CCA
White Paper

Public Health Systems in LA

Improving Service Delivery to Angelenos

September 2021

CCA
CENTRAL CITY
ASSOCIATION
OF LOS ANGELES

Cover Image: COVID-19 vaccine site at a Dodger Stadium parking lot in January 2021.

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About CCA

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Established in 1924, Central City Association of Los Angeles (CCA) is the premier advocacy organization in the region and leading visionary on the future of Downtown Los Angeles. Through advocacy, influence and engagement, CCA enhances Downtown LA's vibrancy and increases opportunity in the region. CCA represents the interests of over 300 businesses, nonprofit organizations and trade associations.

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Introduction

Prior to the public health emergency beginning in March 2020 caused by the outbreak of the COVID-19 virus, public health departments (PHDs) were not often the subject of public attention. While many Californians interact with PHDs, most of us were largely unaware of the significant role that PHDs play prior to the pandemic as new public health orders had not so deeply pervaded daily life in recent history. PHDs maintain birth and death certificates, ensure restaurants use safe food preparation practices and respond to communicable disease outbreaks. The largest PHD in LA County, the LA County Department of Public Health (LA County DPH or LADPH), came into the national spotlight for implementing cautionary measures like mask mandates, social distancing and restricting business operations to respond to the pandemic's early phases in attempts to slow the virus' spread.

The rapidly changing nature of the pandemic and corresponding guidance from the federal government, primarily via the Centers for Disease Control and Prevention (CDC), often led LA County DPH to make swift changes to public health guidelines and rules, leaving business owners, residents and visitors confused and, at times, unsure of the department's efficacy. Despite changing public health guidance, LA County DPH and California's stringent public health guidelines helped to slow the spread of COVID-19 in our communities, although the Los Angeles region still suffered huge loss of life and caseloads that challenged the hospital system at times with estimates suggesting infection rates as high as one in three residents.[1] As of August 11, 2021, LA County's 13,274 cases per 100,000 people surpass California's 10,521 and the United States' 10,896. LA County also experienced 247 deaths per 100,000 people compared with California's 164 and the United States' 186.[2] Although LA County makes up 25% of California's population, it accounts for 32% of the state's COVID-19 cases and 38% of COVID-19 deaths.

COVID-19 CASES AND DEATHS (AS OF AUGUST 11, 2021)

	Total Cases	Cases per 100,000 people	Total Deaths	Deaths per 100,000 people
Los Angeles County	1,332,556	13,274	24,805	247
California	4,157,038	10,521	64,838	164
United States	36,152,620	10,896	618,363	186

Source: New York Times

Amid the local response, including the rollout of large-scale testing and vaccination sites and determinations of when and which businesses could open, leaders in the City of Los Angeles and several other cities in LA County expressed frustration over an inability to act nimbly, have more decision-making power over key public health decisions and allocate resources efficiently. One salient example occurred in November 2020 when LA County DPH reissued a prohibition on outdoor dining in response to an uptick in COVID-19 cases, but the City of Pasadena, which has its own municipal public health department, allowed outdoor dining to continue and was one of only two cities in the county to have that ability.

Even though health crises extend past city borders, local city PHDs have the advantage of deploying services in a smaller geographic area which may result in improved access to local organizations for direct community outreach and support more timely, tailored responses to a community's unique needs. In this context, the City of Los Angeles, along with the cities of West Covina,[3] Beverly Hills,[4] Whittier,[5] Torrance, Redondo Beach and Lancaster[6] have begun to consider divesting from LADPH and establishing independent public health departments.

The health, social and economic impacts of the ongoing pandemic create an opportunity to examine our public systems that deliver critical services to our communities and consider how they can be strengthened and more responsive to future needs. While we continue to grapple with the consequences of the COVID-19 pandemic, we know that there will be future challenges. For example, the City of Los Angeles has an ongoing homelessness crisis, and a significant portion of the unhoused population suffers from mental health and substance use disorder (SUD). Although the City makes up 40% of the County's population, it accounts for 62% of its homeless population.[7] Based on the 2020 Point in Time Homeless Count there are 41,290 homeless people in the City of Los Angeles. It is estimated that 10,357 have substance use disorder (SUD) and 9,123 have severe mental illness (SMI).[8] This translates to approximately 20,000 people who are in urgent need of public and mental health support. Elected officials have recognized the substantial health challenges facing vulnerable populations in the City of Los Angeles and called for consideration of establishing citywide health infrastructure that would better support the needs of Angelenos.[9] Despite widespread calls for public health improvement in the City there is a lack of expertise of how to translate the calls into action. Public health is multi-faceted and the City should retain a consultant with expertise in public health systems to determine if residents are receiving their fair share of public health services and to identify existing service gaps.

