LOS ANGELES COUNTY
HEALTH AGENCY

November 13, 2018

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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."

TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Fred Leaf
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SUBJECT: **HEALTH AGENCY UPDATE (ITEM #S-1, AGENDA OF AUGUST 11, 2015) AND PRESENTATION OF REVISED HEALTH AGENCY STRATEGIC PRIORITIES**

On August 11, 2015, the Board of Supervisors (Board) approved the establishment of the Los Angeles County Health Agency (Health Agency) to integrate services and activities related to the eight strategic areas across the Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH). The Board established a quarterly item on the Board Agenda to report on progress made by the Health Agency. The Health Agency's last report was submitted to the Board on May 8, 2018.

This report includes a summary of the Health Agency's progress in meeting the goals of the original eight Strategic Priorities (Attachment I) and presents a revised set of Health Agency Strategic Priorities (Attachment II). It also includes a crosswalk of the 2015 Health Agency Strategic Priorities and 2018 Proposed Health Agency Strategic Priorities (Attachment III).

Background on the Health Agency's Eight Strategic Priorities

On September 29, 2015, the Board approved a set of eight strategic priorities (Figure 1) and an operational framework for the Health Agency. The Health Agency has provided a series of reports on its progress and achievements for each of the priorities. While great progress has been

made in each of the strategic priorities, the Health Agency together with the Health Agency departments, believe it is critical to revisit these priorities to ensure we continue to meet our mission to improve the health and well-being of Los Angeles County residents through the provision of integrated, comprehensive, culturally appropriate services, programs and policies.

Figure 1: Health Agency Priorities

Consumer Access and Experience	Diversion of Corrections Involved Individuals to Community-Based Programs and Services
Housing and Supportive Services for Homeless Consumers	Implementation of Expanded Substance Use Disorder Benefit
Overcrowding of Emergency Departments by Individuals in Psychiatric Crisis	Vulnerable Children and Transition Age Youth
Access to Culturally and Linguistically Competent Programs and Services	Chronic Disease and Injury Prevention

Evaluation of the Health Agency Model

Upon establishing the Health Agency, the Board directed the Chief Executive Office (CEO) to convene a temporary Integration Advisory Board (IAB) to provide semi-annual reports to the Board on the impact of the Health Agency on ongoing Departmental activities and operations and on achieving the County's health-related priorities. The IAB provided its last report on November 15, 2017.

On December 6, 2016, the Board directed the CEO to report back with an assessment of the Health Agency. On September 22, 2017, the CEO issued the evaluation of the Health Agency model conducted by TAP International, Inc. (TAP).

Both the IAB and TAP reports noted achievements and advantages of the Health Agency model, which included improved and increased collaboration, communication, integration of information technology, collective crisis response and a move towards integrated services with new program development. However, both reports cited the need for a Health Agency budget and core staff, as well as, the need for the Health Agency to pursue additional opportunities to streamline business processes (e.g. human resources, contracting, procurement, etc.), achieve positive fiscal impacts and improve the delivery of services through integrating care.

Revised Health Agency Strategic Priorities

The Health Agency proposes adopting a revised set of Strategic Priorities (Figure 2), intended to serve as the Health Agency's roadmap to provide improved patient outcomes through the integration of services and operations. The proposed strategic priorities and goals will move the Health Agency closer towards providing a transformational, comprehensive and integrated health care system, where the three departments continue

to work together in a coordinated fashion to provide better patient care, to share responsibility for patient outcomes and to realize system-wide efficiencies.

Figure 2: Proposed Agency Priorities

Ensure Access to Integrated Health Services	Improve Administrative and Operational Effectiveness and Efficiencies
Maximize Clinical Resources	Respond to Emerging Threats
Enhance Health Equity and Reduce Health Disparities among Vulnerable Populations	Engage and Pursue Business Partnerships with the Bioscience Community
Implement Just Culture	

The proposed Health Agency priorities are more thoroughly outlined in Attachment II. with the exception of the "Housing and Supportive Services for Homeless Consumers" and "Diversion of Corrections Involved Individuals to Community-Based Programs" priorities, (i.e. Housing for Health and Office of Diversion and Reentry), which fall under the purview of the CEO's Office of Health and Social Impact, the activities and initiatives outlined in the original strategic priorities will continue as part of the revised strategic priorities, as outlined in Attachment III.

