

# Health Agency

May 3, 2016



Los Angeles County  
Board of Supervisors

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Mitchell H. Katz, M.D.  
Director, Health Agency

Robin Kay, Ph.D.  
Interim Director, Department of Mental Health

Cynthia A Harding, M.P.H.  
Interim Director, Department of Public Health

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

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

*"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. "*

TO: Supervisor Hilda L. Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D. *Mitchell Katz*  
Director

SUBJECT: **HEALTH AGENCY UPDATE  
(ITEM #S-1, AGENDA OF AUGUST 11, 2015)**

On August 11, 2015, your Board approved the establishment of a Health Agency to integrate the activities related to strategic priorities across the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH).

Your Board also established a quarterly set item on the Board Agenda in which the Health Agency, DMH, and DPH Directors report on the following topics: (a) Progress in achieving agency goals and specific indicators and outcome measures; (b) Financial status of each Department, including any notable changes in funding streams, sources and uses of funds by program and provider type, and number of individuals served; and (c) Stakeholder engagement process. On February 16, 2016 the Board had various directives for the Agency and updates are provided below.

## **Progress in Achieving Agency Goals**

Since the last Board update, further progress has been made to advance the Health Agency's role to achieve the Health Agency's mission and goals, integrate the three Departments and engage stakeholders in the process. A Health Agency planning tool (an example of the tool is in the attachment) has been created for the workgroups that shows a map of the three Departments' county-operated and contracted clinical programs. The planning tool can be used to identify physical, mental health, and substance abuse services in a geographic area to encourage collaboration and innovation between providers from different disciplines.

Additionally, we have a profile of patient/client demographics that will assist with planning. The workgroups have also begun to catalogue the planned activities and are working towards how to assess



the impact of the health and wellness of those the Health Agency serves.

The next step is to develop an overall Health Agency dashboard that will track the progress made. We will share the dashboard with your Board as soon as it is available. In addition, a Health Agency website is in development that will provide updates on the Health Agency's progress and its eight strategic priority areas. Below are highlights of the work of a few strategic priority areas. An update on all of the eight strategic goals is attached to this memo.

### **Consumer Access to and Experience with Clinical Services**

This workgroup has been focusing on initiatives such as eConsult and co-location of services that will enhance customer experience by streamlining and integrating services across the three Departments.

**eConsult:** The eConsult referral platform enables providers to link patients to needed specialists in a virtual health neighborhood. If a face-to-face visit is needed after the consultative exchange, dedicated schedulers can work with the patient to schedule an appointment with a specialist at a time and location that is convenient for the patient. Currently, DHS, DPH, and My Health LA providers use the eConsult platform. As of March 2016, all of the providers have access to all 64 eConsult specialties. As part of the Health Agency's *Consumer Access to and Experience with Clinical Services*' goal, the plan is to implement eConsult to all of the DMH directly-operated clinics. The roll-out will begin this summer.

In order to better support the DMH and DPH providers, a general medicine (adult and pediatrics) eConsult specialty service, will be created. DMH and DPH providers will be able to access eConsult advice for patients/clients who need non-emergent general medicine advice and who do not have access to a primary care provider. DMH and DPH specialists will continue to provide support to DHS and MHLA primary care providers in specialty areas such as mental health, tuberculosis and Zika virus.

**Co-location, Service and Facility Planning Efforts:** The purpose of co-locating clinical services is to integrate operations so that patients do not need to go to multiple offices to register or obtain services. Currently there are six identified DPH sites where DHS and DPH services will be integrated and 12 DHS clinical sites where DHS and DMH are co-located. The three Departments are in discussion to identify future opportunities to co-locate.

In addition to exploring co-location opportunities, we are also exploring regional partnership models. As previously mentioned, the development of a comprehensive Health Agency planning tool enables staff to identify key partners (county-operated or contracted) to optimize access to services for the patient or client.

**Housing and Supportive Services for Homeless Consumers**

The aim is to link homeless or those at risk for homeless with the appropriate health, housing, and supportive services. This strategic workgroup is developing a consistent method for identifying and engaging homeless and those at risk for homelessness across the three Departments.

During this last reporting period, DPH submitted a grant application to the Robert Wood Johnson Foundation to conduct a study on the effectiveness of the DHS Housing for Health (HFH) permanent supportive housing model. The grant is expected to fund an assessment from June 2016 through June 2018. This grant will enable us to examine the effectiveness of the permanent supportive housing model we have in place, which includes affordable housing, rental subsidies, health and supportive services for tenants and its impact on health outcomes and health care utilization.

On February 16, 2016, your Board requested an update on the number of housing slots available to those with substance abuse, and whether there is a plan to expand the number of slots. We currently have access to 1,304 treatment slots/beds. Below are the broad categories of treatment slot/bed types and their associated maximum length of stay.