Vibrant cities begin with healthy, well-supported communities that have access to the resources they need. **To that end, CCA believes the ongoing pandemic has created an opportunity to reinvent our City's systems and structures to improve the lives of Angelenos.** The City of Los Angeles is the most populous city in the county, but it is unclear if public health resources and services currently provided to the city via LA County DPH are commensurate and aligned with its needs. For example, LADPH estimates that City residents make up 46%, or nearly half of all visits to its 14 public health centers yet only five of the centers are located within the city's geographic boundaries.[10] Given the massive need and the lack of progress on our health challenges, including responding to the pandemic and addressing homelessness, the City of Los Angeles should hire experts to study and report on whether it can deliver improved health outcomes by independently administering health services to meet the needs of its residents.

The purpose of this white paper is to 1) support efforts to identify gaps in public health delivery for city residents; and 2) help inform consideration of creating a City of Los Angeles Public Health Department and other independent health systems that could improve health outcomes for all Angelenos, especially the unhoused and other vulnerable populations. In the following sections, we offer context for the existing PHDs in California, highlight examples of successful administration of services of City-run health departments, provide a review of potential benefits Los Angeles may receive from a citywide health department and/or Continuum of Care and make key recommendations to identify public health service gaps and guide policymakers' continued consideration of establishing independent health infrastructure.

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Public Health Departments in California

CITY-RUN DEPARTMENTS

Public Health Departments (PHDs) are primarily operated by counties in California. Only four California cities operate their own public health departments: Berkeley, Long Beach, Pasadena and Vernon. City-run health departments were common in California during the 1800s and early 1900s until the majority of cities determined that public health services would be better facilitated at the county jurisdiction, believing the counties to be "better equipped" for reaction to large-scale health concerns.[11]

PUBLIC HEALTH IN THE CITY OF LOS ANGELES

Los Angeles County has provided public health services to the City of Los Angeles since the jurisdictions signed an agreement in 1964. The intent of the agreement was to consolidate public health services, save time, costs and resources in their delivery to their residents.[12] Since that time the City has deferred public health services to the County. Consequently, the City no longer has public health expertise.

In 2013, the City of Los Angeles studied establishing its own PHD in response to a proposed ballot initiative by AIDS Healthcare Foundation (AHF). A report prepared by the City Administrative Officer estimated that it would cost $333M (approximately $378M in 2021 dollars) annually to operate a City of Los Angeles health department. This cost projection does not include start-up costs. The report also stated it would take at minimum of one year and possibly up to two years to create an independent City PHD.[13]

Ultimately, the LA City Council voted to oppose the creation of a City-run PHD due to concerns about the costs and complexity of delivering public health services, noting that it would potentially inhibit the expeditious provision of necessary services. The City Council's opposition to the independent public health department ballot initiative was due in large part to the tight timeline proposed by the ballot initiative: establish a PHD within 120 days of the measure's approval. City Council deemed this timeline unrealistic and, instead, reached an agreement with AHF to form a citywide Health Commission in place of the ballot initiative.

The City of LA Health Commission meets on the second Monday of every month and is comprised of 15 members who are appointed by each councilmember. The Commission's role is primarily to provide public information and recommendations for public health policy in the City. It receives presentations on a wide range of public health issues from increasing public park space to transportation safety initiatives that aim to end pedestrian deaths caused by car crashes.[14] The Commission has limited influence and very little ability to change health policies as

it does not oversee any corresponding city departments that are charged with implementing the Commission's policies. The City Council may request that the Commission take certain actions. For example, the City Council may ask the Commission to hire a consultant to identify public health service delivery gaps for City residents.