NEXT STEPS

These revisions reflect the Health Agency's renewed focus on fully realizing the benefits of health care integration and continued collaboration. The strategic priorities will be further refined and expanded to include workplans and outcome measures. We will report back to your Board with a status on the revised Strategic Priorities during the next Health Agency update.

As the Health Agency evolves, we will continue to work with our staff, union partners, consumers, community stakeholders and your offices to improve our services for County residents.

If you have any questions or need additional information, please let me know.

FL:au

Attachments

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

Consumer Access and Experience

Improve Consumer Experience

1. Consumer experience will improve across the Health Agency by 10 % over the next two years as measured with standard survey tools.
    - In 2018, 80% of DHS primary care patients would recommend their ambulatory clinic/hospitals to their friends and family. This is a 5% increase from 2016. Overall, eight out of ten patients are recommending DHS services because of their positive care experiences.
    - Previously, DPH administered a patient experience survey at its 14 public health centers as part of the 2016 Health Agency Assessment of Consumer Access and Experience with Clinical Services in the Health Agency Departments.
    - The survey consisted of a common set of survey questions involving several domains: 1) demographics, 2) provider results, 3) access to care, 4) provider's communication quality, 5) office staff performance, 6) access to care in the past 3 months, 7) clinic appearance, and 8) cultural and linguistic competency.
    - DPH will be administering its 2018 DPH Patient Experience Survey again in late Fall 2018. The questions will remain the same and will allow for comparison of data over the two surveys to identify trends. The data will be used to improve wait time, staff performance, and clinic appearance.
    - The survey is available in English, Spanish, Armenian, and Farsi, and is a self-administered survey.

Enhance Clinical Sites with Co-Located Services

2. Enhance four clinical sites with co-located services or designated regional health neighborhood partnerships by end of Calendar Year (CY) 2017.
    - Curtis Tucker Health Center and Torrance Health Center are continuing to see an increase in volume of patients served, with seamless warm handoffs between DHS and the DPH.
        - Curtis Tucker Health Center will be undergoing remodeling of the building to improve the integration of services and patient-friendliness of the clinic and waiting area, and to add a community room to enhance engagement of the residents in the community. DMH plans to join the team within this fiscal year to provide behavioral health services.
        - Torrance Health Center continues to enroll new patients into the health center and are now serving almost 300 patients a month with the expectation that the volume will continue to increase as we empanel patients referred from various areas including public health, the surrounding hospitals, urgent cares centers as well as those self-referred.
    - In February 2018, the East San Gabriel Valley Health Center (ESGVHC) received certification to be a Medi-Cal Managed Care provider.
        - ESGVHC is actively working with DMH to identify cases and assign patients who are members of LA Care and Health Net Medi-Cal Managed Care

Health Plans.

- East Los Angeles Health Center is able to serve as a referral center where individuals from Exide-exposed areas of Los Angeles County can be tested for lead exposure. DHS and DPH will continue to work together to streamline the referral process and facilitate access for patients who could benefit from testing.
- In February 2018, West Valley Health Center started providing adult primary care services to the western San Fernando Valley.
    - The clinic is gradually increasing its hours of operation as empanelment numbers and patient demand increases.
    - In September 2018, West Valley Health Center staff coordinated the transition of primary care for DMH patients at San Fernando Mental Health Center from an expiring contract with Tarzana Treatment Center to empanelment for primary care at West Valley Health Center.

Operationalize a Health Agency Wide Referral System

3. Operationalize a Health Agency-wide referral system and necessary infrastructure to track and refer patients from one Health Agency department to another.
    - The eConsult intra-agency referral system is fully implemented and data analytics are readily available to facilitate tracking of referrals.
    - All DHS, DPH and DMH sites are incorporated in eConsult (including co-locations).
    - Future expansion of intra-agency eConsult is possible, including for management of residually uninsured individuals with mild to moderate mental illness.
    - Performance metrics are being monitored by the eConsult team.

