

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
March 9, 2023**

**COMMISSIONERS
REPRESENTATIVES**

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

DEPARTMENT OF PUBLIC HEALTH

Barbara Ferrer, Director of
Public Health *
Dr. Muntu Davis, County Health
Officer **

PUBLIC HEALTH COMMISSION ADVISORS

Christina Vane-Perez, Chief of Staff *
Dawna Treece, PH Commission Liaison*

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

TOPIC	ACTION/DISCUSSION/FINDINGS	RECOMMENDATION/ACTION/FOLLOW-UP
<u>I. Call to Order</u>	<i>The meeting was called to order remotely at 10:32 a.m. by Chair Rodrigues</i>	<i>Information only.</i>
<u>II. Announcements and Introductions</u>	The Commissioners and DPH staff introduced themselves. Action for February minutes with noted changes	<i>Information only.</i> <i>Approved</i>
<u>III. Public Health Report</u>	Dr. Barbara Ferrer, Director of Public Health Public Health acknowledges Women’s History Month and International Women’s Day. The department does a lot of work to advance the policies that address economic inequities, the right of education, reproductive rights, and violence and abuse against women. It’s important to acknowledge the role women have played and the need to be inclusive and to recognize all genders. There are three new members of the DPH Leadership Team: Dr. Nicole Quick was appointed as the Deputy Director for Health Protection Bureau. She will be over the Environmental Health and Emergency Preparedness programs. Dr. Rashmi Shetgiri was appointed as the new Chief Science Officer. She will oversee the Office of Health Assessment and Epidemiology,	<i>Department Update</i>

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	<p>Information Management and Analytics Office, Health Impact Evaluation, the Institutional Review Board, Public Health Library, and the Quality Improvement and Accreditation Team. Rachel Bonkovsky joined DPH as the manager for the Education Sector Unit within the Office of Planning, Integration, and Engagement.</p> <p>LAC data and metrics are all stable right now. Public Health is looking at trends, not necessarily numbers, because a lot of people are testing at home with over the counter test kits. Most of the people that are testing and reporting to DPH are those who are sick.</p> <p>There is still a lot of transmission, but the numbers are stable with no increases. As of right now, hospitalizations and deaths are not increasing.</p> <p>However, there is a new strain that is increasing, XBB.1.5. New strains are known to be more infectious. With a new strain that's capable of causing more infection, we are not seeing a huge spike in cases, no increases in hospitalizations, nor deaths. This could mean there is a lot of immunity in the population. LAC should not be complacent or fall into a false sense of security by the low numbers. The pandemic is not over. The mortality rate is still higher than the flu.</p> <p>COVID unlike other viruses, hits many different organs in the body and can last for long periods of time. Some people are experiencing long COVID. DPH is still trying to understand why some people experience it and some people don't. The CDC has released a risk profile for those that are more likely to experience long Covid. There is a lot of evidence that shows COVID can affect every organ in the body. County residents should try their best not to get infected because the long-term effects are still unknown, especially for people who the CDC has identified as high-risk with underlying health conditions, people who are unvaccinated, and older individuals.</p> <p>Although hospitals are not overwhelmed with COVID patients, they now must reconfigure their layout because on average</p>	

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	<p>there could be 30-40 people in the hospital for COVID. This was not an issue for bed allocation three years ago. As the state moves away from giving hospitals flexibility around space, some are seeing the long-term impacts of COVID. Now hospitals will need to keep a set number of beds for COVID patients.</p> <p>On May 11, 2023, the federal government will be lifting two emergency declarations. Access to free vaccines, tests, and therapeutics. There is a need to move some of the publicly funded services back into the private sector or the privately insured sector where possible, but not at the cost of increasing inequities and to who has access to these lifesaving tools.</p> <p>For more information on COVID relate issues and other public health info see DPH website at http://publichealth.lacounty.gov/</p>	<p><i>Send link of After-Action report to Commissioners</i></p>
<p><u>IV. Presentation:</u></p>	<p>Joshua Bobrowsky, Director of Government Affairs, discuss the federal budget</p> <p>A few notable changes have been identified in the federal budget, which includes: an increase of \$512 million, which is 79% increase above '23 enacted level for Title 10 Family Planning funding. \$471 million in investments in maternal mortality and morbidity and a proposal to require that states provide continuous Medicaid coverage postpartum for 12 months.</p> <p>State revenues are down substantially- over \$29 billion. The Governor’s January budget acknowledged that there was at least a \$22.5 billion shortfall. In February, the LAO, the independent analyst, shared their estimates that were less</p>	