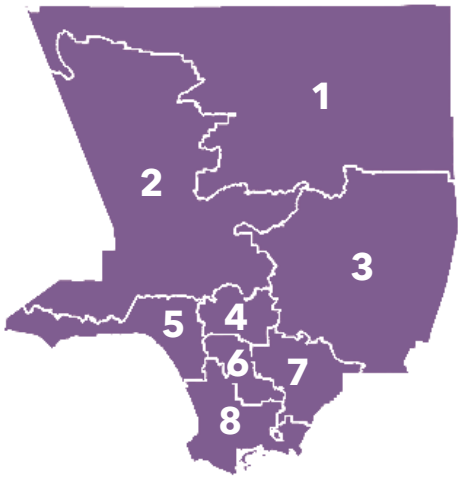
The City has hired People's Health Solutions to prepare a report on LA County DPH's current public health, mental health and social services provision to the City, including background on the City's decision to eliminate its health department in 1964 and contract with the County.[15] In addition to this study, the City may benefit from an updated, detailed analysis of establishing an independent PHD given the Health Commission's limitations and the AHF ballot measure constraints that informed the 2013 City Administrative Officer (CAO) report. We strongly recommend that the City retain a consultant with deep knowledge of public health systems including mental health and substance abuse to bolster this effort.

COUNTY PUBLIC HEALTH SYSTEM RESPONSIBILITIES

County public health systems are responsible for a broad range of services including:

- Public Health – communicable, infectious disease control, home nursing visits, children's services and more
- Substance abuse services
- Health care at county jails and detention facilities
- Health related approvals and permits, i.e. restaurant inspections, hazardous waste materials
- Emergency medical services
- Public hospitals
- Indigent medical care
- Mental health services[16]

The Los Angeles County public health system has a Department of Public Health, Department of Health Services and Department of Mental Health that divide the above responsibilities and deliver services to constituents. Except for the cities of Long Beach, Pasadena and Vernon, which have their own local PHDs, the County hold jurisdiction over approximately 10M people that live in LA County. **The County organizes its provision of services into geographic areas called Service Planning Areas (SPAs).** LA County's 4,300 square miles are divided into eight SPAs: Antelope Valley, San Fernando Valley, San Gabriel Valley, Metro, West, South, East and South Bay.



1: Antelope Valley
2: San Fernando Valley
3: San Gabriel Valley
4: Metro
5: West
6: South
7: East
8: South Bay

LA County coordinates services geographically through Service Planning Areas known as SPAs.

Source: http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm

CONTINUUMS OF CARE

Continuums of Care (CoC) are systems required by the federal government to provide aid to people experiencing homelessness. CoCs provide federal funding to homeless service providers, states and local governments to address homelessness.[17] CoCs are service delivery systems and jurisdictional bodies that create actionable steps to organize and deliver housing and services with the goal of abating and preventing homelessness. The City of Los Angeles is part of Los Angeles County's CoC. The cities of Glendale, Long Beach and Pasadena have their own CoCs.

§ 03

Case Studies

As mentioned, most incorporated and unincorporated areas of California receive public health and human services through county agencies. The cities of Berkeley, Long Beach, Pasadena and Vernon are the exceptions. The following case studies provide insight into two City-run public health departments' operations and some indicators of success.

LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES (LBHHS)

Formation: 1906

Population: 470,000

City Budget: $2.6B

Health Dept. Budget: $117M

Homeless Population: 2,034

16+ Vaccination Rate: 66.7% (as of 8/12/21)

Highlight: Early COVID-19 Vaccination Success

As vaccinations were first made available, LBHHS received acclaim for leading vaccination efforts, rapidly converting testing sites to vaccination sites and quickly distributing vaccines to large shares of the city's population as other cities in California lagged.[18] When their public health department was challenged by a shortage of doses like many others, instead of reserving doses for residents' second treatment, Mayor Robert Garcia's administration proceeded with exhausting its remaining doses to get more shots into more people with the hope that the federal government would deliver the second round of doses in time. This strategy proved to be effective in vaccinating 12% of its population by the end of February 2021. Further, the public health department's website notified residents when it was their turn to receive their vaccine, prior to the state establishing its "My Turn" notification system. As of May 2021, every person in the public education system had been vaccinated in anticipation for re-opening of local schools.

Long beach launches an initiative to provide bookstore vouchers for getting vaccinated.

Source: https://img.lbpost.com/wp-content/uploads/2021/02/04111532/LBCC_8871-scaled.jpg

Early in the vaccination drive, Long Beach found unique ways to offset vaccine hesitancy by offering incentives like free aquarium tickets for vaccinations.[19] This partnership was beneficial not only to increase vaccinations, but also promote the re-opening of local businesses affected by the pandemic.

Expanded outdoor dining in Pasadena, CA.