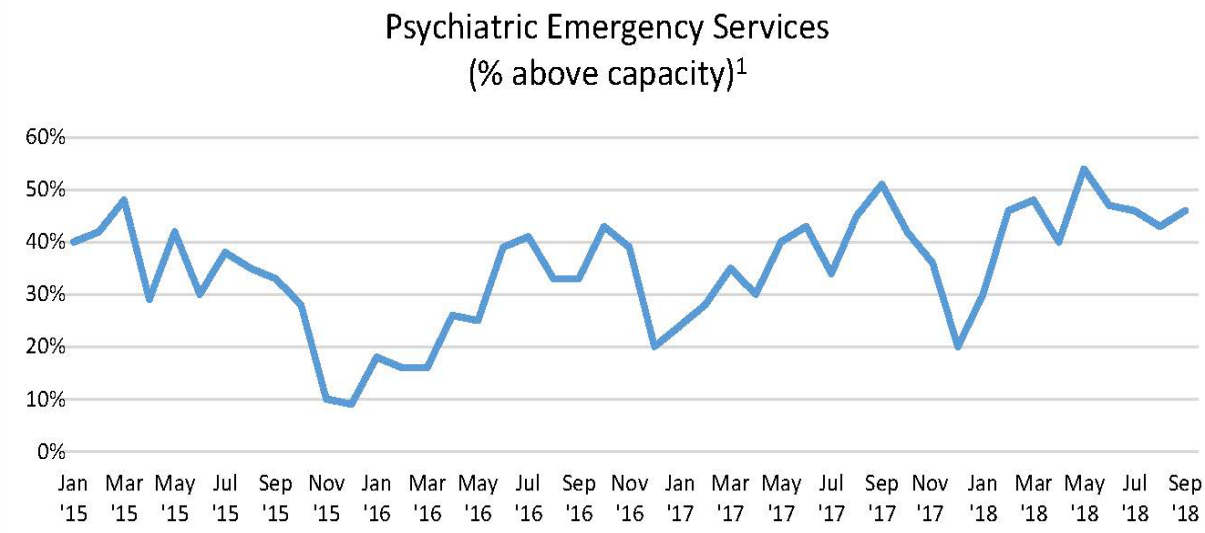
Implement Information Technology Solutions that allow Departments to share Demographics and Clinical Information of Shared Clients

4. Implement the recommended information technology solution that allow Health Agency Departments of EHRs to share demographic and clinical information for shared clients by FY 2018.
    - In June 2018, DMH went live on the Los Angeles Network for Enhanced Services (LANES) and completed the onboarding onto the Integrated Behavioral Health Information System (IBHIS).
        - The IBHIS integration with LANES now provides DMH the ability to electronically and securely share clinical and demographic patient data with healthcare providers participating in the LANES network.
        - Client data is continually updated and configured in IBHIS to transmit data automatically when significant clinical, service or demographic data is updated in a client record.
        - LANES is a "receiver" of data and has no role in maintaining or updating IBHIS data.

    - Prior to LANES, provider options for data sharing within LA County and with non-LA County providers consisted of time consuming, unsecure and potentially inefficient processes such as fax, email, US postal mail and other manual methods for sharing patient clinical data.
    - DMH integration to LANES is drastically improving client care coordination by providing data that is timely, accurate, and easily accessible across providers to support informed treatment decision-making while also decreasing the need and cost of duplicate procedures, testing, medication prescriptions and readmissions.
    - In addition, by virtue of onboarding to ORCHID, DPH providers are able to access LANES data. DPH is currently negotiating with LANES to expand its participation.
- DPH and DMH are currently working to establish a cloud-based solution to exchange data with network providers. Providers that work with both DMH and DPH will be able to exchange data with the Los Angeles County's Substance Use Disorder Information System (Sage) and IBHIS in a unified, standards-based fashion.
    - The ability for providers to securely and electronically exchange data between SAGE and IBHIS is a large step towards making the medical services we provide more seamless and efficient for our patients and clients. This particular accomplishment enhances care for those DMH and DPH clients/patients who are being treated for mental health and substance abuse issues.

Overcrowding of Emergency Department by Individuals in Psychiatric Crisis

1. Decrease the number of days that County Psychiatric Emergency Services (PES) is above capacity by 5%, as compared to the prior year.
    - There was a 7% increase in the number of days that the PES was above capacity (2017 vs. 2016) and a 2% increase (2018 vs. 2017). DHS and DMH continue to work together to identify ways to reduce the volume of patients that need to come to the PES and to accelerate discharge from the PES. An area of focus is timely management and placement of conserved patients with no acute indication for admission on an inpatient psychiatric unit.



