COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
May 11, 2017
MINUTES

APPROVED
10/12/17

COMMISSIONERS
Patrick Dowling, M.D., M.P.H., Chairperson*
Jean G. Champommier, Ph.D., Vice-Chair *
Crystal D. Crawford, J.D.*

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVE

Dr. Jeffrey Gunzenhauser, Medical Director**

Sara Guizar, Secretary*
Public Health Commission

PUBLIC HEALTH COMMISSION ADVISORS
Cynthia Harding, Chief Deputy Director**
Heather Northover, Acting Chief of Staff*

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

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
I. Call to Order	*The meeting was called to order at 11:05 a.m. by Chairperson Dowling, at Children's Medical Services Program: 9320 Telstar Avenue, El Monte California.*	*Information only.*
II. Announcements and Introductions	*Introduction of Commissioners and guests were conducted.*	*Information only.*
III. Approval of Minutes	***MOTION: APPROVAL OF MINUTES FOR APRIL 13, 2017***	*Commissioner Crawford entertained a motion to approve the meeting minutes for April 13, 2017. The motion was seconded by Vice-Chair Champommier, all in favor.*
IV. Public Health Report	Ms. Heather Northover provided the Commission with the Public Health Report and discussed Public Health (PH) activities. **NEWS RELEASE – REPORT ON UNINSURED IN LAC, AND LAHEALTH – RECENT TRENDS IN HEALTH INSURANCE COVERAGE**	

	Ms. Northover provided the Commission with information on the number of uninsured in Los Angeles County (LAC) and the Recent Trends in Health Insurance Coverage. She stated based on LAC survey data, the reports highlight the number of uninsured individuals throughout LAC, and how it has dramatically declined due to the Affordable Care Act (ACA). She stated health insurance has declined from 28.5% in 2011 to 11.7% in 2015, with a slight declined among children under 18 years of age. Ms. Northover also stated that large disparities in uninsured persist in LAC. **INFORMATION AND LOCAL PREVENTION EFFORTS ON UNINTENTIONAL CHILDHOOD INJURIES AND DEATHS** DPH was instructed by the Board of Supervisors (Board), to report back on information and local efforts related to unintentionally childhood injuries and deaths in LAC, and to provide recommendations on possible activities in coordination to increase public awareness about highly preventable injuries. Ms. Northover stated injuries are the leading cause of death among children ages 1-18, and Sudden Infant Death Syndrome is a major cause of death among children under the age of one (1). The report provides information about current data, a proposed plan for enhancing coordination of child safety awareness, and current efforts throughout LAC and non-County. **HEALTHY DESIGN WORKGROUP (HDW) ACTIVITIES AND 2017 WORKPLAN** Ms. Northover stated DPH was instructed by the Board to report back annually on the HDW activities. She stated the activities are design to increase levels of physical activities and access to health foods to LAC unincorporated areas. The report summarizes accomplishments in 2016, and work plan activities for 2017. Ms. Northover also informed the Commission about the development of a tree planting model focusing on youth. She stated the Tree Committee developed a community-focused, youth engagement model of tree planting, community education, and youth development initiative for unincorporated communities. Studies showed positive effects in trees and urban environments.	

