APPROVED

COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
May 12, 2022

COMMISSIONERS
Alina Dorian, Ph.D.**, Chairperson ***
Diego Rodrigues, LMFT, MA, **Vice-Chair** *
Crystal D. Crawford, J.D.*
Patrick T. Dowling, M.D., M.P.H.*
Kelly Colopy, M.P.P**

PUBLIC HEALTH COMMISSION ADVISORS
Christina Vane-Perez, Chief of Staff *
Dawna Treece, PH Commission Liaison*

Present **Excused ***Absent

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES
Dr. Barbara Ferrer, Director of Public Health **
Dr. Muntu Davis, Health Officer **
Megan McClaire, Chief Deputy Director

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/ FOLLOW-UP
I. Call to Order	*The meeting was called to order remotely at 10:33 a.m. by Chair Dorian*	*Information only.*
II. Announcements and Introductions	The Commissioners and DPH staff introduced themselves. May minutes	*Information only.* *Approved*
III. Public Health Report	Megan McClaire, Chief Deputy Director of Public Health Public Health hosted a site visit with Dr. Rochelle Walensky. She spent the week visiting with healthcare partners and community-based organizations. Dr. Walensky along with state and federal officials, visited the Ted Watkins vaccination POD with Supervisor Holly Mitchell and toured one of the many Student Wellbeing Centers. Dr. Walensky spoke highly of the leadership that Public Health provided in response to the COVID-19 pandemic and supports the public health efforts in LAC. Dr. Jose Montero, Director of the Center of State, Tribal, Local, and Territorial Support who has been brought in under Dr. Wilensky's leadership to advance some of the health equity commitment across the entire agency was also in attendance. DPH received a $26.2 million COVID-19 Health Disparities Grant or PARTNER. This will help to sustain and extend the CBO	

	investments, to provide contact tracing, outreach, and education support and vaccination outreach work. The grant also builds out DPH's Center for Health Equity and allows for furthering of systems for better and more equitable outcomes when we get to recovery and beyond the pandemic. Dr. Montero acknowledged that LAC in many ways led the county in fulfilling grant obligations because LAC had a team in place as well as a community-based funding infrastructure. Public Health celebrated National Nurses Week and over 1,200 nurses were recognized and appreciated for their service and contributions to residents of LAC. It has been a challenging two years that devasted so many and the nurses have been steadfast in their compassion, courage, and care of all our residents. We owe them a debt of gratitude for their service. We are in the middle of union bargaining with SEIU 7. SEIU had voted on Friday morning to strike if union negotiations did not go as planned. The CEO is leading those conversations and have gone through 4 days of negotiations. DPH has approximately 2,500 workforce members in the department that are represented by SEIU, in addition to 55,000 across the county. We are optimistic that things will end well. May is CalFresh Awareness Month. DPH is working with the Department of Social Services and with the CEO's office to highlight the partnerships that have been built as it relates to food security within this county. In addition, funding has been received through the American Rescue Plan through our Nutrition program. Market Match helps to increase the buying power for Calfresh and Medicaid food benefits and other grocery voucher programs. Market Match is an existing pre-pandemic program that can be expanded while working closely with the Chief Sustainability Office to establish a grocery voucher program, which was crucial given that food security was a huge issue during the pandemic. Through the American Rescue Plan, LAC has been able to sustain and continue those programs and even extend them in certain areas. LAC continues to see a steady increase in cases across the county. Public Health has been preparing for this considering that masking was no longer mandated at most settings. Masks are an important measure of protection and now that they are not a requirement, we foresee that there would be a case increase. We are reporting 3,407	

new cases and nine deaths and continuing to see a steady and slight increase in test positivity rates.

The BA.2 subvariant continues to be highly infectious and it's contributing to these case increases. There is an early alert signal that indicates a subvariant concern as well as tracking and outbreaks. We see workplace cases and outbreak responses needing to increase.

There is a steady increase in K-12 as well for the fifth consecutive week and an increase in school-associated outbreaks. Public Health will continue to message its residents. There is a change with low rates of booster uptake amongst residents. We also don't have approval for a wider scale third booster. So, DPH continues to urge its residents to boost if they are eligible, as well as working with schools to see what additional measures to put in place to support their work. The superintendents, principal,s and teachers have done a good job managing all the changes, given the increase.

One of the messaging challenges is among vaccination of children with the belief it's not urgent. Although they are more likely to have mild illness, there is a low increase of children that are experiencing long COVID. There are trends that showing increase in hospitalization among the pediatric group. LAC will continue to work with providers,parents, and CBOs.

CBO investments are critical and DPH is working with particular focus on the low uptake among Black and African American residents in LAC. Across all age groups, we are seeing stark inequities and lower vaccination rates.

Public health is in the process of budget planning and has provided a budget presentation in the past to the Commission. DPH has been fortunate that there has been COVID-19 funding to support our Covid response efforts. The state has dedicated some public health infrastructure funds and we hope to get a share that is appropriate to the population we serve. Additionally, there is a CDC grant that will be released on Friday, which could be of $158 million for multi-year support of COVID-19 response activities, with focus on data moderation and workforce development.