[1] Note: From 2015 to April 2018, capacity was as follows: HUMC= 29; LAC+USC= 20; OVMC= 22. In May 2018, Harbor opened its Adolescent PES unit with a capacity of nine (9). Thus, current PES capacity is: HUMC Adult= 29; HUMC Adolescent= 9; LAC+USC= 20; OVMC= 22.
Note: Data on May 2018 Health Agency report was in error. Correct data reported here.

Psychiatric Urgent Care Centers

- The DMH-DHS workgroup continues to focus on various initiatives to improve processes in PES. These include increasing the usage of private inpatient beds to supplement County beds. In addition, psychiatric Urgent Care Center (UCC) capacity has been expanded along with first responders' use of UCCs rather than PES.
- On June 12, 2018, DMH contracted with Exodus Recovery, Inc. to implement a UCC on the Harbor-UCLA Medical Center campus. The UCC has capacity for 12 adult chairs and 4 adolescent chairs and will serve up to 45 individuals per day.
- In August 2018, DMH through a contract with Star View Behavioral, Inc. (Star View), implemented a UCC in Long Beach, with capacity for 12 adult chairs and 6 adolescent chairs, and will serve 45-60 individuals per day. Both UCCs have crisis walk-in clinics as well as secure areas that can admit individuals on 5150s.
- In June 2018, DMH contracted with Providence Hospital in San Pedro to provide UCC services for up to 8 individuals at any given time.
- In March 2019, the San Gabriel Valley Star View UCC is projected to open in the City of Industry and serve 45-60 individuals per day.
- The Board has approved additional funding for further expansion of up to four UCCs and will be deployed expeditiously.

Crisis Residential Beds

- Crisis Residential Beds: DMH has opened 3 Crisis Residential Treatment Programs (CRTPs) with 45 beds for individuals in crisis being discharged from County hospital emergency rooms and inpatient units and UCCs. The CRTPs are an acute diversion model that provides 24/7 intensive residential treatment services for individuals in crisis

who require further stabilization and linkage to community services and supports upon discharge.

Access to Culturally and Linguistically Competent Programs and Services

Assessing Consumer Experience with Cultural and Linguistic Services

1. Assess consumer experience with cultural and linguistic services delivered at the Health Agency clinics by end of Calendar Year (CY) 2017.
    - DHS hospitals, outpatient centers, and comprehensive health center facilities conduct the "Consumer Assessment of Healthcare Providers & Systems" (CAHPS® Survey) on an on-going basis. Additionally, DHS conducted a survey with three "Custom Questions" related to cultural competency at all 43 DHS outpatient primary care clinics and facilities, during the period of March 1, 2018, to August 31, 2018. Data for September is not available yet.
    - Of the patients that answered the question asking to rate their provider, DHS' findings for the three cultural competency patient satisfaction questions are as follows:
        - 82% of patients, out of 2,980 patients who responded to the question, agreed or strongly agreed that staff were sensitive to their cultural background.
        - 97% of patients, out of 3,093 patients who responded to the question, stated that they were provided services in their language.
        - 95% of patients, out of 3,100 patients who responded to the question, stated that written information was available in their language.
    - In September 2018, DHS hired a Consulting Physician (with a prior professional background as a medical interpreter) who will work with DHS leadership and facility-based leadership to assess and analyze our ability to serve non-English-speaking patients, evaluate DHS' infrastructure for gaps in provision of language interpretation services, and make improvements where necessary.
    - On October 2, 2018, the Board of Supervisors approved DHS' request for a total of 66 Healthcare Interpreter positions through the Fiscal Year (FY) 18-19 Supplemental Budget. Hiring will commence once positions additions are finalized.
    - From April 2018 to September 2018, "DHS Appointment Service Center" received 9,570 calls from patients in need of language access and provided 94,649 minutes of interpretation service.

Improving Cultural and Linguistic Capacity

- DHS, DPH and DMH are active participants in the Labor Management Transformation Council - Cultural Competency Workgroup where the goal is to increase cultural intelligence within the Health Agency to improve the quality of human relationships for all persons connected to the County of Los Angeles.