	QUARTERLY REPORT OF EXTENSION PERIOD: MULTI-DEPARTMENTAL MEDI-CAL OUTREACH AND ENROLLMENT GRANT DPH in conjunction with other County departments were instructed by the Board to provide quarterly updates on the Multi-Departmental Medi-Cal Outreach and Enrollment Grant. Ms. Northover stated the collaboration continues to encourage residents of LAC to enroll in and utilize health insurance. She stated that the report highlights concerns among clients regarding the future of the American Care Act and immigration status. **SUNSHINE CANYON LANDFILL** DPH along with other County departments were directed by the Board to investigate actions and address the ongoing odor nuisance problems impacting the communities surrounding the Sunshine Canyon Landfill (Landfill). DPH continues to work with Environmental Health on efforts to work with the operators at the Landfill. **NOTIFICATION TO HEALTH DEPUTIES** Ms. Northover stated that the Centers for Disease Control and Prevention (CDC) informed DPH and other local grantees that it will conclude its funding for the Zika Birth Defects Surveillance. She stated DPH expects it will be able to continue funding some activities, as well as some surveillance monitoring and referrals as necessary. Ms. Northover informed the Commission about the mosquito season, and expressed the importance of notifying patients about standing water and the use of bug spray. Commission Chair Dowling thanked Ms. Northover for the PH report.	
V. Presentation: Update on Children's Medical Services	Dr. Anna Long, Director of Children's Medical Services (CMS), and Dr. Edward Bloch, Medical Director CMS, provided the Commission with an overview of the CMS program. **CHILDREN'S MEDICAL SERVICES (CMS)** Dr. Long informed the Commission about the programs CMS offers: • California Children's Services (CSS)	

- Serves over 70,000 children/youth annually
- Processes 125,000 authorizations and claims annually for surgeries/medication

- Medial Therapy Program (MPT) – Serves 5,000 children in LAC
  - Provides Occupational and Physical Therapy
- Child Health and Disability Program (CHDP)
- Health Care Program for Children in Foster Care (HCPCFC)
  - Provides case management and oversight coordination for about 20,000 children in foster care

CMS's ORGANIZATIONAL STRUCTURE

Dr. Long stated that CMS's Deputy Director oversees the Administrative Support Unit, Operations, and Patient Financial Services. CMS serves about 40 sites in LAC, most through State programs:

- CMS nurses are in process of providing foster care access via ORCHID

CMS's FUNCTIONAL STRUCTURE/STAFFING

967 total staff:

- Physical and Occupational Therapists, Social Workers, Nutritionists, Dentists, Cardiologists, and Physicians

CALIFORNIA CHILDREN'S SERVICES (CCS)

Dr. Bloch stated CCS was established in 1935 by the Social Security Act, intended to protect children with special health care needs. Services provided by CCS are case management and authorizations for treatment and diagnostic benefits:

- Special diagnostic programs including high risk infant follow-up
- Medical therapy program, orthodontic program, and special projects
- Child Health and Disability Prevention (CHDP) Program
  - Early periodic screening diagnosis and treatment program
  - Health care program for children in foster care
  - Zika-related birth defects monitoring & infant pregnancy registry

CCS OVERVIEW

	Dr. Bloch informed the Commission that CCS provides the basis for eligibility for conditions that are chronic, catastrophic, physically disabling, etc. He stated LAC CCS is independently administered. State CCS remains responsible for: • Age, residential, financial, and medical eligibility criteria • Experts dedicated to care for heart disease, kidney transplants, & cancer • Approximately 90% of caseload has full-scope Medi-Cal coverage MEDICAL THERAPY PROGRAM (MTP) OVERVIEW Ms. Nora Liu of CMS informed the Commission that CCS program provides medical therapy at 22 different Medical Therapy Units (MTU's). Outpatient clinics are located at public schools by a team of 220 therapists who provide on-site direct care on a day-to-day basis: • CMS's Physical Therapists (PT) team addresses mobility aspects – Walking, access of wheelchair mobility, and specialized equipment • Occupational Therapists (OT)specialize in supporting activities for daily living, as well as self-help skills: – Assist patients to improve their ability to manage hygiene, dressing, and self-feeding Commission Chair Dowling expressed concern regarding Medicare eligibility for those children with special health care needs who are enrolled in CCS until the age of 21. CCS services are really Medi-Cal "Plus additional services" which results in a comprehensive benefit package. However, when the young adult turns 21, they lose the comprehensive Medi-Cal "Plus services" and are provided plain Medicaid (Medi-Cal). These patients tend to have multiple medical programs, including disability, and since Medi-Cal has such low physician payment rates many physicians do not participate. Low-income adult patients with similar problems and disability get Medi-Cal and Medicare, or "Medi-Medi" which together offers very good coverage. As a result, there is a higher percentage of participation by physicians. However, to be eligible for Medicare, one must have worked 16 quarters. Many of these 21 year olds were enrolled in CCS as an infant and never worked nor will they be able to work because of their disabilities. Given that they are shifted from an insurance package that offers substantial comprehensive services to plan Medi-Cal package which is very limited and may not serve their needs. It is unfortunate that there is not a federal-state partnership that could offer a comprehensive	