There has been some progress with vaccine hesitation due to investments in trusted messengers and working with community health workers. DPH has three community

	health worker outreach initiatives that are funding 14 CBOs. There are over 50 organizations that the Department of Health Services and Public Health are working with that are providing vaccine messaging to residents. There is also a separate faith-based initiative.. These strategies work but they don't always yield a large-scale number. Getting vaccinated is a health decision and where people are feeling challenged to take that step to even get the first dose requires some additional attention. There are no mandates around boosters and because those mandates don't exist outside of healthcare workers, that has created some delay in the uptake. DPH has had conversations with a panel that included African American men, vaccinated and unvaccinated, talking about what got them to make the choice and where there's been some resistance. This provided insight on how to be more nuanced in messaging. Again, that's where it's important that providers give accurate information and the resources to link people. For more information click on http://publichealth.lacounty.gov/media/Coronavirus/index.htm	
IV. Presentation:	**PRESENTATION OVERVIEW** Dr. Gary Tsai, Director of Substance Abuse Prevention and Control discussed CalAim and how it impacts the behavioral health system with respect to the specialty substance use system. One of the program's main foci is to improve access to care and expand service for people who need those services. There is a significant amount of growth and development required to achieve care integration, which is the goal of CalAIM and the goal the program has been working towards this ever since the Drug Medi-Cal waiver was implemented. According to SAMSA, 95% of people who need substance use treatment either don't want it or don't think they need it. There is only 5% that are engaging in the treatment system. The local penetration rate is at a higher percentage rate than nationally, but the vast majority of people who need services are not receiving them, which is a challenge. To increase access to substance use treatment is both an issue of supply and demand. For supply, the issue includes beds and on-demand treatment.	

	The messaging is important to better reach the 95%. There are different stages of change that moves a person from pre-contemplation to maintenance. The treatment system focuses on people who are at the action and maintenance phase of change and focuses on ways to reach those who are pre-contemplative or contemplative by focusing on prevention and engaging communities around prevention efforts. CalAIM is made of many different initiatives within a broader umbrella and seeks to transform Medi-Cal through a significant delivery system of programmatic and payment reform. One of the many components of CalAIM is behavioral health. The impact of CalAIM will ensure system enhancements for documentation reform to streamline requirements, improve access to care by modifying medical necessity and engagement, and provide engagement series that are reimbursable through Medi-Cal. To better integrate services, there is a focus on data exchange across mental health and substance use systems as well as across health and social service systems. The behavioral health continuum infrastructure program is state funded to expand capacity across the state. There is the Behavioral Health Quality Improvement Project that is funded by the state for counties to implement different priority components of CalAIM. The Contingency management pilot is an incentive-based substance use treatment services funded through Medi-Cal. Another component is around payment reform. This is significant because it moves away from cost-based reimbursement towards initial fee-for-service. CalAIM also focuses on administrative behavioral health integration. The hope is to standardize and simplify how Medi-Cal beneficiaries can access these specialty behavioral health services. The Behavioral Health Quality Improvement Program is an incentive or compliance program to support counties with some funding to implement what is needed to meet the requirements of CalAIM. It focuses on three main areas that includes making changes required to operationalize payment reform, which will require changes to the electronic health record and billing system. Next, implementing the various policy changes that would update documentation standards, which will also require updates to electronic health record system. Lastly, it supports data exchange. There have been discussions	

	between all the health departments and county council exploring how to leverage our local health information exchange and build a consent management platform that would be compliant with not only HIPAA but also with 42 CFR part 2, which is the confidentiality regulations that governs substance use information. Contingency management is an evidence-based approach to substance use treatment that uses incentives sometimes in the form of low denomination gift cards of $5, $10, or $20. It could also be non-financial like certain privileges, for example, passes to go out. However, there are federal restrictions related to what are called kickbacks, which are restrictions around using Medicaid for incentive payments. So, the state needs a waiver to have a contingency management pilot, which is set to begin this fall. DPH's Maternal, Child and Adolescent Health is pursuing Enhanced Case Management (ECM) and is in negotiations with the managed care plans. SAPC is also participating in community support because they are opening a sobering center at the MLK Behavioral Health Center. Strategies to improve system transformation through administrative reforms includes payment reform and admin integration. Specialty mental health and substance use systems uses a cost-based reimbursement, which will transition to fee-for-service then eventually transition to value-based services. Currently, providers are paid according to what their cost are, and the focus is on the cost of delivering services. Fee-for-service is where agencies are paid according to the services they deliver. By moving in this direction, the providers would be paid based off how many units of services were delivered. The Value-based reimbursement will take a couple of years to accomplish. Agencies are paid according to the overall care and quality metrics and benchmarks that are established. So, they are not being paid according to cost or services, but by outcomes. This will take time because of the finance risk for agencies and systems that are not familiar with value-based reimbursement. Behavioral Health integration means SAPC will align in certain strategic areas such as call center and electronic health record management while retaining some autonomy to grow the system.	

V. New Business		
VI. Unfinished Business		
VII. Public Comment		
VIII. Adjournment	***MOTION: ADJOURN THE MEETING*** *The PHC meeting adjourned at approximately 11:50 a.m.*	*Commission Dorian called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Crawford. All in favor.*