APPROVED

COUNTY OF LOS ANGELES
PUBLIC HEALTH COMMISSION
April 10, 2025

COMMISSIONERS

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

DEPARTMENT OF PUBLIC HEALTH REPRESENTATIVES

Dr. Barbara Ferrer, Director of Public Health *
Dr. Muntu Davis, County Health Officer**
Dr. Anish Mahajan, Chief Deputy Director**

PUBLIC HEALTH COMMISSION ADVISORS

Christina Vane-Perez, Chief of Staff *
Jeremiah Garza, Advisor to the Chief Deputy Director**
Dawna Treece, PH Commission Liaison*

Present **Not Present

TOPIC		RECOMMENDATION/ACTION/ FOLLOW-UP
I. Call to Order	*The meeting was called to order at 10:30 a.m. by Commissioner Green*	*Information only.*
II. Announcements and Introductions	The Commissioners and DPH staff introduced themselves. Land Acknowledgement Action for March Minutes	*Information only.* *Read by Commissioner Green* *Approved by roll call*
III. Emergency Circumstance		
IV. Public Health Report	Dr. Ferrer, Director, Public Health provided public health updates. Federal Impact on Public Health In recent weeks, LA County Public Health was notified that over $45 million in previously awarded federal grant funds—originally intended to last through mid-2026—was rescinded without notice, along with state funding for immunizations and substance abuse prevention. This unprecedented rollback threatens essential programs including outbreak management in high-risk settings, telehealth therapeutics, mobile health teams, PPE and test kit distribution, outreach efforts in vulnerable communities, and public health lab functions such as genetic sequencing. Data modernization	

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	and disease surveillance capabilities would also be severely disrupted, reducing the ability to protect communities effectively. These cuts come amid layoffs at federal health agencies and reflect broader disinvestment in public health infrastructure. Although a temporary restraining order is in place until an April 16 court hearing, the federal government has signaled an intent to permanently eliminate many existing programs. With 66% of LA County Public Health's funding coming from the federal level—and limited flexibility in the county's 14% share—any significant reductions will have devastating impacts. Moving forward, the department faces extremely tough decisions and will need to work closely with state and local partners to continue advancing the health and well-being of all residents under increasingly constrained circumstances. Public Health Week Despite the current challenges, LA County Public Health proudly marked the 30th anniversary of National Public Health Week in April, joining communities nationwide to spotlight the vital role of public health in improving lives. This year's theme, "It Starts Here," emphasized the importance of building strong systems, fostering partnerships, and driving collective efforts for lasting community change. Throughout the week, LA County hosted a range of activities, including events focused on pedestrian safety and youth engagement, and launched the new Office of Worker Health and Safety with over 100 attendees, including city council members and frontline workers. These efforts particularly support low-wage and non-union workers, with a current focus on fire safety and reducing harmful exposures. More details are available at publichealth.lacounty.gov/media/publichealthweek. Fire Recovery Efforts Last month, Dr. Mahajan provided an update on ongoing fire recovery efforts, which continue to involve significant staff time and coordination with numerous partners. A town hall will be held April 16th to share new data on ocean water safety and the first in-depth analysis of soil samples collected between February and March., Supervisor Barger will give opening remarks, and the event will prioritize transparency and answering community questions during the recovery phase. Additionally, a new interactive post-fire dashboard was launched last week, offering real-time updates on air, soil, and water assessments. This system was developed in under three months with strong internal collaboration and	

