Los Angeles County
Health Agency

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LA County Health Agency
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The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities.
DEPARTMENT OF HEALTH SERVICES (DHS)

- Second largest municipal health system in the U.S.
  - 4 hospitals (2 level 1 trauma centers)
  - 19 outpatient clinics
  - 1 nursing school
  - Emergency Medical Services (ambulance services).

- Academic partnership with UCLA and USC Schools of Medicine for services and training of new doctors, NPs and PAs.

- Collaboration/contracts with over 50 Federally Qualified Health Centers for primary care for the uninsured.

- 19,000 county staff and around 4,000 contractors
- Operating budget of $4 billion.

- Serves around 600,000 unique pts and around 3 million outpatient visits.
DEPARTMENT OF MENTAL HEALTH (DMH)

- Largest mental health system in the U.S.
- Staff and contractor model
- Is the L.A. County Medicaid Managed Care Plan for all Medi-Cal beneficiaries and uninsured in L.A. County for severely mental health diagnosis
- Exclusive provider for L.A. County Children and Family Services, Probation, Sheriff and Social Services.
- Operating budget of $2 billion
- Serves around 260,000 unique pts
DEPARTMENT OF PUBLIC HEALTH (DPH)

- **Mission:** Serves to protect all of the residents in L.A. County.

- **39 distinct programs**
  - Direct services such as vaccine and tuberculosis treatment.
  - Environmental Health (safe water and food supply, restaurant safety and inspections etc...)
  - Investigation of public health threats and outbreak
  - Administrator for HIV Program
  - Substance Abuse Prevention and Control program for Medi-Cal beneficiaries and uninsured individuals.

- Operating budget of $1 billion
HISTORY & CONTEXT

Pre-1972
DHS, DMH and DPH were separate departments

1972-1978
DHS, DMH and DPH merged into one department (Department of Health Services)

1978
DMH becomes an independent department
(DHS hospital inpatient and emergency psychiatric services continues to be managed by DHS)

2006
DPH becomes independent from DHS (Some clinics were aligned with DHS and some DPH)

Factors that Shaped the Decisions
- Unstable leadership
  - Experience with the different disciplines (public, physical and mental health)
- Competing program and budget
- Different Mission and population
2015 TIMELINE & PROCESS

JANUARY
Board of Supervisors approves in concept the creation of a health agency

MARCH
Draft report released to the public

APRIL - MAY
Public dialogue and comment period on draft report

JUNE
Final report was submitted to the Board of Supervisors

August
Board of Supervisors approves the integration and creation of a single unified health agency

September
Draft of Health Agency Operational Framework and Strategic Priorities

October
Public dialogue and comment period on Operational Framework and Strategic Priorities

November
Announcement of new Health Agency Director and creation of Integration Advisory Board
Health Agency Workgroups

Eight (8) strategic priority workgroups established:

1. Consumer Access and Experience
2. Housing and Supportive Services for Homeless Consumers
3. Overcrowding of Psychiatric Emergency Departments
4. Culturally and Linguistically Competent Programs
5. Diversion of Corrections-Involved Individuals to Community-Based Programs and Services
6. Expanded Substance Use Disorder Benefit
7. Vulnerable Children and Transitional Age Youth
8. Chronic Disease and Injury Prevention
Overall Strategy: Health Agency Quadruple Aim
DHS + DMH + DPH

More Care

Improve Patient and Population Experience

Same or Better Quality

Same or Lower Budget
Health Agency Integrated Care for with Behavioral Health Problem

Consumer Access and Experience

- Behavioral Health
- Consult
- If patient needs hospital care

Primary Care Provider & Medical Home Team

If patient needs hospital care
Consumer Access and Experience

Roybal Comprehensive Health Center’s Diabetes Group Visit Program
DHS and DMH Staff Working Together
### Housing and Supportive Services for Homeless Consumers

