

**COUNTY OF LOS ANGELES  
PUBLIC HEALTH COMMISSION  
February 8, 2024**

**COMMISSIONERS**

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

**DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES**

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**

<b>TOPIC</b>		<b>RECOMMENDATION/ACTION/ FOLLOW-UP</b>
<b><u>I. Call to Order</u></b>	<i>The meeting was called to order at 10:35 a.m. by Chair Crawford</i>	<i>Information only.</i>
<b><u>II. Announcements and Introductions</u></b>	The Commissioners and DPH staff introduced themselves.  Action for January minutes  Land Acknowledgement	<i>Information only.</i>  <i>Moved to next meeting.</i>  <i>Read by Chair</i>
<b><u>III. Emergency Circumstance</u></b>	A motion to excuse Alina Dorian for Emergency Circumstance	<i>SD1 - yea</i> <i>SD2 - yea</i> <i>SD4 - yea</i>
<b><u>IV. Public Health Report</u></b>	Muntu Davis, County Health Officer provided public health and other departmental updates.  The Los Angeles area typically sees about 14 inches of rain each year. We are in the second month of the year and in many areas across LA County, we are very close to that annual average. Given the areas affected by fires, many are worried about mudslides, more water flowing through, and debris. Governor Newsom issued an emergency declaration for eight counties in Southern California, with LAC as one of them. LAC and the City also issued local declarations of emergencies. This was to ensure there were resources available when needed to respond to and recover. This includes shelters that are inspected by Public Health to make sure things are up to health and safety standards.	

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	<p>Measles</p> <p>On February 1<sup>st</sup>, LAC confirmed one case of measles in a resident who had been traveling through LAX airport while infectious on January 25<sup>th</sup>. Nine out of ten people will get measles while being around an infected person if they are susceptible. A news release was issued alerting the public about all the locations the infected person had been to make the public aware. DPH will help those who need vaccinations and other resources to help prevent them from developing measles. Like many diseases, measles can start out looking like a cold with fever, cough, runny nose, and red watery eyes. The unique feature of measles is getting a rash after those simple symptoms show up. DPH encourages people to be aware if they have been in the area.</p> <p>Respiratory Virus</p> <p>Influenza and RSV numbers have started to come down. RSV peaked around November 25<sup>th</sup>. Influenza peaked about a month later and COVID appears to have peaked at least for this winter. All were circulating and people were exposed to many different viruses at the same time.</p> <p>For concentrations of COVID or SARS CoV2, we are at 64% of last year's winter peak ending the week of January 20<sup>th</sup>. The seven-day average of cases was 376. That is a decrease from 422 cases reported the week prior. These numbers do not include Long Beach or Pasadena. The numbers do not include people who test from home and those who have not reported it through the traditional system.</p> <p>There is a daily average of 654 COVID-19-positive hospitalizations. That is a decrease from 726 hospitalizations the prior week. DPH reported a seven-day average of five deaths per day (including Long Beach and Pasadena). This has plateaued as compared to 4.9 reported deaths the week prior.</p> <p>Vaccination is still recommended. The updated 2024 COVID-19 vaccine agenda was formulated to combat in terms of strain that is largely circulating. The updated vaccine became available in September 2023. The updated vaccine is recommended for those six months and older even if they received the previous versions. The virus changes over time. Typically, it peaks in summer and maybe a couple of other peaks just before we get deeper into the winter season. DPH still has many vaccination sites available. The website is up for those who want to get vaccinated and cannot go to their provider. Residents can also call 833-540-0473 to request a vaccination at home because they are homebound or if they have questions, they need answers to.</p>	