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	<p>appealing, and stated there would be \$10 million lower in revenue.</p> <p>The budget included fixes that address shortfall, including funding delays, reductions, fund shifts, and trigger reductions. The Governor maintained the commitment for the Public Health Infrastructure funding.</p> <p>DPH will be funding a lot of initiatives and positions for the department as well as advocate with the CEO.</p> <p>71% must be used for personnel and other requirements around receiving funds, such as quality improvement, public health accreditation, and ensuring that jurisdictions are able to provide public health services.</p> <p>Reductions include the public health workforce development. This year the Governor proposed reducing about \$49 million of that funding over the next few years. It will impact several initiatives, including Public Health workforce, career ladder, education and development program, and the California Public Health Pathways Training program.</p> <p>Areas where the governor is maintaining funding includes funding for state-funded Medi-Cal expansion regardless of immigration status, maintaining the commitment to cover the uninsured. This will have an impact on the county of shifting payer source for folks who now will be covered by State Medicaid. Additionally, the budget includes investments to continue to transform Medi-Cal through CalAIM Initiative.</p> <p>Additional investments include overdose prevention activities. These are funded through state opioid settlement funds. This includes naloxone distribution, fentanyl program grants, and to make fentanyl test strips and naloxone more available.</p> <p>Delaying of a portion of the \$350 million in general funds for community health workers. This was finding allocated to recruit, train, and certify 25,000 new community health workers by 2025. The impacts the ability for DPH to expand CHW programs and</p>	

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	<p>would encourage additional flexibility to meet locale workforce needs.</p> <p>Areas where cuts occurred were the Climate and Health resilient planning grants. There was \$25 million last year proposed for climate and health resilient planning grants for local health department to work with community. This could be restored if there is sufficient general fund in 2024. The county took a position on this.</p> <p>The budget delays the last round of \$480 million in general funds for the Behavioral health Continuum Infrastructure Program.</p> <p>For Reproductive Health, the budget maintains the \$200 million to protect the right to safe and accessible reproductive healthcare, including grants for the uninsured and underinsured individuals, clinical infrastructure and scholarships and loan repayments.</p> <p>A couple additional investments include \$15 million of the general fund for grant programs through a federal demonstration waiver that focus on supporting access to family planning and related services, system transformation, capacity, and sustainability of the safety net.</p> <p>Assembly Bills:</p> <p>SB2 by Sen. Portantino relates to the concealed carry weapons licenses and making changes to California’s existing laws.</p> <p>AB51 by Bonta pertains to the universal early childcare education system. The State will try to expand universal coverage for early care. The challenge is it was being done through the kindergarten system, which already has challenges for all ECE providers who are not in that system. The Policy Roundtable is monitoring rate reform, looking at reimbursement rate and family fee waiver.</p>	