#### Inventoried Housing Slots for the 3 Departments

<table>
<thead>
<tr>
<th>General Bed Type Description</th>
<th>Number*</th>
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<tbody>
<tr>
<td>Post Acute/High Intensity</td>
<td>1,262</td>
</tr>
<tr>
<td>Shorter-Term Bridge</td>
<td>1,535</td>
</tr>
<tr>
<td>Longer-Term Bridge</td>
<td>1,145</td>
</tr>
<tr>
<td>Permanent</td>
<td>4,809</td>
</tr>
<tr>
<td>Grand Total</td>
<td>8,751</td>
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*As of January 27, 2016

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Star Apartments
Next step is to create “one point of entry” that can identify and authorize the best available housing option.
Housing and Supportive Services for the Homeless

County+City+Community (C³) Team

- **Skid Row engagement began on January 4, 2016**
- The C³ program has 4 teams and provides consistent street-based engagement with homeless individuals 5 days/week

C³ Skid Row Quadrants and Team Composition

<table>
<thead>
<tr>
<th>Team Members</th>
<th>STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMH Social Worker/Psych D.</td>
<td>1</td>
</tr>
<tr>
<td>DHS/DPH Nurse</td>
<td>1</td>
</tr>
<tr>
<td>DPH Drug/Alcohol Counselor</td>
<td>1</td>
</tr>
<tr>
<td>LAHSA Emergency Response Team</td>
<td>1</td>
</tr>
<tr>
<td>AmeriCorps Members</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL MEMBERS PER TEAM</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
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Team has assigned 35 people to permanent housing.
Overcrowding of Psychiatric Emergency Departments

Mental Health Urgent Care Centers reduce the need to go to psychiatric emergency rooms

- Exodus Recovery Eastside
- Exodus Foundation MLK
- DMH-DHS Olive View UCC
- Telecare Mental Health Urgent Care Center
- Exodus Recovery Westside
Access to Culturally and Linguistically Competent Services

- Created a SharePoint website to share and maintain resources

Next Steps:
- Identify program similarities and regulatory needs
- Explore possible tri-Department contracts
- Share trainings to meet common cultural and linguistic needs
Expanded Substance Use Disorder Benefit

- Provide sober living programs as an optional benefit under the Drug Medi-Cal waiver
- DMH staff to train DHS on substance use screening
- DPH staff to train DHS and DMH staff on referring patients with substance abuse issues
- DPH plans to assist DMH, DHS, and community clinics to become Drug Medi-Cal certified and provide treatment services
Vulnerable Children and Transitional Age Youth

Medical Hubs serve as a main entry point for high need youth, Transitional Age Youth (TAY), Commercially Sexually Exploited Children (CSEC), and LGBT.

1. LAC+USC VIP Hub
2. East San Gabriel Valley Hub
3. MLK Hub
4. Harbor-UCLA Hub
5. Olive View-UCLA Hub
6. High Desert Hub
7. Children’s Hospital LA Hub

All Hubs will have mental health staff.
Vulnerable Children and Transitional Age Youth

Next steps:
- Coordinate assessments, treatment and referrals
- Integrate substance use prevention and treatment services
- Share information through eMHub and through EHRs.
Chronic Disease and Injury Prevention

Expand Youth Violence Programs
- DHS has shifted $685,000 Trauma (Measure M) funding to DPH to expand the Parks after Dark Program.

Expand Disease Prevention Programs
- DPH received federal funding to train DHS and Community Partner clinics on the Diabetes Prevention Program.
- DPH will train DHS and DMH providers on best practices for tobacco cessation.
Staff Engagement Efforts

- Met with over 10 community organizations and County commissions
- March 2, 2016. First Health Agency Town Hall
- Mitch Katz (Health Agency and DHS), Robin Kay (DMH), Cindy Harding (DPH) and 5 union partners: American Federation of State, County and Municipal Employees (AFSME), International Brotherhood of Electrical Workers (IBEW), Service Employees International Union (SEIU), Union of American Physicians and Dentists (UAPD)
- Broadcasted to 189 sites/portals.
- Town hall was recorded and available online
We have just started, there is tremendous support, and momentum to succeed.