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	<p>Although influenza and RSV are starting to decline, both viruses continue to circulate and are still at elevated levels. For the week ending January 27<sup>th</sup>, 9.6% tested positive for influenza and 6.3% for RSV at the LAC Sentinel Surveillance Labs.</p> <p>Modifications have been made because we are at the medium level. Previously, visitors and staff, regardless of vaccination status, had to wear masks when they were in the facility interacting with patients or in patient care areas. As a result of LAC being in the low levels, it has reverted to the requirement that was previously in place for healthcare workers to be vaccinated with both influenza and the updated COVID-19 vaccine or to wear a mask when they are interacting with patients or in patient care areas.</p> <p>DPH will continue to monitor COVID as well as other viruses. As LAC continues to evolve through the upcoming months changes will be made along the way as needed.</p> <p>Comments/Recommendations:</p> <p>Rodrigues: There are a lot of different timelines being discussed by the community. Some community members were told the vaccine was an annual shot. Will there be a confirmed message?</p> <p>Davis: Yes, DPH will continue to stress. Boosters are typically the same formulation, or the same formulations given when your immunity starts to decrease to boost it back up. It is a new formulation of vaccine. The vaccine may or may not be annual. However, what is being circulated now is covered by the new vaccine. Any recommendation to make it an annual is going to come nationally from the Vaccine Advisory Committee with a long list of approvals or concurrence with the FDA and CDC.</p> <p>Comm Dowling: Measles is on the rise in many parts of the world. There was a lot of pushbacks around vaccination. Are we seeing high enough rates where we're in a good place like herd immunity?</p> <p>Davis: There are pockets and certain areas or communities that may not have the reasonable vaccination level. Although this virus may have seemed dormant for decades, in truth, it was still present. In 2019, we had a 20-day measles outbreak. In 2020, there were 5. Since then, we haven't seen a measles case until last month.</p>	
<b><u>V. Presentation</u></b>	Dr. Anna Long and Dr. Priya Batra talked about some of the challenges and advocacy opportunities and reintroduced the work of the Division of Childrens Medical Services.	

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	<p>The California Medicaid program serves almost 15 million individuals in the state. Over time the medical system has shifted from a fee-for-service system meaning a provider specialist or a primary care provider, bills the state directly by service rendered to what's called Managed Care.</p> <p>The rationale for moving to managed care is good. Paying for services by value and what is important. There is better preventive care and a rise in quality measures in some spaces. However, from a patient/family perspective, it's challenging to navigate and more complex. Patients cannot access things directly and are reliant on the managed care system.</p> <p>The program serves LAC's most vulnerable children and California Children's Services (CCS) deals with medically fragile, medically complex kids with life-threatening or life-limiting disorders. There are over 47,000 kids in the CCS program.</p> <p>The program also has children who are in either the foster care system or welfare. Public Health nurses work alongside social workers to make sure these kids are getting the medicine needed so that they have healthcare coverage and get well-child visits.</p> <p>Medical Therapy Program (MTP) is in 22 schools around the county and provides occupation and physical therapy to about 5,000 kids. CCS has the linkage to the Medical Therapy Program. Many kids that are in the MTP are also in CCS.</p> <p>Child Welfare Public Health Nursing Program is a program that DCFS partly funds. Some nurses used to be in DCFS and transferred over to Public Health and served kids that have been detained or not been pulled out of their homes. These kids are either under investigation or being monitored. The Foster Care program is part of the Child Welfare Public Health Nursing Program. That is funded by the state and sees about 20,000 kids that are in foster care.</p> <p>California Children's Services (CCS) is a program of coverage for children with very severe, life-threatening conditions often from birth. It's the parallel coverage system of providers in the GP's network that evaluates payment in a fee-for-service, which is an old payment structure.</p>	

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	<p>The remaining health coverage for other primary health needs is through the child's primary health insurance. 90% of cases are for Medical for these kids. It provides coverage for really specialized diagnostic programs, high-risk infants, and very rare neonatal metabolic disorders are covered in CCS conditions that are condition specific. Special treatments or devices like cochlear implants qualify for the CCS program, regardless of your other insurance, hearing impairments, and neurologic disorders.</p> <p>Out of the 47,000 children that are served, the most common diagnoses include diabetes, hearing loss, and ventricular septal defect. Some of these conditions are lifelong, and CCS will cover that child through their childhood for these conditions.</p> <p>One of the challenges being faced is managed care transitions. The CCS team must coordinate with the six managed care plans. For example, Medi-Cal lives in LAC. DPH has increasing caseloads with state allocation and state-funded programs. For medical that has remained flat and not keeping up with the cost of living. Also, having issues with staffing and getting an allocation that reflects the need and keeps up the cost.</p> <p>The program also relies on outdated state data systems to manage the CCS program, which also impacts the program.</p> <p>The program is undergoing an audit from the state. DPH is sharing the challenges in these issues in terms of program administration, the need to advocate for county allocation to support the program, and system overhaul to meet the needs of the newly managed care complexities in where the program will go in the future to help service these vulnerable kids.</p> <p>Medical Therapy Program (MTP) is a specialized program that provides PT and OT. These school-based centers will try to streamline activities and care for kids in educational settings.</p> <p>One challenge that the program is facing is providing direct care. Many programmatic obstacles to recruiting adequate physician networks to serve these kids. There are a lot of state requirements that make it challenging to get an adequate network of providers. An outdated documentation system makes it challenging to administer. There were some advocate opportunities for the Medical Therapy Program. DPH has advocated to the state some solutions to improve provider participation</p>	