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	informed by Hawaii's experience, the dashboard also allows the public to submit questions to stay informed on health and safety issues. The assessment of fire impacts is being conducted through extensive collaboration with over three dozen partners, including federal and state agencies as well as academic institutions nationwide, to better understand effects on air, water, and soil quality. In addition, free blood lead level testing is being offered to individuals affected by the fires. Long Covid Townhall Thanks to all of our attendees and our Commissioners, Public Health will hold a Long COVID Virtual Town Hall on April 17th at 6:30pm. There is a link that members of the public can submit questions prior to the meeting and have the panel cover them at the townhall. Just Culture The department is relaunching its Just Culture initiative, led by Chief Wellness Officer Jackie Valenzuela, to foster a supportive and effective workplace where all staff can thrive. This approach emphasizes understanding how systemic issues influence outcomes and promotes tools for identifying and addressing root causes of workplace challenges. The updated policy is supported by trained trainers, workshops, and a comprehensive toolkit, with program directors already trained and full staff training underway. Even amid difficult times, Just Culture is seen as essential for building a collaborative, efficient, and solutions-oriented environment. Recommendations/Comments: Dorian: She advised these are tough times and the impacts of the federal funding cuts, primarily for Pathways and COVID-related programs are affected, creating deep uncertainty about their future. Many people may not fully grasp the real-world consequences behind the dollar amounts being cut—such as how outbreaks in schools will be managed without resources. She expressed strong appreciation for the fire recovery work and its personal relevance, as her son is directly involved in fire cleanup, and highlighted concerns about long-term safety and health impacts. Gratitude was expressed for the responsiveness of the Long COVID Town Hall, especially in light of disappearing COVID funding. Finally, she stressed the	

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	importance of the Just Culture initiative, especially now, recognizing that workplace well-being and a supportive environment are crucial not only for organizational efficiency but also for personal fulfillment, recruitment, and retention during challenging times. Rodrigues: He expressed deep gratitude for the department's wildfire response, particularly the inclusive and expert-driven approach to addressing the disaster's many facets. He acknowledged the emotional toll on affected residents and appreciated efforts to engage communities that often face barriers to participation due to work or other obligations. He also emphasized the urgent need for a clear, accessible list of the programs and services being impacted by federal funding cuts, as many people don't fully grasp the real-world consequences. He commended Dr. Ferrer for breaking down the effects and stressed the importance of raising awareness and advocating for alternative funding to sustain vital services that support individuals and families now and in the future. Green: He complimented Dr. Ferrer's leadership, and commitment and dedication. He praised the department's approach of focusing on root cause analysis to address systemic issues rather than just symptoms, recognizing the importance of managing work and personal stress. He raised concerns about the significant federal funding cuts, not only in financial terms but also the loss of federal staff, which will further impact the department's ability to receive federal support and resources. Dr. Ferrer: She agreed and emphasized the devastating impact of potential federal funding cuts, noting that if an injunction isn't continued, they may have to lay off 110 staff members immediately. This comes after thousands of layoffs at agencies like the CDC and NHHS, with little notice or time for planning. she expressed deep concern over the loss of vital personnel—such as clinicians, epidemiologists, and support staff—who have been essential in frontline work like vaccine distribution. Additionally, contracts with community organizations and other services would be severely affected. She highlighted the difficulty of recovering from a $45 million funding cut, stressing the indirect consequences that would affect the entire public health infrastructure. She calls for extensive advocacy to raise awareness about the essential role of public health and the need for sustained funding,	

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	noting that public health should remain a non-partisan issue despite the challenging times.	
V. Presentation	Gary Tsai, Deputy Bureau Director of SAPC, provided and overview of Behavioral Health Administrative Integration (BHAI) and Behavioral Health Transformation (BHT). integration. Medi-Cal Carveouts in California – Three Systems in One consist of Physical Health, Specialty Mental Health and Specialty Substance Use Disorder Services (aka: Drug Medi-Cal). Los Angeles County is the only county in California where the specialty Mental Health and Substance Use Disorder systems are not under a single Behavioral Health Department. These separate carved out specialty Mental Health and SUD systems will remain separate and distinct after the implementation of BHAI. Substance Use is under the Department of Public Health, and that's relevant to the discussion. California's Medi-Cal system can be very complex. There are three distinct financial, licensing, and payout systems that make integration challenging. While efforts to integrate systems may promise efficiencies, the current structure with separate billing and licensing systems for each of the three Medi-Cal systems makes it nearly impossible to achieve significant integration. Additionally, after behavioral health administrative integration is implemented, mental health and substance use systems will remain separate, each operating under their own federal waivers and billing systems. Los Angeles County is unique in that it integrates substance use disorder work within its public health department, while other counties like San Diego still manage separate systems for behavioral health and substance use. CalAIM is a broad initiative, but the focus here is on Behavioral Health Administrative Integration (BHAI), which aims to improve outcomes for Medi-Cal beneficiaries and reduce administrative burdens for beneficiaries, counties, providers, and the state. This is done by consolidating county	