Type/Description	Target Population	Number of Slots/Beds	Maximum Length of Stay (Days)
Residential Medical Detoxification	Individuals with substance use disorders	49	9
Residential Treatment	Individuals with substance use disorders	1226	90-120
Alcohol and Drug Free Living Centers	Individuals with substance use disorders who participate in drug court and are enrolled in drug court outpatient treatment services	29	90

As part of the Drug Medi-Cal Waiver, there are also plans to increase the number of residential treatment services. On March 29, 2016, thanks to your Board's support, you approved 26 Substance Use Disorder contracts that provide bridge funding while work takes place to implement the Waiver. This bridge funding and subsequent implementation of the Waiver and will assist our goal to greatly expand residential treatment services.

Your Board also requested information on what is being done to expand housing options for women with children and to address the lack of sufficient shelter in the San Gabriel Valley. The Los Angeles Homeless Services Authority (LAHSA) operates the Homeless Family Solution System (HFSS), which is the coordinated entry system for homeless families in Los Angeles County that can be accessed via 211. Each Service Planning Area has a Family Solution Center (FSC) and in San Gabriel Valley, the FSC

is Union Station. The lack of sufficient shelter across areas like San Gabriel Valley continues to be a challenge and we are working closely with LAHSA and other community organizations to recruit more shelters and housing.

### **Diversion of Corrections Involved Individuals to Community-based Programs and Services**

This strategic priority focuses on successful diversion of corrections-involved persons with mental illness and addiction who may otherwise have spent time in county jail or State prison by linking them to structured, comprehensive, health programming and permanent housing as tailored to the unique individual's situation and needs. A status report was submitted to your Board on March 14, 2016 detailing the current progress made. With the new funding approved by your Board, my team has been in active recruitment of staff as well as setting up a sobering center in Skid Row. The sobering center is one example of the innovative projects that the ODR is undertaking. We will continue to share more information on the status of opening this center.

### **Implementation of the Expanded Substance Use Disorder Benefits**

Substance Abuse Prevention and Control (SAPC) is now situated under the Health Agency's Community Health Division. The Health Agency continues to support the development of a Drug Medi-Cal Organized Delivery System (DMC-ODS), which will expand access to a range of additional benefits to address substance use disorder (SUD) services for qualified patients/clients.

The DMC-ODS fulfills an unmet need in the continuum of care for many of the most vulnerable residents who use County and private health systems or interact with the criminal justice system. In addition to the available current outpatient, intensive outpatient, and narcotic treatment programs, the additional benefits include case management, medication-assisted treatment, recovery support services, residential treatment, and withdrawal management. SAPC staff are working diligently with Center for Medicare and Medicaid Services (CMS), the State, and local service providers to roll out services for SUD patients served by the Health Agency Departments and community providers.

### **Chronic Disease and Injury Prevention**

The overall objective of this priority is to align and integrate population health strategies with personal health care services so that County of Los Angeles clients can benefit from both the receipt of quality chronic disease management services and thrive in safe and healthy communities.

A number of initiatives are currently underway to strengthen the linkage between personal and population health, including the scale and spread of chronic disease prevention and management programs like the National Diabetes Prevention Program; access to evidence-based tobacco cessation treatment; and evidence-based programming to reduce trauma and violence. The Parks After Dark (PAD) program, exemplifies the nexus and the opportunities for linking services and resources from DHS, DMH, DPH, and the community.

The PAD Program aims to reduce violence and trauma and to promote social cohesion in high-risk communities. With the planning work done by the Health Agency's *Chronic Disease and Injury Prevention* strategic priority workgroup, a more expansive framework for the program has been developed. When geographically feasible, the PAD program will link DHS, DMH and DPH clinics, community organizations, and community resources together to create health neighborhoods committed to reducing violence and trauma and improving health. For example, as part of this broader trauma and violence prevention initiative, the PAD program will work with the Health Agency clinics and community organizations to promote evidence-based programs for community members, patients, clients, and family members who use DHS, DMH and DPH services. Promotional and educational programs like DMH's mental health first aid (MHFA) will be offered to assist community residents in recognizing and managing trauma-related mental health conditions. The PAD program will also work closely with the Emergency Medical Services (EMS) Agency to track trauma and other related metrics to provide a proxy of the progress made over time.

### **Additional Integration Activities**

Recently, the Health Agency has had an important presence in the response to both the Aliso Canyon Gas Leak in Porter Ranch and the Exide Battery Recycling Plant in Vernon. The three Health Agency departments worked collaboratively to implement a number of action steps that have been reported to your Board as part of the updates on both these environmental disasters. The collaboration between the three departments resulted in greater understanding of each department's mission, resources and roles, and has resulted in more robust community engagement campaigns and streamlined access to County services. A recent video has been produced by the CEO's office highlighting this effort in the communities surrounding Exide. The video can be accessed here: <https://vimeo.com/162121768>.

