> <ul style="list-style-type: none"> <li>• Work with school districts on screening for behavioral issues and other services needed</li> <li>• Ensure resources go out to the Exide community</li> <li>• Work with DTSC on the urgency for the Exide community</li> <li>• DPH will continue monitoring the progress at Exide</li> </ul>	

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	<p><b>Food Facility Grading System</b></p> <p>Ms. Harding provided the Commission with an update on the Food Facility Grading System. She indicated DPH continues to work to improve the way in which restaurant grades are assigned. Ms. Harding stated DPH is making considerable progress.</p> <p><b>Status Report on the Aliso Canyon Gas Leak and Its Impact on Porter Ranch Community</b></p> <p>Ms. Harding provided the Commission with an update related to the Aliso Canyon Gas Leak. She stated DPH continues to receive questions regarding the indoor air testing, symptoms people are having related to the gas leak, and oily residue. She provided the Commission with an update on following areas DPH currently working on:</p> <ol style="list-style-type: none"> <li>1. Monitoring the outdoor air/Inspecting the indoor air</li> <li>2. Monitoring Odors and Health Symptoms: <ul style="list-style-type: none"> <li>o DPH watched a door-to-door health survey in the community called Community Assessment for Public Health Emergency Response (CASPER). CASPER is an epidemiologic health assessment tool designed by the Centers for Disease Control and Prevention (CDC), to rapidly collect household-based health information.</li> </ul> </li> <li>3. Recurrence of Oily Residue <ul style="list-style-type: none"> <li>o DPH received complaints from residents related to the oily residue inside their homes. DPH advised residents to immediately report the presence of oily residue to the Southern California Gas (SoCalGas) company. DPH issued directives to SoCalGas to immediately investigate and clean the oil residue inside the homes.</li> </ul> </li> <li>4. Indoor Air Quality Concerns: <ul style="list-style-type: none"> <li>o DPH advised returning residents to air their home for at least two hours before re-occupancy.</li> </ul> </li> </ol>	

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	<p><b>Aliso Canyon Storage Facility Gas Leak Weekly Update</b></p> <p>Ms. Harding indicated DPH will continue to post weekly reports related to symptoms on the Alison Canyon community. She stated DPH staff will continue to testify at meetings and other areas in the community.</p>	
<p><b><u>V. Presentation: DPH and Homelessness in Los Angeles County</u></b></p>	<p>Stephanie Caldwell, Chief of Staff for the Department of Public Health (DPH) provided the Commission with an update on DPH and Homelessness in Los Angeles County.</p> <p><b>Homelessness In Los Angeles County (LAC)</b></p> <p>Ms. Caldwell provided the Commission with a breakdown of information related to homelessness:</p> <ul style="list-style-type: none"> <li>• Bucket #1 - Priority initiative across all County Departments and DPH engagement</li> <li>• Bucket #2 – Strategic priority areas for the Health Agency <ul style="list-style-type: none"> <li>○ Identify better ways to work collaborative and more effectively towards homeless population</li> </ul> </li> <li>• Bucket #3 – Internal DPH and homeless population</li> </ul> <p><b>Homelessness - The Scope of the Crisis</b></p> <p>In January 2016, Los Angeles Homeless Service Authority (LAHSA), performed a new count in homelessness (results pending):</p> <ul style="list-style-type: none"> <li>• Over 41,000 homeless men, women, and children on any given night in LAC - Data from LAHSA</li> <li>• Significant increase as of 2015</li> <li>• 12 percent increase in total homeless residents in LAC since 2013</li> <li>• 85 percent increase in tents, vehicles, makeshift dwellings</li> <li>• Major homelessness crisis approaching every neighborhood across LAC - (Website information: <a href="http://www.lahsa.org/">http://www.lahsa.org/</a>)</li> </ul>	