	package of services, beyond plain Medi-Cal. He stated that when this program began in 1935 it was not expected that these children would survive long enough to become adults. However, medical care has made spectacular progress over the last 80 + and it is time to re-visit the policy issue here. WHOLE CHILD MODEL Ms. Liu stated that the California Department of Health Services (CDHS) Systems of Care Division has planned the implementation of pilot projects for a CSS "Carve-In". She stated the purpose is to allow authorization of all medically necessary services beyond those allowed by law in CCS: • Includes approximately 20 small Northern Counties, as well as Orange County CASE MANAGEMENT REDESIGN Dr. Mary Doyle informed the Commission that the implementation of the Whole Child Model Program eligibility in LAC is defined by diverse medical diagnoses set by legislated regulations: • Authorizations for primary care related to the eligible condition • Full assessments of patient's needs by CMS Nurses/Nursing Care Plans • Coordinate care with the Medi-Cal Managed Care Plan • Assign kids with special health care needs to a medical home • CMS's program covers children until 21 years of age Dr. Doyle stated CMS currently works with Managed Care, Children's Hospitals, and other programs to expand their network of physicians willing to care for young children. CCS QUALITY IMPROVEMENT CMS stated that the Traditional Care Coordination Model applies to every child entering the CMS/CCS program: • Efficiencies are reviewed by a Rapid Eligibility Determination Team • Cases are sorted by complexity of need – same level of care management • Dedicated teams for certain populations: Palliative care; Therapy Unit Cases; Transition • Team of nurses care for children with complex/terminal conditions	

	ADDITIONAL CCS ROLES Dr. Doyle informed the Commission that CMS has partnered with the State System of Care Division for Partners for Children. CMS is also involved in quality management/access to care issues and responds to unmet needs. She stated regional models of care facilitate the development of a "Spoke and Hub" model linking tertiary care centers with subspecialists in community hospitals, clinics, and private practice settings. Commissioner Crawford asked about the whole model of care coordination versus medical diagnosis and type of conversations between CMS and communities. Dr. Doyle stated that bringing this issue to the legislators' attention would be helpful. To find set medical diagnosis' and definitions for the State and population of children that would be well served by the Medi-Cal Managed Care Model leaving the more complex children to Case Management experts. Commission Chair Dowling asked about parent advocate groups and their involvement with their child. Dr. Bloch stated parents are very much involved. Parent group advocacy is the best model for the children's needs. Commissioner Crawford informed CMS staff about a parent advocacy group in South Los Angeles specializing in student educational needs. **CHILD WELFARE PUBLIC HEALTH NURSE (CWPHN) PROGRAM OVERVIEW** Mr. Carlos Vega-Matos presented the Commission with an overview of the CWPHN program. He stated CWPHN will be launched in July 2017, in partnership with the Department of Children and Family Services (DCFS), Office of Child Protection. CMS services about 35,000 children involved in CWPHN system. CMS's primary role is to work with social workers who investigate reports of potential child abuse and neglect, particular focusing on medical neglect and how the health factors may affect the well-being and safety of the child. Nurses and social workers as a group investigate referrals for children	