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	<p>in terms of requirements, and reimbursement rates to entice providers to serve these vulnerable kids as well as modernize the data systems for the MTP Program.</p> <p>Child Health and Disability Prevention</p> <p>CHDP used to serve as a gateway for getting kids enrolled. It played an important role in training providers, making sure their workflow was up to standards. The program will soon sunset. The program was scheduled to sunset last fiscal year. However, there was a lot of advocacy and concerns. One concern was that the managed care program would have now the responsibility for training their staff and assuring quality.</p> <p>There needs to be a transition plan that involves the community stakeholder engagement process. A few meetings have already been held for this. Moreover, the funds that counties were getting for CHDP were supposed to go to Foster Care to continue to administer the program. Foster care is a larger program. DPH is trying to make sure the funds go where it is supposed to go per the agreement. We want all the funding that was in CHDP to go to Foster Care to continue to administer the program. There are over 100 nurses and admin in the Foster Care program that are in the DCFS office all over the county. So, structure is needed to support them.</p> <p>Public Health Early Intervention Program</p> <p>The PHEIP is a program that has strong advocacy backing as well as sponsored by SEIU. The program didn't have enough staff to be able to meet caseloads and need additional funding. The program received \$8.25 million for a demonstration project in LA. Funding went through a different channel instead of directly because DPH wanted to try to get a Medi-Cal match from the Federal. This would ensure the program can have more nurses who will work on records, interact with parents, and check in on kids and other support. This would also ensure kids who went back home and continued to have problems with healthcare issues get help. With the general funds, we were able to get physicians approved. It was awarded last August. Nurses from CHDP started to move into PHNEI.</p> <p>Unfortunately, the Governor's proposed budget this year eliminated the entire amount. Which means we may not be able to provide the services. DPH teamed up with different organizations such as Children's Now.</p>	

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	<p>There are a lot of cuts to child welfare. Still working to get a funding source. This is also supported by SEIU.</p> <p>Comments/Recommendation:</p> <p>Dowling: Served as a physician for many years with UCLA and family medicine at Harvard. The biggest issue that he remembers over the years is kids who were born with multiple defects. They get Medicaid and Medi-Cal but they are not eligible for Medicare because to get Medicare, it has to work for 16 quarters. Some of these kids are never going to be able to work with such a poor start. It's a huge problem. Has it ever been solved?</p> <p>Batra: Not to her knowledge. The other gap is talking about youth and children, but then there's a transition period. There is not a great system to catch these kids and the worry is that managed care the routine primary care system doesn't necessarily meet the special needs as kids age out into adulthood. Many of these programs are not just for medical needs but for social needs to surround these children with those services that are challenging to access in managed care.</p>	
<b><u>VI.</u></b> <b><u>New Business</u></b>	<p>Sunset Review – Audit Committee:</p> <p>The LA County Audit Committee has considered and approved the recommendation of the Executive Office to extend the Public Health Commission through December 2027.</p>	The next Sunset Review is scheduled for December 2027
<b><u>VII.</u></b> <b><u>Unfinished Business</u></b>	<p>PHC Annual report deadline extension requests have been approved and extended to April 30<sup>th</sup>.</p>	The deadline has been extended to April 30, 2024

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<b><u>VIII. Public Comment</u></b>	<p>Caller: H.D. is the single mother of a child with a learning disability. She isn't happy about the isolation period and says it should be longer. Also, she would like to see DPH bring back universal masking in healthcare settings.</p> <p>Caller: he is horrified that Public Health removed the masking requirement and claims DPH is following the wrong metrics. He advises the masks should have stayed in effect longer.</p> <p>Caller: P.H. doesn't understand why the mask mandate was removed in the medical settings. Advises there are many airborne viruses. Advises it's important to improve indoor air quality. He believes vaccination isn't working. He does not support the removal of masks in facilities.</p> <p>Attendee: J.C. has been attending these meetings for the past six months and would like to thank the Commission and is honored to be with qualified and experienced professionals. He has learned a lot from the experience. Moreover, he seeks advice on personal matters.</p> <p>Caller: S.S. asked the Commission if they want more COVID-19 deaths and disabilities. Everyone is vulnerable. He doesn't understand why the removal of the mask mandate.</p> <p>Caller: J.J. says sick kids are still attending school. The isolation standards are not enough.</p>	
<b><u>IX. Adjournment</u></b>	<p><b>MOTION: ADJOURN THE MEETING</b></p> <p><i>The PHC meeting adjourned at approximately 11:52 p.m.</i></p>	<p><i>Commissioner Crawford called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Dowling.</i></p>