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	<p><b>Bucket #1 - The County Response to Homelessness</b></p> <p>Winter shelters were typically open for overnight stays however, with the Board's directive shelters are now open 24 hours a day:</p> <ul style="list-style-type: none"> <li>• Fall of 2015 - The Board pledged \$101 million dollars to address the homeless population</li> <li>• Plans to invest additional funds and provide better coordinated services for the homeless population</li> <li>• County Departments to ensure winter shelters open six weeks early</li> <li>• Prevent/mitigate preventable disasters in homeless population due to El Nino storms</li> <li>• Chief Executive Office (CEO) - Homeless Initiative (HI): <ul style="list-style-type: none"> <li>○ Primary goal – Develop coordinated recommended County strategies to effectively combat homelessness</li> <li>○ 18 policy summits from Oct-Dec 2016</li> <li>○ The Board unanimously approved 47 Recommended Strategies to Combat Homelessness</li> </ul> </li> </ul> <p><b>CEO Homeless Initiative: Key Areas</b></p> <p>6 Key Areas - CEO's major report with all recommended strategies fall into 6 key areas:</p> <ul style="list-style-type: none"> <li>• Prevent Homelessness</li> <li>• Subsidize housing Costs</li> <li>• Increase Income: <ul style="list-style-type: none"> <li>○ Job training and job access among homeless population</li> </ul> </li> <li>• Provide Case Management Services to homeless individuals</li> <li>• Create a coordinated system</li> <li>• Increase Affordable/Homeless Housing for the homeless population</li> </ul> <p><b>CEO Homeless Initiative: Phase 1 (P1) Strategies</b></p> <p>Phase 1 strategies to be implemented by June 2016:</p> <ul style="list-style-type: none"> <li>• 12 strategies identified as P1</li> </ul>	

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	<ul style="list-style-type: none"> <li>• DPH collaborator on 6 P1 strategies</li> <li>• Phase 2 –Implement by December 2016</li> <li>• Phase 3 – Implement by 2017</li> </ul> <p><b>Bucket #2 - Health Agency Strategic Priorities (8)</b></p> <ul style="list-style-type: none"> <li>• Consumer Access to and Experience with Clinical Services</li> <li>• Housing and Supportive Services for Homeless Consumers:               <ul style="list-style-type: none"> <li>◦ Workgroup lead by DHS' Housing for Health Director</li> </ul> </li> <li>• Overcrowding of Emergency Departments by Individuals in Psychiatric Crisis</li> <li>• Access to Culturally and Linguistically Competent Programs and Services</li> <li>• Diversion of Corrections-Involved Individuals to Community-Based Programs and Services</li> <li>• Implementation of the Expanded Substance Use Disorder Benefit</li> <li>• Vulnerable Children and Transitional Age Youth</li> <li>• Chronic Disease and Injury Prevention</li> </ul> <p>Ms. Caldwell informed the Commission that DHS and DMH both have housing teams/divisions that manage properties/apartment buildings for homeless individuals. DPH does not manage housing units, DPH may get vouchers for housing assistance for people living with TB or HIV, and currently receive treatment through DPH.</p> <p><b>Housing and Supportive Services for Homeless Consumers – Strategic Priority #2</b></p> <p>Develop a consistent method for identifying and engaging homeless clients, and those at risk for homelessness across the three Departments:</p> <ul style="list-style-type: none"> <li>• Link them with integrated health services and housing</li> <li>• Provide ongoing community and other supports required for recovery</li> </ul>	

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	<p>Ms. Caldwell indicated the best way to address homelessness is by housing individuals, and provide them with supportive services.</p> <p><b>Housing and Supportive Services for Homeless Consumers – Key Goals</b></p> <ul style="list-style-type: none"> <li>• Reduce/eliminate eligibility barriers and share departmental resources</li> <li>• Develop an accurate way to identify priority homeless clients</li> <li>• Expand multidisciplinary street engagement teams with the express goal of securing interim and permanent housing</li> <li>• Develop and open a range of “bridge” residential services that provide low-barrier, welcoming programs: <ul style="list-style-type: none"> <li>○ Individuals in need of transitioning</li> <li>○ Into homelessness/away from chronic homelessness</li> </ul> </li> <li>• Maintain a real-time inventory of available residential slots, funded and usable by all three departments</li> </ul> <p><b>Expand Multidisciplinary Street Engagement Teams</b></p> <ul style="list-style-type: none"> <li>• City + County + Community (C3)</li> <li>• Large scale street engagement effort 4 quadrants of Skid Row area: <ul style="list-style-type: none"> <li>○ Each quadrant has a team of staff <ul style="list-style-type: none"> <li>- Go out every day (5 days a week)</li> <li>- Engage community members on the street</li> </ul> </li> </ul> </li> <li>• Engage → Assist → House: <ul style="list-style-type: none"> <li>○ Engage community members and assist with housing</li> </ul> </li> <li>• Teams deployed daily with 1 Nurse: <ul style="list-style-type: none"> <li>○ One DPH Nurse in one quadrant</li> <li>○ Three full-time Nurses from DHS</li> </ul> </li> <li>• 3 Outreach Workers: <ul style="list-style-type: none"> <li>○ One volunteer from LAHSA</li> <li>○ Two volunteers from Americorps</li> </ul> </li> <li>• 1 Substance Abuse Counselor for each team</li> <li>• 1 DMH Mental Health Specialist for each team</li> </ul>	<p><i>Commissioner Bholat asked how often are C3 reports submitted to the Board, can the PH Commission access these reports, and can C3 present at the PHC meeting.</i></p> <p><i>Ms. Caldwell provided the Commission with a response on the C3 reports. A follow up presentation will be provided to the Commission.</i></p>