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	<p>AB67 by Muratsuchi relate to the Homeless Court Pilot Program, for DMH.</p> <p>SB43, by Sen. Eggman, on behavioral health, the county has a policy to support expanding the definition of “gravely disabled.” A motion was introduced by Supervisor Barger to support bills similar to SB43 that would expand the definition of “gravely disabled.” The language was modified to remove reference to SUD.</p> <p>In the federal budget, there was an increase to \$10.5 billion funding for the CDC, including the budget references, public health infrastructure, lab capacity, and data analysis capacity.</p> <p>The Biden administration proposed a new mandatory proposal to expand screening, texting, treatment, and prevention around Hepatitis C.</p> <p>The budget proposes a new Vaccine for Adult program to provide uninsured adults access to routine and outbreak vaccines at no cost. It expands the Vaccines for Children Program. It’s a significant resource as the resources for COVID vaccination efforts have sunset.</p> <p>The budget also proposes \$50 million for the Public Health Emergency fund. This will assist as new issues come up to expediate getting funding out. There are also investments in the HIV epidemic and expanding the PrEP for Medicaid beneficiaries.</p> <p>Public Health is also looking for increased investments for STIs that can transmit infection, and the SUD workforce to expand or make sure the initiative is in mental health or behavioral health that are more fully inclusive of the SUD workforce.</p> <p>Comments/Recommendations:</p> <p>Comm. Dorian –Regarding an After-Action report and acknowledging that workforce is a problem in terms of numbers, competencies, capacities, and flexibility. A big issue was with the</p>	

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	<p>turn of events, it was almost impossible to ramp up quickly especially if funding is not readily available. However, even with disaster readiness funds, organizations may not have the individuals to do the work. The organization received funding thru Pathways program to create the Public Health Reserve Corps. However, they were not able to continue because all the funding was COVID funding. Is it possible to consider a reserve corps, and other partners, on a county level?</p> <p>Joshua: Within our preparedness arena, Public Health has relied on training and working with the community in the CERT arena but not sure if this is like a public health reserve. Will need to look more into this. The Board is very supportive of DPH continuing to make use of Community Health workers who are important to reaching into communities.</p> <p>Comm. Colopy: During COVID there were a lot of work that everyone didn't know existed. There were positions that needed funding. What does ongoing funding look like? The City of Long Beach utilized everyone possible like Parks and Recs, fire, and lifeguards. What is the training look like? How to continue to engage and provide capacity so that staff know what to do when they jump into action, no matter the disaster. Should think about workforce funding and training. It was important to have EMS and paramedics as part of the core team to fill in where they were needed. We must think of how the protocol looks like moving forward legislatively while in conversation with the State to have things in place in case this comes up again. Would like to see some legislation that the Commissioners can support on protocols.</p> <p>Joshua: It's important to think about how to sustain that capacity not just for the next COVID, but for smaller scale events and look at the overall perspective on what was allowed during the pandemic and if they need to maintain or bring back a few things.</p> <p>Comm Rodrigues: In the community health workspace there have been advocates that oppose the delay in funding. Other</p>	

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	<p>departments are renewing and reimagining their community mental health workers and promotoras. Is there an opportunity for partnering and leveraging funding for immediate use? Any discussions with DMH and DHS?</p> <p>Joshua: There have been discussions about it. The departments are in similar positions. Looking at the funding streams available to continue these initiatives. There is work that is ongoing on discussing on how they can better utilize and looking at this more holistically.</p>	<p><i>Commissioners with review and discuss recommendation letter to the Board at next meeting</i></p>
<u>V.</u> <u>New Business</u>	<ul style="list-style-type: none"> • 2023 Action Plan <ul style="list-style-type: none"> - A motion to vote 	<p>All in favor to move forward with action plan with adjusted language.</p>
<u>VI.</u> <u>Unfinished Business</u>	<ul style="list-style-type: none"> • 2022 Annual Report 	<p>Will add annual goals that was previously discussed and Action plan. Draft will be sent to Commissioners for review.</p>
<u>VII.</u> <u>Public Comment</u>		
<u>VIII.</u> <u>Adjournment</u>	<p>MOTION: ADJOURN THE MEETING</p> <p><i>The PHC meeting adjourned at approximately 12:02 p.m.</i></p>	<p><i>Commissioner Rodrigues called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner</i></p>

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		<i>Crawford. All in favor.</i>