- DPH, DMH, and DHS provided numerous staff development opportunities to improve quality and provision of culturally appropriate and sensitive services. Specific activities include:
    - Conducting online and in-person training on Implicit Bias and Cultural Competency for all DPH, DMH, and DHS staff;
    - DPH hosting a *Skid Row Marathon* screening and panel discussion;
    - DPH offering several Expert Speaker Series webinars on key topics related to cultural competency;
    - DPH sponsoring *Measuring Racial Equity: A Groundwater Approach* seminar for Agency and external partners;
    - Developing and Conducting in-person training on Sensitive Locations policy and practices for all DPH, DMH, and DHS staff, including a Sensitive Locations Policy and tool kit; and
    - DPH, DHS, and DMH participating in cohorts of the Government Alliance on Race and Equity training.

Institute for Cultural and Linguistic Inclusion and Responsiveness (ICLIR)

- The Institute for Cultural and Linguistic Inclusion and Responsiveness (ICLIR) continues to meet monthly.
- The ICLIR developed the ICLIR concept paper detailing a description of the institute, membership, proposed projects for FY 18-19 and a request for ICLIR dedicated staffing.
- Departmental leads from DHS, DPH and DMH presented data on respective bilingual certified staff by language to inform the ICLIR on current HA language capability. The information was used to locate examiners for Arabic-speaking staff who needed to be tested for bilingual certification and DMH bilingual certified staff field-tested the Center for Health Equity (CHE) Action Plan translation in Korean and Spanish.
- Plans in development to add an ICLIR webpage into the CHE website to provide resources for HA departments and community partners, including data/reports, projects, research articles and multimedia materials related to cultural competency, health equity and disparities.
- ICLIR continues to establish connections with community partners. To date, the following community/county organizations are involved with ICLIR providing input in creating the virtual library:
    - Asian Pacific Islander Forward Movement
    - LA County Commission on Human Relations
    - Native American Cultural Brokers
    - Esperanza Community Housing
    - Urban Indian Health Institute
    - The Wall Las Memorias
    - The Wellness Center

Implement a Common Set of Demographic Information

2. Implement a common set of basic demographic information (i.e. race, ethnicity, language, sexual orientation and homeless definition) by end of Calendar Year (CY) 2017.
    - DHS and DPH are using a common set of demographics. Additionally, a crosswalk was completed with DMH and it was determined that the Departments are collecting very similar demographic information which does not require any modifications.

Implement New Community Based Programs and Increase the Number of Promotoras and Community

3. Implement five or more new community based programs (i.e. promotoras, community health workers, health promotoras, navigators) and cross-train existing staff by end of CY 2017.
    - In June 2018, a redesigned Community Health Worker (CHW) bulletin was opened and 380 applications were received. The bulletin was developed in partnership with the Department of Human Resources (DHR) and aimed to increase the capacity of Whole Person Care-LA (WPC-LA) care teams to meet the complex care needs of WPC-LA's growing participants. The CHW's were hired and trained and are working in direct client engagement across a variety of programs including Homelessness, Mental Health, Substance Use, Transitions of Care, Re-Entry, MAMA's, Transitional Age Youth. An expansion of the agreement, in partnership with the Office of Diversion and Reentry allowed for intensive case management services to be provided to individuals returning home from jails and prisons.
    - WPC-LA's Capacity Building team developed comprehensive, initial training curricula for these CHWs that includes 25 training sessions over several months. Training topics are delivered by the WPC-LA Capacity building team, and community-based training partners operating through a Training Master Services agreement. Topics include: Motivational interviewing, case management principles, Medi-Cal and DPSS service navigation, Behavioral health (e.g. substance use disorders and mental health first aid), housing and health, incarceration and health, working with people who identify as LGBTQ+ and people with disabilities, trauma informed care, working in multidisciplinary teams, and others.
    - DPH engaged and hired Promotores De Salud to increase culturally appropriate and sensitive outreach to and service navigation for vulnerable populations.
        - Recruitment, hiring, and workforce development for Promotores was increased across the Health Agency.
        - Internal and external Promotores were convened at a bilingual capacity-building event.

- Promotores were a part of key health outreach efforts, including Exide and mosquito-borne disease prevention activities.

Community Feedback and Engagement

- Diverse communities across the County were engaged to obtain recommendations on health equity efforts.
  - DPH hosted community forums in all geographic areas and for specific populations.
- DPH initiated and supported interdepartmental and intergovernmental collaborations to improve the development and coordination of culturally sensitive services. Partners include:
  - Women & Girls Initiative
  - Department of Children and Family Services LBGTQ+ Steering Committee
  - County Implicit Bias and Cultural Competence Summit in January 2018
  - LA City and County American Indian/Alaska Native Commission
  - Latin American Consulates
  - Office of Immigrant Affairs
  - Cities of Pasadena and Long Beach Public Health Departments
- DPH improved language access to its materials. For example, the Center for Health Equity Draft Action Plan was translated into all threshold languages.

Implementation of Expanded Substance Use Disorder Benefits

Scope and Quality of Substance Use Disorder (SUD) treatment service

1. By 2020, increase percent of Medi-Cal or uninsured people who receive SUD treatment from 18% to 23%.
   - Six of DHS' seven pilot primary care clinics have been certified by the California Department of Health Care Services as Drug Medi-Cal sites; we are awaiting confirmation by the State on the 7th. These outpatient sites will join other County-operated sites to significantly expand the footprint of SUD services under the Health Agency. DHS will seek certification for its remaining primary care clinics in the coming year after operations reach steady-state in the pilot sites.
   - DHS hired and trained members of the Integrated Behavioral Health team including Senior Clinical Social Workers, Medical Case Workers, and Substance Use Disorder Counselors who work in the pilot SUD sites. Most of the teams have already started to provide assessment and treatment.
   - DPH launched Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver to significantly enhance the clinical and financial infrastructure of the specialty SUD treatment system in Los Angeles County.
   - DPH implemented 750 Recovery Bridge Housing (RBH) beds to ensure that individuals who are homeless and/or in need of recovery-oriented living environments have access to transitional housing while they are in outpatient SUD treatment.

Care Coordination, Screenings, and Referrals

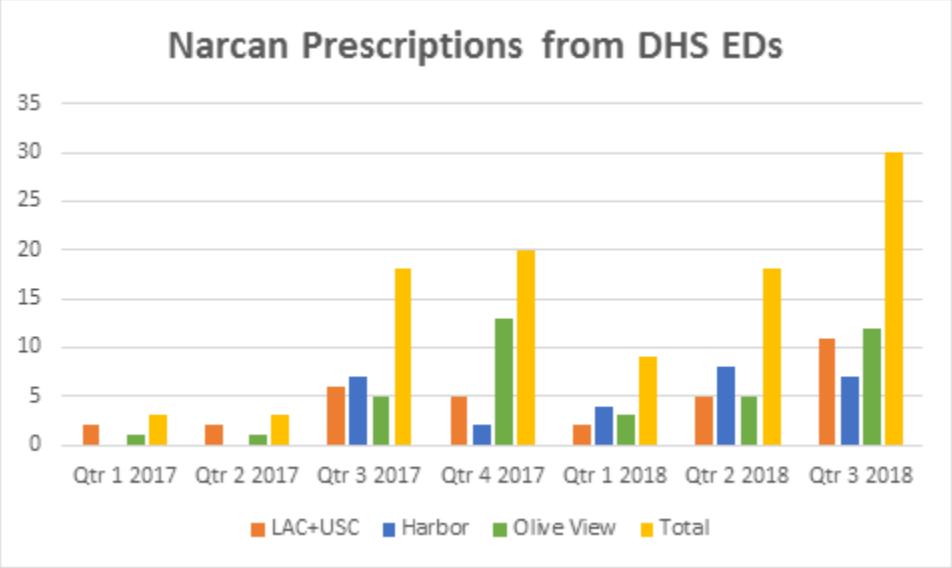
2. By end of 2018, train at least 80% of designated Health Agency clinical staff on Screening, Brief Intervention, and Referral to Treatment (SBIRT) for SUDs.
    - DHS has an existing screening process for alcohol use disorder that is offered to all empaneled patients during their initial enrollment with primary care services. DHS is revising the standardized screening measures to meet criteria as Public Hospital Redesign + Incentives in Medi-Cal (PRIME) Measures. A screening process for DHS emergency and hospital facilities is underway, as the screening tools used in primary care are not always appropriate to patients receiving higher intensity medical care services.
    - DMH trained all their clinicians on SBIRT.
    - DPH launched an electronic health record for the specialty SUD treatment system, known as Sage, to establish the technological infrastructure necessary for enhanced care coordination.
    - In partnership with DHS, DPH launched the SASH, a 24/7 call center to perform triage screenings on individuals seeking SUD treatment to facilitate referrals to the most appropriate provisional level of SUD care. DHS and DPH anticipate sharing outcome data in 2019.
    - DPH launched the Service and Bed Availability Tool (SBAT), a web-based service locator and provider directory that is filterable according to level of care, language, service type, or population type, to facilitate targeted referrals for individuals and health providers across the County.
    - All health departments under the Health Agency are working together on various opioid-focused initiatives, such as the Help for Addiction Recovery and Treatment (HEART) Collaborative and the countywide opioid coalition known as Safe Med LA.

Access to Medications for Addiction Treatment (MAT) increased.

3. Increase qualified Health Agency patients receiving medication-assisted treatment from <1% to 3% by 2020.
    - At present, all medications that are FDA approved to treat opioid use disorder have been included on the DHS medication formulary and can be prescribed for DHS patients.
    - DHS emergency departments are in the process of receiving training and materials that promote emergency-department initiated medications for addiction treatment, and are establishing the use of these medications as standard practices.
    - DPH and DMH have both increased the percentage of patients who accessed Medication Addiction Treatment (MAT) within the specialty SUD and mental

health systems, respectively.

- DMH is adding two directly operated DMH clinics to the California Hub and Spoke system to increase access to MAT for DMH clients.
- DHS is also working on expanding Narcan education. DHS has had an increase in the number of Narcan prescriptions from the EDs. About 50% of all Narcan prescriptions are generated from the EDs.



- DHS is in the process of training DHS primary care providers to prescribe MAT, and at present all hospital-based primary care centers have X-waivered prescribers authorized to prescribe or dispense opioids for dependency treatment. DHS is in the process of expanding this capacity such that there will be multiple X-waivered prescribers at all DHS ambulatory care sites.
- DHS is developing and deploying treatment models of medication management of alcohol, opioid, and tobacco use disorders in primary care that optimize efficient clinical staff utilization. We anticipate these being established and in place in 2019.

Vulnerable Children and Transitional Age Youth

Comprehensive Health Screenings and referrals of Department of Children and Family Services (DCFS) involved youth and Medical Hubs

1. Each DCFS involved child/youth receives comprehensive health screening and referrals to specialties within 30 days by CY 2017. Specialty referrals if needed include mental, physical and substance use services.
    - Recent Office of Child Protection (OCP) analysis of data from DHS and the DCFS shows room for improvement in providing Initial Medical Examinations (IMEs) within specified target timelines (Attachment Ia).