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	<ul style="list-style-type: none"> <li>• As of 2/16 – 35 people have been assigned permanent housing</li> </ul> <p>Ms. Caldwell stated DHS' Housing for Health is the lead for the entire C3 movement.</p> <p><b>Inventory of Available Residential Slots</b></p> <p>Both DMH and DHS manage and operate permanent supportive housing/ interim supportive housing:</p> <ul style="list-style-type: none"> <li>• Jan 2016 - Compiled an inventory of all non-hospital based beds</li> <li>• More than 8,700 residential slots identified in all three Departments               <ul style="list-style-type: none"> <li>○ Figures for HIV and TB are included in the count                   <ul style="list-style-type: none"> <li>- Post-acute/high intensity</li> <li>- Shorter-term bridge</li> <li>- Longer-term bridge</li> <li>- Permanent</li> </ul> </li> </ul> </li> <li>• DPH provided data from SAPC, DHSP and TB (1750+ beds)</li> <li>• DPH beds open to all County residents (housed or homeless)               <ul style="list-style-type: none"> <li>○ DHS/DMH beds are geared directly to homeless population</li> </ul> </li> <li>• Coming focus on no wrong door access to available placement options</li> </ul> <p><b>Progress on Other Goals</b></p> <p>Departments submitted critical barriers in trying to get access to housing:</p> <ul style="list-style-type: none"> <li>• Reduction/Elimination of Barriers               <ul style="list-style-type: none"> <li>○ Workgroup submitted 3-5 critical barriers to solve for better integrated services</li> </ul> </li> <li>• Develop a range of “bridge” housing:               <ul style="list-style-type: none"> <li>○ All collaborating on opening the first County-led Sobering Center – DHS/SAPC work closely to open a sobering center</li> </ul> </li> <li>• DHS opened MLK Recuperative Care Center on January 4               <ul style="list-style-type: none"> <li>○ Rooms available for people being discharged from the Hospital</li> <li>○ On-site Nurses to monitor people as they recuperate</li> </ul> </li> <li>• Identification of priority homeless clients (More to come)!</li> </ul>	<p>Commissioner Dowling asked the dollar amount for rent vouchers provided through DPH.</p> <p>Ms. Caldwell provided the Commission with a response regarding the dollar amount for rent vouchers. She stated vouchers are provided to homeless individuals during Latent Tuberculosis Infection (LTBI) treatment. Approximately 79 homeless individuals were provided rent vouchers for motels/hotels, at \$30 per night.</p>



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	<p><b>Bucket #3 - DPH Strategic Work on Homelessness</b></p> <p>DPH works strategically on homelessness by working around high level policy issues, finding problems, and figuring solutions and protocols:</p> <ul style="list-style-type: none"> <li>• CEO's Initiative Implementation Group: <ul style="list-style-type: none"> <li>○ Chief of Staff and Deputy Director, Health Promotion Bureau</li> </ul> </li> <li>• Health Agency Strategic Priority Workgroup: <ul style="list-style-type: none"> <li>○ Community Health Services (CHS) Area Health Officer</li> <li>○ Substance Abuse Prevention and Control (SAPC) <ul style="list-style-type: none"> <li>- Homeless point person</li> </ul> </li> <li>○ DPH Chief of Staff – (Special Projects Team)</li> </ul> </li> <li>• Internal DPH Homeless Coordination: <ul style="list-style-type: none"> <li>○ DPH Homeless Workgroup – Under DPH's Chief of Staff <ul style="list-style-type: none"> <li>- DPH staff currently serving homeless on the field</li> </ul> </li> <li>○ DPH Vulnerable Populations Specialist</li> </ul> </li> </ul> <p><b>DPH Field Work on Homelessness</b></p> <p>Multi-disciplinary teams work out of Union Rescue Mission at skid row:</p> <ul style="list-style-type: none"> <li>• Extended Winter Shelters - Environmental Health, CHS, and Emergency Preparedness &amp; Response Programs: <ul style="list-style-type: none"> <li>○ EH performs inspections to clear potential shelter sites to be used as shelters</li> <li>○ CHS and EPRP work on camping issues as needed</li> </ul> </li> <li>• C3 street-based outreach - CHS and SAPC: <ul style="list-style-type: none"> <li>○ Public parks, Streets, Stations, Skid Row</li> </ul> </li> <li>• Ongoing: Clinical preventive services at PH Centers, TB control efforts, SUD treatment services, Skid Row Assessment Team, AD-hoc encampment outreaches (McArthur Park, Spring St.), Health &amp; Safety Code complaint investigations: <ul style="list-style-type: none"> <li>○ DPH Nurse <ul style="list-style-type: none"> <li>- Provide health assessment and referrals to recently homeless families or have been homeless with children</li> </ul> </li> <li>○ 177 families were assessed in year 2015</li> </ul> </li> </ul>	

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	<p><b>Update on the Tuberculosis (TB) Outbreak</b></p> <ul style="list-style-type: none"> <li>• CHS, TB Control, and community partners continue to work collaboratively to implement TB screening and other services to the homeless population living and/or staying in the Skid Row area:               <ul style="list-style-type: none"> <li>○ Work on all screenings and assessments</li> <li>○ Provide services for people living in Skid Row</li> </ul> </li> <li>• Short course therapy:               <ul style="list-style-type: none"> <li>○ A 12-week long therapy versus the traditional 6 to 9 month treatment                   <ul style="list-style-type: none"> <li>- A better solution for people to follow up</li> <li>- A better chance for completing the entire course</li> </ul> </li> </ul> </li> <li>• In 2015, a total of 79 homeless patients were enrolled in Latent TB Infection treatment:               <ul style="list-style-type: none"> <li>○ 52 completed the TB infection treatment</li> </ul> </li> </ul> <p><b>3 Major Discussion Areas</b></p> <p>A previous presentation was provided to the Commission on this topic:</p> <ul style="list-style-type: none"> <li>• Unaffordable housing, Housing instability, and Quality housing</li> </ul> <p><b>Affordable Housing</b></p> <p>An affordable housing steering committee was created by the Board - (Two members actively working on land use for affordable housing):</p> <ul style="list-style-type: none"> <li>• DPH representatives participating in the Countywide response to BOS motion of October 2015               <ul style="list-style-type: none"> <li>○ Members of the Affordable Housing Coordinating Committee</li> <li>○ Providing input for Affordable Housing “Outcomes Report” that will include an affordable housing gap analysis</li> </ul> </li> <li>• \$100 million per year on affordable housing               <ul style="list-style-type: none"> <li>○ (\$20 million in 2016, then ramping up yearly)</li> <li>○ Address gap of 500,000+ units</li> </ul> </li> </ul>	

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<b><u>VI.</u></b> <b><u>New Business</u></b>	<p>The election of New PHC Officers to be discussed at the next PHC meeting.</p> <ul style="list-style-type: none"> <li>- Election/Nomination of Officers</li> <li>- Presentation of Certificate of Appreciation to Commission Chair Crawford by incoming Chair Shindy</li> </ul>	<i>The election of new PHC Officers was postponed to the next PHC Meeting of April 14, 2016 when Chairperson Crawford, and Vice-Chairperson Shindy are present.</i>
<b><u>VII.</u></b> <b><u>Adjournment</u></b>	<p>The meeting adjourned at approximately at 12:05 p.m.</p>	