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	behavioral health services into a single contract with the state. While integration is the goal, the state's concept paper clarifies that counties are not required to merge substance use and mental health services into a single department. BHAI was launched to address concerns about the quality of services for mental health and substance use disorders, recognizing the challenges even in counties with a behavioral health department, such as LA County. Importantly, the state does not require LA County to merge its departments to achieve the integration of behavioral health administration. Furthermore, the focus often misses the distinction between individuals with only substance use disorders versus those with co-occurring mental health conditions. The state's mental health system primarily focuses on moderate to severe conditions, while mild to moderate conditions are typically managed at the managed care plan level. The DMH (Department of Mental Health) integration includes 11 key components, each with its own complexities. The first component, integrating a 24/7 call center, was completed in July 2023, allowing LA County residents to contact a single call center for specialty mental health and substance use services. The second component focuses on screening, assessment, and treatment planning, which is more specific to DMH. This process helps differentiate between services covered by managed care plans and those covered by specialty mental health services, particularly for moderate to severe mental health conditions. For substance use services, the entire severity spectrum falls under DMH's responsibility, without a separate carve-out. This component has also been accomplished. The third component of DHM integration focuses on beneficiary materials, appeals, and grievances, which involves integrating brochures and the process for appeals and grievances. This process has been mostly completed by DMH staff but is awaiting further guidance from the Department of Health Services (DHS). The fourth component is the creation of an integrated contract between the state and county, which is a relatively simple step due to existing agreements like the Mental Health and Substance Use Block Grants. The fifth component deals with data sharing and	

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	privacy, aiming to improve cross-system data sharing. One key project is participating in WINGS, a large health information exchange, to enable secure sharing of substance use information across various entities like hospitals and clinics, with full implementation expected by the end of the year or early next year. The Health Information Exchange (HIE) in California is the largest of its kind and facilitates information sharing among various entities such as hospitals and clinics. Once implemented, it will be the first HIE to include Part 2 substance use information, which has stricter confidentiality regulations. The cultural competence and quality equipment plans have already been integrated as of last winter. External and state quality reviews, which involve third-party and state audits, are awaiting further state guidance. Network adequacy, which ensures patients have access to Medi-Cal benefits, is also pending state guidance. Provider oversight, aimed at aligning licensing and certification processes for integrated facilities, is under consideration but dependent on guidance from the Department of Health Services, with no clear timeline yet. These are the key components of the Behavioral Health Administrative Integration (BHAI). The Behavioral Health Administrative Integration in LA is planned to culminate in 2027, with a phased implementation process. LA's large and complex structure means that some components of the integration have already been completed, but full integration at the client level is the primary goal. This means ensuring people with both mental health and substance use conditions receive integrated services. LA’s unique strength lies in its specialized focus on substance use services, having the only value-based reimbursement model in California for publicly funded behavioral health systems. However, while mental health often dominates discussions and priorities, LA's system aims to better integrate mental health and substance use services. Additionally, Public Health is already integrated with the behavioral health system, funding various DPH programs like student well-being centers and HIV/STD programs.	

