

# City of Los Angeles: The Future of Public Health

## Discussion Document

November 2024



# Discussion Topics

- Background and Context
- Recommended Approach
- Next Steps
- Appendix

# Overview: Purpose of Review

- While the COVID-19 pandemic highlighted the **importance of public health, intergovernmental collaboration and short term ingenuity**, it also pointed to the need for a **more sustainable and solid foundation that promotes collaboration during regular business and during times of local and global emergency and expanding needs**.
- As the City of Los Angeles addresses the proposed agreement presented by the County Department of Public Health (DPH) for public health services and explores avenues for the future of delivering public health services to residents, this document aims to:
  - Outline the significant events in the provision of public health services in the County and City of Los Angeles, and
  - Explore potential options for improving public health services to Angelenos through negotiations with the County and adjustments to the City including:
    - Updated governance structure
    - Revised approach to contract management and service provision
    - Increased collaboration with the County

# Background and Context

## County Public Health Contract Begins

The City merges its Public Health Department with the County Department of Health Services and executes a contract resulting in adoption of the County Public Health Code and County enforcement of the Public Health Code in the City limits.

2014

## Homelessness Increases

People experiencing homelessness begins to increase rapidly and the city and county infrastructure look for ways to address the growing challenge.

2020

## City Leaders Seek Evaluation

City political leaders call for a better understanding of the need for improved service provision, a revised county contract, alternative governance structure and other key areas with a focus on improving overall public health services in the city.

2021

2023 - 2024

1964

## Health Commission Established

In response to an initiative ordinance, City of Los Angeles Health Commission established to provide recommendations to city political officials in lieu of a city public health department.

## COVID-19 Emergency

COVID-19 worldwide emergency begins placing public health at the center of Angeleno's lives. Gaps in the City-County contract arrangement laid bare as COVID exposes existing and new challenges in public health governance structure and quality of contracted services.

## County Proposes New Public Health Contract

County asks for all cities to sign standard agreement. Los Angeles and other cities begin to explore options. County updates proposed agreement in 2024.

*\*The County has reorganized DMH, DHS and DPH numerous times.*

# Overview: Public Health Services Contract

- The City of Los Angeles **entered into a contract with the County for the provision of public health services in 1964** as authorized by State law. Since then, the Los Angeles County Department of Public Health (DPH) has expanded services provided throughout the County to address community needs as they have arisen. DPH activities currently range from direct medical services for select communicable diseases to policy analysis and advocacy.
- **In 2023, DPH proposed a standardized, updated version of the contract** for the 85 cities that contract with the County for public health services and began circulating it for comments.
- In **June of 2024, DPH issued a revised agreement** in response to feedback received and has stated that they would like to finalize an updated uniform agreement to replace the existing outdated City-County Public Health agreements.
- They **presented the updated agreement** at the Health and Mental Health Services Cluster meeting on **September 25, 2024**, and to the Board of Supervisors on **October 22, 2024, when it was approved.**

# Overview: Public Health Services Contract

- In conjunction with the revised agreement in June of 2024, the County issued a corresponding **brief three page Q&A document** that was intended to answer questions the County received during the feedback period.
- Most notably, the updates **further explain the approach DPH proposes it will take to billing cities for detention center inspections**, for additional services – if required – provided by the County, and for **costs associated with court proceedings for legal abatement or prosecution**. Yet, this language was not clearly included in the contract, leaving **open several questions and concerns** and is **currently under review with the Mayor, City Council, CAO, City Attorney, and others**.
- Additionally, DPH proposes that the **City Manager or an equivalent office (such as the CAO) oversee the contract in all cities**.

# Overview: Public Health Services Contract

- It is now up to the City to consider next steps given the landscape of the last five years.
- On the heels of the COVID-19 pandemic and the homelessness crisis, the City has an opportunity to explore its needs to ensure that **future contracts and related governance structure will support the modern, long term health of the City of Los Angeles**, including but not limited to:
  - Governance, leadership, and accountability structures
  - Local (e.g. measles or TB outbreaks), global, or ongoing (e.g. homelessness) emergencies
  - Additional and necessary services (e.g., public safety, whole person care, and other emerging areas of health)
  - Service level agreements to support improved quality of services (e.g., support to homeless population)
- We understand that the **County is requesting all cities to take the agreement 'as is,' however we still recommend that the City of Los Angeles seek improvements** to the uniform agreement proposed by the County.
- We think these would be **strategic and, in many cases, could aid the county** in gaining additional capacity and expertise from the City of Los Angeles (e.g., reimbursement model for City services that was informally piloted with LA during COVID via testing, vaccines etc.).

# Los Angeles City Options

In response to the County's new draft Public Health Services Agreement,  
**the City can:**

- 1) Accept the proposed agreement as-is or substantially similar;
- 2) Not accept (effectively reject) the proposed agreement and retain services under the current 1964 agreement (Contract No. C-32683, as amended), which doesn't expire unless terminated or replaced;
- 3) Establish its own Public Health Department; or,
- 4) **Recommend an alternative approach that achieves City objectives** which are outlined below.



# Rationale for Recommendations

- Historically, the **City entrusted the County to fairly and equitably deliver public health services to Angelenos**. The pandemic, paired with the dueling crises of homelessness and mental health, laid bare many gaps in service that are too important for the City to ignore.
- **Current and former city leaders** – from councilmembers to the City Attorney to Mayor’s staff – **have called for the City to explore an increased role** that would enable **representation and ensure increased focus on adequate resourcing** in general public health as well as homelessness and mental health, two key areas of growing importance in Los Angeles.
- Consequently, a **new governance structure bolstered by a new approach enabling the County to procure services from the City and to then reimburse the City for those services** – with a focus on collaboration, mutual responsiveness, and accountability – will be critical to support the long-term and evolving health of Los Angeles.

# Recommended Approach

- **Enhanced Governance Structure:**

- Create a team in the City of Los Angeles responsible for coordinating public health in times of regular business and global emergency, communicating the City's needs to Los Angeles County on a regular and ongoing basis, and improving the public process for and oversight of healthcare service delivery. This team would be based in the CAO's office - aligned with what the County's agreement proposes - and would be expected to:
  - Improve the quality and quantity of services available to residents aligned to the size and scale of the City of Los Angeles;
  - Ensure accountability structures that allow the City and County to collaborate to measure and continuously improve service delivery through data reflecting City health gaps and expectations;
  - Respond to day to day and changing needs of a dynamic City population including other areas of public health like public safety, whole person care and other emerging areas of health; and,
  - Respond in times of local and global emergency in a consistent and apolitical manner.
- In addition, the City of Los Angeles would request that a new county team be created to focus exclusively on the City of Los Angeles and coordinate directly with the new City Public Health Liaison Office

# Recommended Approach

- **Proactive Negotiation of Services and Fees via Contract Management:**
  - The City would like to ensure that the City is able to negotiate (i) services and associated fees proactively, at the beginning of each fiscal year, to ensure transparency with the County and (ii) performance measures to support trend spotting, longitudinal and holistic trend analysis to improve accountability and service provision.
- **Provision of Services from County to City:**
  - Ensure provision of public and related health services, particularly to persons experiencing homelessness, reflective of the percentage of the City's population receiving services from the County, so that the City of Los Angeles receives adequate services and corresponding resources with respect to all matters of public health.
- **Provision of City of Los Angeles Level Data and/or Revision of Service Planning Areas (SPAs):**
  - Provide City level data that incorporates the City's geographic boundaries and population and that can be used to inform City officials and support decision-making and management and/or consider reorganizing SPAs to incorporate the City's geographic boundaries and population with the goal of one and no more than two City SPAs to enable greater accountability.

# Recommended Approach

- **New Reimbursement Model for City Services:**

- Incorporate a new reimbursement model allowing the County to procure services from the City and then reimburse the City for providing those services during non-emergency periods or when added staffing or other resources would be beneficial to the County (e.g., establishing testing and vaccine services to assist the County in meeting public health demands).

- **Miscellaneous Terms:**

- Define the scope and intent of naming the County as the City's Environmental Health Department to, at a minimum, clarify its role vis-a-vis the Public Works Bureau of Sanitation; ;
- Define the mechanism by which the City would request services or support from the County and incorporate a time limit for the County to respond; and,
- Clarify the language requiring the City to bear the full cost of legal proceedings if a public health violation requires abatement or legal prosecution.

- **Related Instructions:**

- Instruct the CAO to report on the funding sources allocated to the County Department of Public Health to assess Angelenos' allotment of resources relative to the City's size, population, composition, and needs and alignment with the baseline City service level associated with those funding sources.

# Next Steps

- We propose that the City of Los Angeles (CAO and CLA, with the assistance of the City Attorney), upon approval of the Mayor and Council, **negotiate the above items** with the County with the goal of either changing the current proposed agreement or executing a supplemental agreement.
- As the new governance structure is conditioned on the County's agreement, after successful negotiations, the **CAO will request and establish a Public Health Liaison Office**, including the City's Health Commission to ensure the City speaks with one voice in this area.
- **Sign a completed agreement** by or before June 2025.
- Informed by the negotiations with the Department of Public Health, **pursue similar negotiations with the County Departments of Mental Health and Health Services** for comparable services.

# Conclusion

Angelenos rely on DPH for protection from various threats that could lead to crises in the region, whether it is due to disease, bioterrorism, or tainted food. While city leaders have expressed ongoing interest in these services to be provided at greater levels in the future, **this report proposes an alternative to creating a City of Los Angeles Public Health Department because the complexity and cost of establishing such an infrastructure is high and could take 7-10 years to reach even a baseline level of service to Angelenos.**

Delivery of public health services is not an “off the shelf” service that can be delivered without highly specialized staff with a public health orientation. **The slightest failure in enforcing all existing codes related to public health would unnecessarily put the residents of Los Angeles and surrounding communities at risk.**

The breadth and scope of services needed and the design of a system to deliver them requires **careful and detailed planning and consideration by a multitude of experts, which makes the establishment of a City Public Health Department both time-consuming and costly** and likely could compromise public health in at least the short and medium term while costing the City financially.

We recognize the extraordinary breadth and scope of work performed by DPH. Nonetheless, the number of people experiencing homelessness in the City has created an acute **public health problem adding to the urgency and need for adequate quality, accuracy and quantity of services for Angelenos and increased transparency and collaboration across agencies.**

This report thus **recommends establishing a governance structure that would include a City team tasked with overseeing the DPH contract, coordinating, and assessing opportunities to improve the delivery of services while ensuring that public health services are better coordinated by the County and the City has a say.**

# Questions and Discussion

# Appendix



**As the second largest city in the United States, Los Angeles is nearly 9 times the size of the next largest city in Los Angeles county. Public Health serves nearly 10M residents excluding three\* cities that have their own public health agencies.**

**Los Angeles (3,898,747)**

- Long Beach (466,742)
- Santa Clarita (228,673)
- Glendale (196,543)
- Lancaster (173,516)
- Palmdale (169,450)
- Pomona (151,713)
- Torrance (147,067)
- Pasadena (138,699)
- Downey (114,355)
- West Covina (109,501)
- El Monte (109,450)
- Inglewood (107,762)
- Burbank (107,337)
- Norwalk (102,773)
- Compton (95,740)
- Carson (95,558)
- Santa Monica (93,076)
- South Gate (92,726)
- Hawthorne (88,083)
- Whittier (87,306)
- Alhambra (82,868)
- Lakewood (82,496)
- Bellflower (79,190)

- Baldwin Park (72,176)
- Redondo Beach (71,576)
- Lynwood (67,265)
- Montebello (62,640)
- Pico Rivera (62,088)
- Monterey Park (61,096)
- Gardena (61,027)
- Arcadia (56,681)
- Diamond Bar (55,072)
- Huntington Park (54,883)
- Paramount (53,733)
- Glendora (52,558)
- Covina (51,268)
- Rosemead (51,185)
- Azusa (50,000)
- Cerritos (49,578)
- La Mirada (48,008)
- Rancho Palos Verdes (42,287)
- Culver City (40,779)
- San Gabriel (39,568)
- Bell Gardens (39,501)
- La Puente (38,062)
- Monrovia (37,931)
- Claremont (37,266)

- Temple City (36,494)
- West Hollywood (35,757)
- Manhattan Beach (35,506)
- San Dimas (34,924)
- Bell (33,559)
- Beverly Hills (32,701)
- Lawndale (31,807)
- La Verne (31,334)
- Walnut (28,430)
- South Pasadena (26,943)
- Maywood (25,138)
- San Fernando (23,946)
- Calabasas (23,241)
- Cudahy (22,811)
- Duarte (21,727)
- Lomita (20,921)
- La Cañada Flintridge (20,573)
- Agoura Hills (20,299)
- Hermosa Beach (19,728)
- South El Monte (19,567)
- Santa Fe Springs (19,219)
- El Segundo (17,272)
- Artesia (16,395)
- Hawaiian Gardens (14,149)
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- Palos Verdes Estates (13,347)
- San Marino (12,513)
- Commerce (12,378)
- Signal Hill (11,848)
- Sierra Madre (11,268)
- Malibu (10,654)
- Rolling Hills Estates (8,280)
- Westlake Village (8,029)
- La Habra Heights (5,682)
- Avalon (3,460)
- Rolling Hills (1,739)
- Hidden Hills (1,725)
- Irwindale (1,472)
- Bradbury (921)
- Industry (264)
- Vernon (222)\*