	under the age of two (2). CMS also has medical hubs to further assess abused children. Commissioner Champommier asked about the requirement of PH nurses and social workers investigating these children as a group. Dr. Vega-Matos stated it is required for PH Nurses and Social Workers to investigate the children as a group. Social workers contact the PH Nurses to assess children under the foster care program. PH nurses housed at DCFS investigate children not under foster care program. Commissioner Champommier asked about the total number of medical hubs in LAC. Mr. Vega-Matos informed the Commission there are about seven (7) Medical Hubs in several areas of LAC. There are also nurses at probation juvenile courts to assess children in the Foster Care system. **CONSOLIDATION OF CWPHN PROGRAM** Mr. Vega-Matos informed the Commission that the CWPHN program is based on the DCFS Public Health Nursing (PHN) Program, Family Maintenance, and Medical Hubs. He stated DPH/CMS is in charge of the Health Care Program for Children in Foster Care. The Office of Child Protection was instructed by the Board to work with DCFS, DPH, Chief Executive Office, Unions and Stakeholders, to consolidate DCFS' PHN Program under DPH/CMS to build a PHN program that promotes/improves the child's well-being, health and safety. Commissioner Champommier asked about the PHN Program and the continuum of care for children in foster care. Mr. Vega-Matos stated CMS is currently working to create a specialized team of nurses that will handle the CCS portion of cases, and the needs of the children from beginning to end of the transition. **CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM** CHDP OVERVIEW	

Ms. Cheri Stabell informed the Commission that CHDP is a preventive program that delivers periodic health assessments and services to low-income children and youth, including those in foster care which are received by the Health Care Program for Children in Foster Care (HCPCFC). There are 2,293 CHDP health assessment providers; physicians, assistants and nurse practitioners:

- Located at 905 CHDP provider sites throughout LAC
- Provides services to clients (fee-for-service Medi-Cal and low-income)

CHILD HEATLH AND DISABILITY PREVENTION (CHDP) PROGRAM - DEMOGRAPHIC DATA (Gender and Age Group)

Ms. Stabell stated about 48 % of children in the CHDP Program are females and 52% are males. She also stated that 50% of children are under the age of one.

CHDP PROGRAM STATUS

CMS has seen a declining population for Fee-For-Service (FFS) Medi-Cal and uninsured clients due to the shift of FFS clients into Medi-Cal managed care plans. Regardless of immigration status, children under the age of 18 are eligible for Medi-Cal and are assigned to managed care. Responsibilities of the Medi-Cal managed care include: care coordination, education, and training.

REDEFINING CHDP

Ms. Stabell informed the Commission that CMS is considering redefining the CHDP Program by assisting foster care nurses with care coordination for clients:

- Provide Oral Provider training(s) to administer fluoride varnish
- Connect families to mental health and substance abuse services.

Dr. Bloch stated CMS also participated in the developmental of “Help Me Grow LA” to train providers on how to use validated developmental screening tools and assist with care coordination. Eligibility is only for residential.

OTHER PROGRAMS

ZIKA-RELATED BIRTH DEFECTS MONITORING REGISTRY

Craig Vincent-Jones informed the Commission that the LA Zika Infant and Pregnancy Registry (ZIPR,) was funded by CDC in August 2016. He stated

	CDC's intent is to focus on full birth defects and surveillance in LAC by creating a unique birth defects surveillance database system which will: • Be headed by an Epidemiologist and a Public Health Nurse • Be retrospective and prospective, active and passive case-finding • Work collaboratively with Maternal Child and Adolescent Health, Acute Communicable Disease and Control, and the California Department of Public Health DPH HUMAN TRAFFICKING (HT) – COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC) WORK GROUP Dr. Long stated the CSEC workgroup was established by DPH in 2013, for the interest in dealing with children that were sexually trafficked and exploited. CSEC is Co-chaired by CMS. CMS currently works towards the mission: • To prevent the spread of HT and CSEC • To identify people and populations who are at risk, impacted, and/or are survivors of HT • To enhance, strengthen, and build DPH capacity to serve and respond to their needs Commissioner Crawford asked if CMS was in collaboration with DHS and other Non-profit organizations. Dr. Long stated DPH is in collaboration with DHS and CMS staff are also involved. Commission Chair Dowling thanked CMS for the presentation.	
VI. ADJOURMENT	The meeting adjourned at approximately at 12:45 p.m.	