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	In 2023, a board motion directed the Department of Mental Health (DMH) and staff to report on behavioral health administrative integration and for the CEO to hire KPMG as a consultant. The resulting report, though delayed, will inform the board's decisions about a potential merger. Separately, Proposition 1 (Behavioral Health Services Act or BHSA), passed in March 2024, modernizes the Mental Health Services Act (MHSA), originally a 1% tax on millionaires for mental health services. BHSA expands funding eligibility to include both mental health and substance use services, representing a major shift and accounting for about 25% of specialty mental health spending statewide. With the transition from MHSA (Mental Health Services Act) to BHSA (Behavioral Health Services Act) under Proposition 1: • State Allocation Increased: The state's share of the funding increased from 5% to 10%. • Housing Requirement: At least 30% of BHSA funds must now be allocated to housing, emphasizing support for homelessness prevention and related behavioral health needs. • Expanded Stakeholder Involvement: BHSA requires inclusion of substance use stakeholders in the decision-making and planning processes. • Governance Shift: The Mental Health Commission has been restructured into the Behavioral Health Commission, which now oversees both mental health and substance use investments. LA County transitioned smoothly because the existing Mental Health Commission already met the required composition criteria. The Behavioral Health Commission is now responsible for advising how to allocate BHSA (Behavioral Health Services Act) funds. Historically, these funds only went to the Department of Mental Health (DMH), and with the same members still on	

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	the commission, it may be difficult to shift allocations to better include substance use disorder (SUD) services. The state now retains a larger share of the funding and has added new requirements, such as funding for supportive housing. Since BHSA makes up 25% of DMH's budget, there is natural resistance to changing allocation formulas. There is a broader issue of scarcity—when funding doesn't increase but more groups are eligible, it creates tension and competition. There is a need to redistribute existing funds rather than waiting for budget growth, especially to ensure SUD services receive equitable support for prevention and recovery. BHSA reporting requirements apply to both DMH and Public Health, requiring transparency and accountability with a three-year integrated plan, which outlines how BHSA dollars will be allocated, that includes a needs assessment, collaboration with Medi-Cal managed care plans, and input from major cities. The plan must be approved by the Board of Supervisors and the state, and it includes detailed budget and spending data. Additionally, the Behavioral Health Outcomes Accountability and Transparency Report (BHOATR) will provide in-depth insights into funding sources and uses, including performance and workforce metrics. The speaker notes that this may spark discussions, especially around controversial investments like harm reduction, and urges stakeholders to be aware of the broader implications of these reporting processes. The Community Planning Team (CPT) process, which involves over 100 people who will provide recommendations to the Behavioral Health Commission on how BHSA investments should be allocated. The Behavioral Health Commission will then make recommendations to the Board of Supervisors and relevant departments.	

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	Comments/Recommendation: Dowling: Asked about the availability of substance abuse training programs and whether there are any fellowships for substance abuse treatment in places. He expressed concern about the disintegration of NIH resources and the impact this may have on programs found at UCLA. He also inquired about other programs or fellowships across the county that might be running, as they have only three cells of this training currently. Dr. Tsai: The VA might have some addiction cells. There aren't a lot of Addiction Medicine programs. So, if you're saying that the Addiction Medicine Program at UCLA is funded through NIH, then—I think there's a general consensus that we need more addiction specialists across the board. So, any reduction in that would be problematic. Ferrer: The focus on behavioral health integration in LA County overlooks the importance of primary prevention, which is critical for addressing substance use and mental health issues before they require long-term treatment. While 37,000 individuals are receiving substance use disorder treatment, the work done by Dr. Tsai touches 280,000 people through prevention efforts, harm reduction, and recovery programs. LA's Public Health Department covers the entire continuum of behavioral health, including prevention and harm reduction, whereas the Mental Health Department (DMH) focuses solely on severe mental illness. The integration approach has yet to fully recognize the importance of this broad continuum of care. Additionally, public health departments in other cities, such as Austin, New York, and San Francisco, manage both mental health and substance use services, which differs from California's approach. The state has shifted mental health prevention funds to the California Department of Public Health to better align with the prevention-focused work of public health departments. The focus should be on primary prevention, such as positive youth development, rather than just early screening for mental illness, which is not primary prevention. Dorian: The discussion seems to center on administrative efficiencies rather than the best implementation model for behavioral health services. The key question is how to structure the various components of the system in a way that	

