

**COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
August 10, 2023**

COMMISSIONERS

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 REPRESENTATIVES

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

PUBLIC HEALTH COMMISSION ADVISORS

Christina Vane-Perez, Chief of Staff *
 Dawna Treece, PH Commission Liaison**
 Katayoun Kashani, Government Affairs*

Present **Excused *Absent*

| TOPIC | | RECOMMENDATION /ACTION/ FOLLOW-UP |
|---|--|---|
| <u>I. Call to Order</u> | <i>The meeting was called to order at 10:33 a.m. by Chair Rodrigues</i> | <i>Information only.</i> |
| <u>II. Announcements and Introductions</u> | <p>The Commissioners and DPH staff introduced themselves.</p> <p>Action for July minutes</p> | <p><i>Information only.</i></p> <p><i>July minutes will be held until next meeting.</i></p> |
| <u>III. Public Health Report</u> | <p>Dr. Muntu Davis, County Health Officer</p> <p><u>Vaccinations</u></p> <p>Kids are going back to school, so we need everyone's help in instilling the importance of staying up to date on vaccinations. This helps families, grandparents, and larger school community stay free from vaccine preventable illnesses. On our website, ph.lacounty.gov, we have a school link readily accessible and from there you can find vaccination requirements and more information about common illnesses among school-aged children.</p> <p>Please also talk to your doctor about Flu, RSV, and other important vaccinations. We expect there will be multiple viruses circulating. CDC is expected to</p> | <p><i>Department Update</i></p> <p><i>Christina will work with Commissioner Dorian regarding Heart Heroes promotion for UCLA students.</i></p> <p><i>Recommendation from Commissioner Rodrigues for more specific messaging and promotion of activities to increase vaccinations, especially among school-aged youth.</i></p> |

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| | <p>announce Fall COVID-19 vaccination updates. Once approved, we will continue to work on community access to the updated vaccine and information related to updated guidance as we move into Fall and Winter.</p> <p><u>Monkeypox</u></p> <p>Monkeypox cases are down, but it has not gone away. As of Aug 3rd, we have 2,499 confirmed cases including Long Beach and Pasadena. The risk of Monkeypox remains low among the general population. We've been able to provide housing for those who need isolation and quarantine resources. We recommend full vaccination with two doses of the vaccine. You can request the vaccine without disclosing personal request. You can find vaccination resources at myturn.gov. LA County residents can call our public health call center at 833-540-0473 which is open 7 days a week 8am-8:30pm or you can visit our website ph.lacounty.gov/mpox.</p> <p><u>Heart Heroes</u></p> <p>During several meetings we've mentioned Heart Heroes 2023 campaign with the goal of training 500,000 LA County residents and workers by December 31, 2023. We have trainings continuing across LA County including entertainment venues, malls, churches, and other community sites. As of yesterday, over 151,000 residents and workers have been trained. We ask that you help promote this campaign by encouraging training. This puts skills in the community for more time to come. Having a robust group of trainers can help us get more people trained. You can visit our website and click on the Heart Heroes banner. You can request a training for your organization or reach out to Christina if you need more information.</p> | |

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| | <p><u>COVID-19</u></p> <p>We remain stable, but we've seen a small uptick in cases, and we will continue to monitor that. We report an average of 333 cases which is an increase from 224 from last week. Cases are an undercount due to the number of home tests being done that are not reported to Public Health. We reported an average of 1.7 deaths which was a small increase from the week before.</p> <p>These cases seem to be remnants of omicron strain which is why the latest vaccination has been effective. The latest projections from the state and CDC note that EG.5 is the dominant variant in the Southern California region. Vaccinations remain protective. Older adults may want to take extra precautions by making sure they're up to date on vaccinations, washing hands frequently, wearing a mask, and staying home when sick.</p> <p>We ask that you continue promoting safety precautions especially as many students and staff return to school. We will continue monitoring local conditions. We have rescinded our vaccine requirement for healthcare workers; however, they are still encouraged to remain up to date with their vaccines to help lower the spread to patients and healthcare workers. We will wait until CDC releases Fall vaccine recommendations before making any other updates or changes. Healthcare workers should continue wearing a mask when working with patients and providing healthcare services. Given where we are, this is something we may lift in the coming weeks. We'll continue monitoring conditions and if anything changes, we'll talk about any strategies that may need to change.</p> | |