Image source: https://www.pasadenanow.com/main/pasadenas-outdoor-dining-a-qualified-success-restaurants-still-face-an-uncertain-future/

PASADENA PUBLIC HEALTH DEPARTMENT (PPHD)

Formation: 1892

Population: 141,00

City Budget: $87M

Health Dept. Budget: $15.6M

Homeless Population: 527

Vaccination Rate: 77.9% (as of 8/12/2021)

Highlight: Aligning Public Health Orders with Economic Considerations

In efforts to slow the transmission of COVID-19, many business operations were forced to cease altogether due to public health orders, which economically devastated service industries, including the food and beverage industry. As experts learned more about transmission of COVID-19 and that it is much less likely to be transmitted in outdoor settings compared to indoors, especially with other safety measures like mask wearing and social distancing, public health officials updated guidance to suggest that outdoor dining is safe. Along with pivoting service to delivery and pickup, outdoor dining became an economic lifeline for food and beverage businesses while operations were limited. However, at the end of 2020, COVID-19 cases spiked again and LA County DPH issued orders prohibiting outdoor dining. The City of Pasadena elected to diverge from LA County DPH's guidance and continued to allow outdoor dining until a statewide ban was imposed, preempting the city's jurisdiction.

Eater LA declared Pasadena's outdoor restaurant scene "LA's biggest comeback" and cited the fact that Pasadena has its own PHD and is not subject to the LA County DPH guidelines as a key contributor, allowing the City to take a tailored approach to balancing public health and economic considerations.[20] Like other cities, Pasadena also mobilized to support outdoor dining by enabling restaurants to expand into more of the public right-of-way, including closing lanes of traffic. Overall, Pasadena's coordinated approach to public health and outdoor dining provided a source of support for local businesses and has positioned the City to continue to be an attractive location for businesses.

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Prospective Benefits of a City-Run Health System

Los Angeles has evolved since 1964 when it decided to contract public health services from the County. An independent citywide PHD may yield several benefits that could address the city's challenges that existed before the pandemic and the new issues facing our communities during recovery. Benefits could include:

- Improved outcomes for those experiencing homelessness and suffering from mental health and substance use disorders
- Support for small businesses, especially restaurants and food purveyors, including sidewalk food vendors
- Greater efficiency in resource allocation, service delivery and improved accountability for public health

HOMELESS SERVICE PROVISION

CARE FOR VULNERABLE POPULATIONS

As previously described, public health systems are responsible for the most vulnerable groups of people including those living in poverty that often lack resources to manage health conditions. According to the most recent Los Angeles Homeless Count administered in January 2020, the City of Los Angeles' homeless population increased 16% to 41,290 people, revealing a steady rise in homelessness.[21] The city is home to nearly two thirds of the county's homeless population with data showing that unhoused people are more vulnerable than in previous years with 41% of the unhoused across the county identified as having a SUD and/or SMI.[22] In 2019, an independent study conducted by the *Los Angeles Times* found that as much as 67% of the homeless population could be suffering from a mental illness or a substance abuse disorder.[23]

LA County distributes its public health responsibilities across a health system that includes the LA County PHD, Department of Mental Health (DMH) and Department of Health and Human Services. However, **lack of coordination persists between this system and the Los Angeles Homeless Services Authority (LAHSA), the agency that's responsible for outreach and connections to services and housing for the County's homeless population.** To illustrate this lack of coordination, the County is responsible for providing mental health services, but LAHSA lacks the direct authority to connect people experiencing homelessness with mental health services. Instead, LAHSA refers qualifying individuals to DMH but has no authority to ensure that mental health services are offered to the person in need. This example highlights one of the current gaps in service to our region's unhoused population. The City and County of LA are reexamining the role of LAHSA in addressing the homelessness crisis.

In July 2021, LA County DMH analyzed a pilot program to treat unhoused people with SMI and found many challenges and opportunities. The goal of the pilot program was to stop the inhumane cycle of repeatedly treating homeless individuals with SMI in a hospital setting and then releasing the individuals back onto the streets. From October 2020 to June 2021, 31 people were admitted through the pilot program into outpatient conservatorship which is largely coordinated by multidisciplinary Homeless Outreach and Mobile Engagement (HOME) teams including nurse practitioners and outreach specialists, which highlights the labor-intensity of this work.[24] The report also shared that the HOME teams were understaffed by 29 people and that there was only one psychiatrist to support this work for the entire County. The City was not involved in any formal way in this pilot

program and the County has continued to not participate in the City's Unified Homelessness Response Center (UHRC) according to a report by the Chief Legislative Analyst.[25] This pilot program is a prime example of the existing gaps to serve unhoused people with SMI in the city.