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	integrates them effectively, not just where they currently fit. There's also concern about how substance use units within behavioral health departments handle the full continuum of care. These units might be overshadowed in larger models, with less emphasis on the full spectrum of services they should provide. Ferrer: Most providers were concerned about losing funding for services outside of treatment and felt that true integration happens at the provider level. They emphasized the need for more flexibility in funding and how services are contracted, arguing that this flexibility fosters innovation and integration, which benefits clients. Dorian: She suggests that since the Mental Health Commission has been renamed to the Behavioral Health Commission, it should be redefined, not just in name but in function and composition. She argues that the scope has expanded to include substance use and other areas, so the commission should be restructured to include appropriate expertise to make well-informed decisions across all behavioral health domains. Ferrer: She emphasizes the need for the Behavioral Health Commission to be forward-thinking and reflective of expanded funding opportunities, particularly with the inclusion of substance use services. They advocate for greater representation of substance use providers on the commission and stress the importance of focusing on what the commission can do in the future, rather than being limited by its past structure or function. Presentation Gary Tsai provided information on letter of Support AB1129 and Jacob Kraemer, Government Affairs provided information on Letters of Support AB1037 AB1037 The SUD Modernization Act, recently passed by the Assembly Health Committee, aims to modernize outdated laws surrounding substance use care. The act focuses on four key areas:	

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	1. Risk Reduction: It allows providers to have risk reduction discussions with clients, overcoming the current statute's limitation that only supports a "Just Say No" approach. 2. Treatment for Recent Substance Use: It allows treatment for individuals who have used substances within the past 24 hours, addressing the current statute's prohibition on providing services to people in this situation. 3. Residential Settings: The act aims to streamline the process for residential treatment centers to provide medications for addiction treatment directly, rather than referring clients elsewhere. This involves expediting approval and imposing timelines on the state. 4. Naloxone Accessibility: With naloxone being made over-the-counter in 2023, the act addresses outdated language that still requires prescriptions and training for its use, which is no longer necessary. The legislation is seen as a positive development to improve accessibility and reach individuals with substance use disorders, especially those who are hesitant to seek help. It builds on the Reaching 95% Initiative, which aims to engage people who may not actively seek treatment but still need assistance. AB1129 This proposed legislation would allow local public health officers in California to require healthcare facilities and laboratories to report birth anomalies and related data to their local public health departments, similar to the existing reporting requirements for hospitals on reportable conditions. The goal is to address gaps in the California Birth Defects Monitoring Program (run by CDPH), which currently can only report in ten counties due to its cost and time-intensive process. Los Angeles is not included in this program. The proposed change would allow counties, like LA, to opt in and create their own reporting systems for birth defects and anomalies, based on CDC and state-defined conditions. This would help counties detect potential environmental or healthcare practice factors that could contribute to elevated birth anomalies, serving as an early warning system, similar to the Zika response. The legislation is seen as especially important in light of recent environmental concerns, such as the wildfires, that could affect birth outcomes. The legislation is set for a hearing soon.	

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	Comments/Recommendation: Dowling: Is financed needed? Kraemer: No. For birth anomalies reporting, we don't expect there to be any—if the counties wish to implement it, they will have to finance that themselves, but there are a number of federal grant sources, so other states around the country, the majority of them do this type of reporting, and there are already federal sources for that type of reporting. So, we are confident that were we to be granted this authority, we would be able to find federal funding to finance that program. Dr. Dowling called a motion to approved AB1029 Dr. Dowling called a motion to approved AB1037	*Roll call AB1029: Approved* *SD1 – Yea* *SD3– Yea* *SD4– Yea* *SD5– Yea* *Roll Call AB1037: Approved* *SD1– Yea* *SD3– Yea* *SD4– Yea* *SD5– Yea*
VI. New Business		
VII. Unfinished Business	2024 Public Health Commission Annual Report - Commissioners to review Draft next meeting	Commissioners to send in final edits for annual report on April 25th

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VIII. Public Comment		
IX. Adjournment	***MOTION: ADJOURN THE MEETING*** *The PHC meeting adjourned at approximately 12:15 p.m.*	*Commissioner Dowling called a motion to adjourn the meeting. The motion passed and was seconded by Commissioner Rodrigues.*