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| <u>IV. Presentation:</u> | <p>Dr. Gary Tsai, Director, Substance Abuse and Prevention and Control Program</p> <p><i>Overdose Crisis Overdose Prevention Strategies in Los Angeles presentation</i></p> <p><u>Data</u></p> <p>We're in the middle of the worst overdose crisis both locally and nationally, as evidenced by data. Methamphetamine and Opioids contribute the most to drug overdoses in LA County. The meth numbers are very significant; important to focus on both Fentanyl as well as methamphetamine as it's a co-primary contributor to overdose deaths. We have the highest density of deaths in the Metro area of LA County. Overdose deaths are more prevalent among those aged 26-39, followed by those 40-64. Younger populations are impacted but to a lesser extent.</p> <p><u>Strategies</u></p> <p>Released a Fentanyl social media campaign recently. Amplified through social media, traditional media, and we'll be highlighting in a mass media campaign later this month.</p> <ol style="list-style-type: none"> 1. Establish widespread community awareness about the risk of fentanyl overdose 2. Increase substance use prevention programs 3. Expand the availability of harm reduction and overdose prevention services 4. Make SUD treatment more accessible <p>We have been leveraging influencers in ways we haven't before, this has helped us reach younger populations. We have partnerships with entities like Song for Charlie, a group led by parents of someone who overdosed from Fentanyl. We've also been</p> | <p><i>Need to do more work in creating a safe zone and decreasing stigma around mental health.</i></p> <p><i>Slides should say death rates.</i></p> <p><i>SAPC website is very user friendly, but under patient information would be helpful to include parent information.</i></p> <p><i>Huge gap in health education among middle school students. There is an appetite among schools for substance use prevention presentations for organizations, instead of just law enforcement.</i></p> |

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| | <p>engaging our neighborhoods through the SAPC Prevention provider network.</p> <p>We have made significantly more investments in positive youth development programming, DPH's Youth Ambassador program, and increased SAPC prevention provider network contracts by 40% from last year to this fiscal year. Over 500% increase in funding to support harm reduction expansion.</p> <p>About 95% of people nationally with substance use disorder are not receiving treatment. When you break down the number of people not receiving treatment, 97% are not receiving services because they feel they don't need it. This informs our work because we've been very clear our systems are designed not just for the 5% interested in services, but for the 95% that are not. We want to make our systems more accessible. This is what the R95 initiative is trying to address. Want to reduce the barriers to care; weaved into our payment reform approach. Under CalAIM, there is a focus on behavioral health payment reform. We put financial resources behind the SAPC payment reform rate structure. We want to incentivize agencies to reinvest and offer a continuum of care within their agency. One of the goals of payment reform is going from cost-based to fee-for-service to value-based reimbursement. We are providing up-front funding for agencies offering "reaching the 95%" access to care services. We're looking to lower the admission bar and raise the discharge bar. There are legitimate reasons why patients are discharged in some administrative cases, but we want to reduce discharge simply because they've exhibited a symptom of their condition; these patients want to continue in their recovery journey.</p> <p><u>Comments/Recommendations:</u></p> | |

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| | <p>Commissioner Colopy: Expansions list exhaustive? How do you define where the expansions go?</p> <p><i>We'll have more written documents with the numbers soon. We've seen a fairly unprecedented number of agencies request contracts as payment reform is underway. We've seen significant growth in our current provider network in terms of them expanding. We've had several agencies become "mega providers" that offer multiple levels of care across the continuum.</i></p> <p>Commissioner Dorian: Made me think of the stigma, ethics, and judgment that goes with this. Mental health is a difficult thing to work on in many countries because of how societies view it. We do a good job of preventing the disease itself and treatment, but not creating a safe zone and decreasing stigma. How are we defining residential care? It's so multi-layered and that's an important piece.</p> <p><i>Our investments upstream for substance abuse can help address many other issues (i.e. homelessness, housing scarcity, poverty, etc.)</i></p> <p>Commissioner Dowling: Has there been discussion about county hospitals and substance use treatment?</p> <p><i>I know the state has funded and made investment in training primary care physicians on addiction. We've talked about training for healthcare professional students and incorporating addiction training in their curriculums. We're putting a big emphasis on expanding access to medications and services in outpatient and other settings. We're planning on having a component of opioid settlement to try to access the primary barrier physicians experience, and funding.</i></p> <p>Commissioner Rodrigues: What work are we doing with DHS and leveraging community health workers?</p> <p><i>Some discussions about community health workers being more reimbursable under Medi-Cal. There is a peers program in which that can be reimbursed, so we'll be using that. Counselors and peers have the lived experience and that's been helpful. We're working with</i></p> | |

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| | <p><i>DHS multi-disciplinary teams to engage hard to engage populations.</i></p> <p>Commissioner Dorian: How are the social media campaigns evaluated?</p> <p><i>We've had recent conversations about our campaigns and want to do pre and post assessments of the community to try and tie the campaign to knowledge increase among general community. This can be difficult with these kinds of campaigns, but we're looking in building lead time for this.</i></p> | |
| <u>V. New Business</u> | No new business to discuss. | <p><i>Request from Commissioner Rodrigues: Get a status update on previous presentation regarding staffing and updates during next meeting.</i></p> <p><i>Would be great to hear more about SB972 updates at a future meeting.</i></p> |
| <u>VI. Unfinished Business</u> | No unfinished business to discuss. | |
| <u>VII. Public Comment</u> | <p>-Jennifer Kuo (attending in person) from community arts organization that provides programs for the community and professional development courses on how to use art from a public health lens. Here as a member of the community. Thank you for all your service and dedication.</p> <p>No public comment from phone line.</p> | <i>Opened the line for public comment.</i> |
| <u>VIII. Adjournment</u> | <p>MOTION: ADJOURN THE MEETING</p> <p><i>The PHC meeting adjourned at approximately 11:40am.</i></p> | <i>Commissioner Rodrigues called a motion to adjourn the meeting. The motion passed and was</i> |

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| | | <i>seconded by Commissioner Colopy.</i> |