STRONGER COORDINATION THROUGH CONTINUUMS OF CARE

While the City of Los Angeles participates in the County of Los Angeles' Continuum of Care operated by LAHSA, the cities of Glendale, Long Beach and Pasadena all have well-established individual Continuums of Care, which may contribute to their low, decreasing homeless populations compared to the City of Los Angeles' high and rising homeless population.

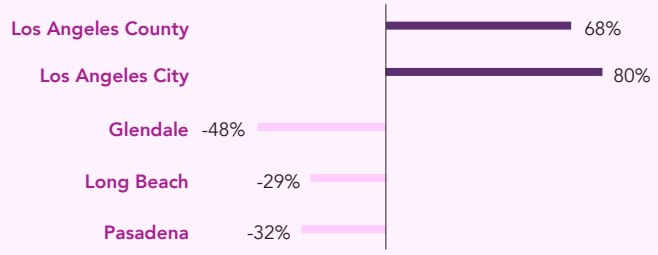
According to 2020 data shown in the table below, which does not reflect potential impacts of COVID-19, Glendale, Long Beach and Pasadena all have disproportionately lower homeless populations relative to their overall residential populations as shares of the County. Meanwhile, the City of LA makes up a substantially higher share of the County's homeless population relative to its share of the County's residential population. As shown in the chart below, homelessness has also decreased in Glendale, Long Beach and Pasadena since 2013 while it has swelled substantially in the City and County of Los Angeles over that same time.

2020 HOMELESS POPULATION

	Los Angeles City	Glendale	Long Beach	Pasadena
Homeless Population	41,290	169	2,034	527
Share of County Homeless Population	62%	0.3%	3.1%	0.8%
Share of Total County Population	40%	2.0%	4.6%	1.4%

Source: U.S. Census Bureau, LAHSA, City of Glendale, City of Long Beach, City of Pasadena

2013-2020 HOMELESS POPULATION % CHANGE



Glendale, Long Beach and Pasadena have authority to allocate the federal dollars that they are awarded to address homelessness and can apply these funds to strategies that best meet their communities' specific needs. In contrast, the City of Los Angeles' federal funding is often awarded to LAHSA and is divided up between the remaining 84 cities and unincorporated areas of Los Angeles County. If the City of Los Angeles implemented an individual CoC, it could receive a greater allotment of federal funding that could be administered with greater control over its spending and with a priority for providing care to unhoused people with SMI and/or SUD.

POST-PANDEMIC BEHAVIORAL HEALTH OUTCOMES

Experts believe that the COVID-19 pandemic will lead to long-term negative consequences for the population's quality of mental health, with crisis incidents expected to rise in Los Angeles.[26] LA County's existing systems are poorly equipped to manage increases in demand given that the Los Angeles County Jail is the largest mental health care provider in California. The LA County Board of Supervisors has wisely committed to alternatives to incarceration and restorative care solutions for people with mental health illnesses and substance use disorders, but there is still much work to be done as the need for more robust housing services like board and care facilities and recuperative care beds remains acute.[27]

In addition, existing mental health services administered by LA County DPH may not serve communities equitably. According to AARP data, 57% of older Asian adults in need of mental health services and substance abuse treatment in Los Angeles County were not receiving it due to barriers including access to care in spoken language, financial burden, racial discrimination, micro-aggressions and more.[28]

Building on these concerns, LA County DPH found a 48% increase in fatal accidental drug overdoses during the first five months of the pandemic compared with the same period in 2019.[29] Drug overdoses during the first months of the pandemic disproportionately impacted Black and Asian American and Pacific Islander residents. With this in mind, pandemic recovery should include adequate behavioral health supports to meet increased demand. An independent citywide health infrastructure could be established with the specific goals of addressing the anticipated increase in demand for mental health services and the existing unmet need in specific demographic groups living in the city.