### **Financial Status of Each Department**

At the February 16, 2016 Board meeting, your Board requested information on whether there is a need to change and expand the criteria or combine funding streams. All three Departments have maintained separate budgets as directed by your Board in the creation of the Health Agency. However, the Departments will continue to look for opportunities to consolidate and leverage funding to integrate services and support for patients. The Medi-Cal 1115 Waiver's Whole Person Care initiative, for example, aligns well with our Health Agency goals and mission and further integrates services to meet the person's needs. Below is a brief update of the Whole Person Care Waiver initiative.

**Whole Person Care (WPC) Waiver:** The overall framework of the "whole person care" approach is to support delivery systems like ours with a large number of vulnerable patients and high risk populations to develop the appropriate infrastructure to meet the person's health (behavioral, medical and substance use) and social service needs. The WPC is a new component to the 1115 Waiver renewal and the details of the program

are still in development at the State level. The Health Agency was informed that it should be ready to submit an application this summer. If approved, this program will start in FY 17-18. Much planning and work will be needed to define the target populations, identify health and social service support, and work with the California Department of Health Care Services (DHCS) to establish reimbursement mechanisms. The Health Agency intends to submit the application to DHCS once the call for applications is released.

### **Stakeholder Engagement**

On March 2, 2016, we convened the first virtual Health Agency town hall. The panelists included Dr. Robin Kay, Cynthia Harding, Dr. Jeffrey Gunzenhauser, senior labor leaders, and me. The labor leaders present included Dr. Stuart Bussey (UAPD), Gavin Koon (I.U.O.E. Local 501), Theodora McKenna (AFSCME local 2712) and Bob Schoonover (SEIU 721). Alina Mendizabal, a DHS staff and SEIU 721 member, facilitated the discussion. The town hall centered on how we all can work together to fulfill the Health Agency's mission and goals and presented staff an opportunity to ask questions directly to Health Agency and union leaders. This town hall was broadcasted and recorded for all Health Agency staff to see. It is estimated that over 700 staff were able to view the town hall live and recordings are now available on departmental intranet sites. Future Health Agency town hall meeting, along with DMH and DPH specific town hall meetings, are being planned for this summer.

Health Agency and union leaders also continue to meet regularly as part of our partnership to transform our system. The focus of these meetings is to create a common Health Agency labor and management culture and practice with staff engagement and improve services for patients and clients that we serve.

Besides working closely with our union partners, members of my team and I are also actively engaged with the Health Agency Integration Advisory Board (IAB) and community stakeholders. Four Strategic Priority workgroup chairs have spoken at the IAB meetings. I also spoke at the IAB meeting on April 27, 2016 and responded to their questions they raised in their first bi-annual report to your Board. I have also spoken with a number of key community stakeholder organizations in the past few months. A list of those stakeholder organizations is included in the attachment. I will continue to make myself and members of my team available to provide updates and gather stakeholder input.

### **Additional Follow Up from the February 16, 2016 Board Meeting**

**Medical services at the Lynwood Jail:** Your Board requested information on the medical and dental appointment process at the Century Regional Detention Facility (CRDF or Lynwood Jail for Women) and the efforts to provide sufficient services. The Sheriff's Medical Services Bureau (MSB), in collaboration with DHS, has been working to enhance patient care throughout custody facilities, including CRDF. The recent identification and introduction of additional physicians and other healthcare providers

continues to assist MSB to reduce the backlog of clinical appointments. These additional resources will help mitigate problems caused by existing vacancies. Pending the transition of all clinical services to DHS, MSB and DHS have streamlined the recruitment and application process for jail healthcare personnel, and now have eight (8) new physician candidates in the hiring process.

As for current services provided at CRDF, routine dental care is now being provided within two months of the request. Priority is also given to pregnant women and inmates needing urgent or emergent medical and dental care. Female patients are currently waiting approximately three weeks to see a provider for routine (non-urgent/emergent) needs. Pregnancy testing is universally offered upon entry into the custody system and all pregnant women are seen within 72 hours.

The ongoing transition of services from MSB to DHS has promoted increased communication, review of processes and resulted in overall systems improvement in patient care.

**Deferred Maintenance:** Your Board requested information on how the three Departments plan to prioritize facilities in need of upgrades and repairs, and also for the Health Agency to review its portfolio to identify savings that could be realized by optimizing facility use. The administrative deputies and staff are collecting the necessary information to review the portfolio together on how best to address this critical issue, keeping in mind the goal of improved customer service and access for patients.

### **Summary**

The Health Agency continues to make progress on the goals set forth by your Board to meet the health needs of our County residents more effectively. If you have any questions or need additional information, please let me know.

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Attachment

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors