



**Health Services**  
LOS ANGELES COUNTY

May 30, 2006

Los Angeles County  
Board of Supervisors

Gloria Molina  
First District

Yvonne B. Burke  
Second District

Zev Yaroslavsky  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

Bruce A. Chernof, MD  
Director and Chief Medical Officer

John R. Cochran III  
Chief Deputy Director

William Loos, MD  
Acting Senior Medical Officer

Supervisor Gloria Molina  
First Supervisorial District  
Kenneth Hahn Hall of Administration  
500 W. Temple Street, Room 856  
Los Angeles CA 90012

Dear Supervisor Molina:

Thank you for the opportunity to address your additional concerns about the separation of Public Health from the Department of Health Services (DHS). You requested that I provide some additional guidance on Dr Fielding's communications to your Board dated December 1, 2005 as well as provide some guidance about the pace of operational reform within the Department of Health Services.

My position on the relative benefits and challenges on this separation remain unchanged from my previous comments provided to you on March 27, 2006. I still believe that it is fair to say that after a thirty year attempted merger, some elements of that merger have been less than complete or effective. It is also fair to say that almost all of the issues identified by the separation analysis and the MOU creation are things the Department should address regardless of whether or not the separation goes forward. Ultimately, this is a policy issue addressing the question of visibility rather than administrative effectiveness. From a visibility standpoint, the separation of public health from DHS is probably a positive decision. It certainly would give public health a more direct relationship with your Board. From an administrative efficiency and service delivery perspective the separation is probably a net negative. It will create another independent bureaucracy with its associated costs. It will probably result in more fragmented service delivery and less intra-operability among service providers and programs.

Dr. Fielding's memo to your Board on December 1, 2005 outlined five foremost reasons for separation:

1. Improve responsiveness to serious public health threats including emerging infectious diseases and bioterrorism.
2. Increased accountability of public health of all county residents by direct reporting to your Board.
3. Ensure strong public health leadership through your direct involvement in the director's selection and performance appraisal.
4. Assure priority attention of essential administrative support services to key public health goals.
5. Assure that the key financial and program issues that affect public health are brought to the attention of your Board.

Of these five reasons, numbers two and three are the most compelling from my perspective. Issues of direct accountability and oversight of your Board get to the heart of the policy – visibility question. Given the current threats of bioterrorism and novel infectious organisms does it make sense to place our public health function in a more direct line of communication with your Board? I can definitely see the value of this argument because it would enhance the policy and visibility of this critical function.

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 240-8101  
Fax: (213) 481-0503

[www.ladhs.org](http://www.ladhs.org)

*To improve health  
through leadership,  
service and education.*

**[www.ladhs.org](http://www.ladhs.org)**



The three other reasons raised by Dr. Fielding are in fact very important issues for the Department of Health Services as a whole but are not compelling reasons for separation from my perspective. While it is clear that the merger between personal health and public health has been incomplete, it is also clear that the fragmentation of County services over time has generally resulted in less rather than more intra-operability. The separation of the Department of Mental Health from DHS is an example. I think it is important to also recognize that in recent years that the County has made significant headway on reversing this trend through activities such as the New Directions Taskforce and your Board's recent approval of the Homeless Initiative. Despite these efforts to improve intra-operability between County departments I believe that as long as your Board continues to support the direct delivery of services there is value in keeping public health and personal health joined as a way of maintaining and providing the foundation for improving intra-operability.

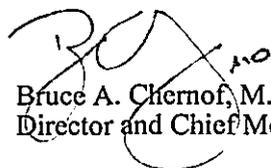
It is clear to me since stepping in as your Acting Director in January that many of Dr. Fielding's concerns about responsiveness and prioritization are valid, but they are valid for every facility, program, and office within DHS, not just Public Health alone. I am proud to say that we have made real progress over the past few months. The Department has hired an outstanding Human Resources Director. This position had been vacant since the retirement of the previous Director in 2000. We have completed our search for a Chief Information Officer and have an outstanding candidate who will start shortly. I put together a taskforce to complete a 30-day review of our Contracts and Grants processes which need to be overhauled. The taskforce has completed its recommendations, which the Department have started implementing. Finally we have implemented a new oversight process for capital planning activities within the Department.

While these are important initial steps, there are other areas that need similar scrutiny and reform of longstanding processes that needs to be done thoughtfully and with some caution. My goals are to: 1) ensure that we fill key vacancies, 2) fundamentally simplify work processes to help our hardworking employees to be more efficient, 3) increase accountability so that each organizational area is responsible for the quality of their work product, and 4) improve the customer service aspects of our efforts. I am proud of the employees within DHS and am committed to helping them be more effective in their jobs, no matter what their role is.

My Department faces serious challenges and hiring talented leadership does not in and of itself solve these problems. The new leadership needs to assess, restructure and redevelop their teams and workflow. Further, these individuals will need to work together on work processes that cross their span of responsibility such as contracts and grants requests. The pace of change in each of these areas will be predicated on the urgency, type and amount of work that needs to be done. These comprehensive tactical reforms will take at least the remainder of the year to complete.

On behalf on the Department thank you for giving me this opportunity to respond to these important questions. Please let me know if I can provide additional information.

Sincerely yours,



Bruce A. Chernof, M.D.  
Director and Chief Medical Officer

BC: ol

\\SASHARE\SHARE\DIRECTOR\DATA\WP\DATA\CHERNOF\Separation Update memo Molina.DOC

c: Each Supervisor  
Chief Administrative Officer  
Director of Public Health