ECONOMIC DEVELOPMENT

Although the primary responsibility of PHDs is necessarily to best meet the public health needs of residents, PHDs can and should also be aligned with local economic development objectives. This alignment may be best coordinated at the same level of government to ensure that all departments are working in tandem to achieve the same goals and are operating based on the same information. For example, restaurants in Los Angeles must currently obtain permits from both the County and City, so eliminating a layer of bureaucracy by consolidating permits under one PHD may foster improved governmental coordination and

support more expeditious reopening and creation of restaurants. Additionally, many cities were dissatisfied with LA County DPH's approach to restaurant closures and wished to have greater discretion with opening regulations regarding COVID-19. One of the greatest criticisms about LA County DPH's decision to ban outdoor dining when it did so was the lack of scientific evidence proving its necessity. A local PHD, working with other departments, may have been better suited to gather information for a smaller area and provide more tailored guidance rather than blanket orders.[30]

RESOURCE ALLOCATION, SERVICE DELIVERY & GOVERNANCE

Establishing a citywide public health department will be costly and time-consuming as the County previously estimated that the annual cost for the City of Los Angeles to operate its own health department would be at least $378M (according to the City's 2013 study that estimated annual costs of $333M and adjusted to 2021 dollars).[31] This estimate does not include the costs associated with establishing a CoC. Still, there are potential benefits to long-term cost-efficiency and improved governance over spending of public dollars if the funds can be directed most appropriately to target populations. Ultimately, residents of the City of Los Angeles account for much of the population in need of dedicated health services from LA County DPH, yet it is unclear whether Angelenos are receiving an adequate share of resources to reflect the City's investment and existing need. Improved service delivery and resulting public health benefits may lead to reduced costs over time as targeted strategies are implemented for Angelenos. The potential establishment of a citywide health department should be fully evaluated in this context.

DEFICIENCIES IN LA'S APPROACH TO PUBLIC HEALTH

PANDEMIC RESPONSE

- LA County COVID-19 case rate and death rate exceeded those of state and nation
- Need for more vaccination incentive programs
- Increased threat to schools, workplaces, businesses

MENTAL HEALTH & SUBSTANCE USE SERVICES

- Acute need for board and care facilities and recuperative care beds
- Mental health disorders prevalent in large portion of homeless population
- Increases in fatal accidental drug overdoses
- Lack of equitable care
- LA County Jail considered largest mental health care provider in California

HOMELESSNESS GOVERNANCE

- LAHSA lacks authority to directly connect people with mental health services
- LAHSA cannot ensure mental health services for those most in need
- LA City home to majority of LA County's homeless population
- Neighboring cities seeing homelessness decrease while LA City's rates increase

BUSINESS RECOVERY

- Lack of streamlined permitting processes for reopening and creation of restaurants
- Limited discretion for businesses on reopening regulations
- Lack of reopening guide for LA City
- Lack of data proving benefit of outdoor dining prohibition

§ 05

Considerations & Recommendations

With the People's Health Solutions' report analyzing public health services delivery underway and ongoing discussions about restructuring LAHSA, the City of Los Angeles is taking initial steps to consider which governance options can deliver the best health services for the wellbeing of its constituents. **The City will need additional support and expertise to inform these complex policy deliberations. A consultant with knowledge of state and federal funding opportunities for public health should be retained to assist the City in identifying resources and creating new partnerships.** Local policymakers should continue and build upon these efforts, and as it explores the opportunities and challenges associated with establishing its own health department and/or Continuum of Care, we recommend considering the following factors:

- Existing agreements that grant public health and services authority to Los Angeles County
- Start-up costs and expenses associated with public health department operations including building staff capacity and expertise
- Increased responsibility for a wide array of services including vital statistics, homeless, substance abuse and mental health services
- Quantifying the extent to which existing service provision meets the needs of residents of the City of Los Angeles and determination regarding fair share of services for residents
- How coordination with other City departments would or would not improve with the existence of a local PHD and/or CoC (such as connections between the Housing Department and a local CoC to facilitate housing the unsheltered population, for example)
- State laws that currently vest Los Angeles County with specific enforcement authority for public health compliance
- Engagement with senior staff of the Long Beach and Pasadena PHDs to better understand operations and tradeoffs

SUPPORTING RECOMMENDATIONS

1. Retain a consultant with expertise in public health on a long-term basis to support the City's work to identify gaps in public health services including mental health and substance use disorders, and to determine if City residents are receiving a fair share of County services.
2. Consider opportunities to modernize LAHSA to improve outcomes for people experiencing homelessness in the city and to align LAHSA and the broader health system's delivery of services that meet the specific needs of homeless residents.
3. Plan to reduce the size of Service Planning Areas (SPAs) to better meet the need of regional communities and improve service coordination and delivery across LA County DPH's jurisdictions.
4. Continue to study the potential for the City of Los Angeles to create its own Continuum of Care and study whether to establish a full-fledged citywide health department. Explore whether an independent citywide health department could still contract for some services with LA County DPH.
5. Advocate for adequate state funding for public health departments in future state budget cycles to address longstanding underfunding.

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