*\*Department provides some basic services but relies on the County for significant support.*

# Background and Context

## Department of Public Health

Director, Dr.  
Barbara Ferrer,  
PhD, MPH, MEd

-Protects health, prevents disease, and promotes health and well being for all persons in Los Angeles County through a network of health professionals

## Department of Mental Health

Director  
Dr. Lisa Wong,  
Psy.D

-Directly operates more than 85 programs and contracts with providers to provide a spectrum of mental health services

## Department of Health Services

Director  
Dr. Christina  
Ghaly, MD

-Operates 26 health centers and four acute care hospitals

-Provides healthcare to youth in the juvenile justice system and inmates in the LA County jails

Whole person health services are provided by three distinct agencies in the County.

# Important Documents

- 1964/1969 Contract: [1964 HSA Contract link](#), [1969 HSA Amendment link](#)
- Ordinance establishing the Los Angeles City Health Commission: [Ordinance 183093 link](#)
- O'Farrell 2022 Motion (C.F. 20-0769-S2): Motion Text: [Motion text link](#)
- City Attorney Term Sheet Public Health Agreement: [Term Sheet link](#)
- County Public Health Fee Schedule: [2023-24 County Fee schedule link](#)
- Department of Public Health Budget and Staffing Statement: [Website Statement](#)

# Important References

- **California Department of Public Health** – The California Department of Public Health (CDPH) works in collaboration with local county public health officers to oversee a variety of research, response and prevention programs to protect health. CDPH sets statewide policy that is implemented locally and operates a statewide infrastructure of health systems (e.g., vaccine databases, vital records etc.) CDPH is made up of six centers that perform a range of public health functions. Additionally, CDPH includes a series of administrative offices that perform a range of functions and work with the Centers for Disease Control (CDC) and other federal agencies to set priorities and secure and allocate funding for public health priorities across the state. For 2023–24, the Governor’s Budget proposes to provide \$5.5 billion for the support of CDPH’s programs and services, a decrease of 20.21% from the 2022–23 Enacted Budget. Of the total Governor’s Budget proposal, \$2 billion is for State Operations and \$3.5 billion is for Local Assistance. CDPH has nearly 4,000 employees.
- **Los Angeles County Department of Public Health** – The LA County Department of Public Health (DPH) is overseen by Dr. Barbara Ferrer, PhD, MPH, MEd. In addition to Dr. Ferrer, DPH has a Public Health Officer, Dr. Muntu Davis, MD, MPH. Dr. Davis is responsible for addressing the state required duties of a health officer. DPH is one of the largest public health departments in the nation and is nationally accredited by the Public Health Accreditation Board. The department has an annual budget exceeding \$2 billion and a staff of over 5,500.

# Important References

- **Local Health Officer** – California law requires each county to appoint a health officer, who must be a physician. The health officer can be appointed to direct the local health department, but this is not necessary. However, if they do not direct the department, the Board of Supervisors is required to ensure that the health officer has sufficient authority and resources, and that the organizational structure does not impede the health officer from carrying out their duties. In Los Angeles, the County has both a health officer and a director due to the educational requirements. California law gives local health officers at least 171 distinct duties, and grants them broad authority to take action to prevent disease. The health officer is vested with authority to issue orders, including orders for isolation and quarantine. The health officer may declare a local health emergency when necessary, which can then be extended by the Board of Supervisors. The health officer can be an important spokesperson. As a physician, the health officer will be a trusted voice during outbreaks or emergencies. Both the media and the public seek experts in times of crisis. The health officer is also the local registrar of births and deaths, the medical director of the local jails for the purposes of HIV testing, and the health officer for all the cities in the county, unless a city has appointed its own health officer. All new health officers become members of the California Conference of Local Health Officers (CCLHO), which is an advisory body to the California Department of Public Health (CDPH). CCLHO meets once a month to receive updates from CDPH, and to hear presentations on topics of interest to the health officers.