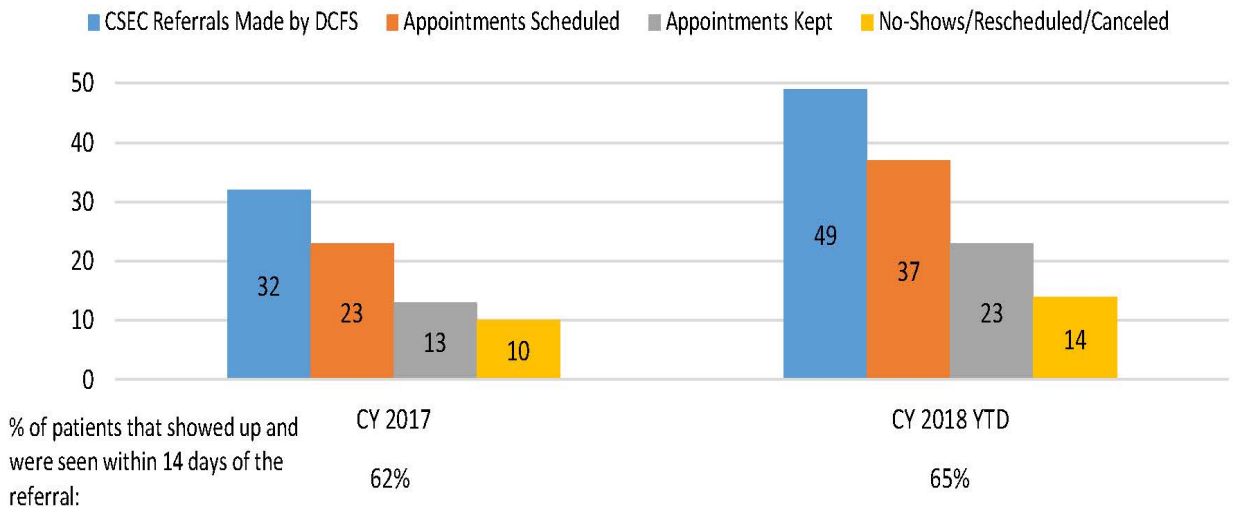
- The Health Agency is preparing a comprehensive report to the Board on how to continue to improve and enhance the Medical Hub system of care.
- The Medical Hubs have continued efforts to improve data management systems and to increase the presence of mental health services at all the Medical Hub locations.
- In response to the Board request to improve the Medical Hub services in the High Desert/Antelope Valley region, the OCP, DCFS, DMH, and DPH have outlined a strategy to improve access and coordination across service agencies. Specific aims with actions to date are as follows:
- Increase timely access to forensic evaluations
    - Medical Hub team members from regional Medical Hub offices have been deployed to the High Desert Regional Health Center (HDRHC) Hub to provide forensic services.
        - Effective August 15, 2018, forensic services increased from one to three days per week.
        - Effective November 15, 2018, forensic services will be available four days per week with expansion to five days a week anticipated by the end of 2018.
- Improve staffing at the HDRHC Medical Hub
    - Staff have been temporarily redeployed to HDRHC while new staff are being recruited.
    - Transportation to HDRHC has been arranged for visiting staff to mitigate the challenge of the long commute to HDRHC.
    - An experienced forensic Nurse Practitioner has been recruited to work at the HDRHC Medical Hub with orientation starting on November 1, 2018.
    - A senior physician item has been identified to hire additional leadership in the HDRHC Medical Hub to work alongside the clinic director.
    - As a result of the above changes, the number of forensic evaluations and IMEs have more than doubled in HDRHC over the past three months.
    - DHS Human resources is working with CEO on a new salary structure for providers working in the High Desert who have experience in forensics.
- Increase mental health services at the HDRHC Medical Hub
    - In August of 2018, DMH allocated additional personnel to the HDRHC Hub to increase access.
    - Hours of mental health coverage will be expanded to meet the needs of the patient population serviced.
    - DMH developed staffing patterns to support each of the four Medical Hubs based on historical data from 2016 to present,

identified vacant items to augment the staffing patterns and began interviewing applicants.
        - DMH continues to work closely with DCFS, DPH, DHS and OCP to identify barriers and develop consistent processes for the timely access to mental health care for children involved in the foster care system.
- Improve coordination of services between DCFS, DHS, DPH, and law enforcement
    - OCP, DCFS, and DHS leads (including Medical Hub leads and HDRHC staff) have met to create a workplan for implementation of strategies to improve coordination of services.
    - DCFS, DHS, and the Sheriff's office met on September 20, 2018, to outline a plan for training across service lines so that child-centered, timely evaluations will remain the priority.
    - A DHS/DCFS town hall meeting was convened on October 11, 2018, in the Lancaster DCFS office; field workers and supervisors provided input on their needs for medical consultation and timely evaluations in the Antelope Valley and other regional Hubs.
- DPH's Health Care Program for Children in Foster Care (January - September 2018)
    - Services provided by Health Care Program for Children in Foster Care (HCPCFC) public health nurses (PHNs) include consultations and follow-up on physical exams. Between January 1, 2018, and September 30, 2018, there were 30,948 unique children/youth included in the HCPCFC database.
    - During this period 42,019 consultations were provided for children and youth in foster care. In addition, 17,484 physical examination follow-ups were provided for 15,267 clients.
        - Number of unique clients – 30,948
        - Number of consultations – 42,019
        - Number of unique clients with consultations – 30,948
        - Number of follow-up for physical exams – 17,484
        - Number of unique clients with follow up on physical examination – 15,267
        - Consultations: Consultations are conducted for new children entering the foster care system as well as those currently in foster care. PHNs consult with child social workers, supervising child social workers, physicians and other PHNs regarding a specific child or youth. Consultations include review of previous consultations, past medical documentation (purple folder), medical records, and the existing Health Education Passport (HEP). Consultations also address requests for additional follow-up related to current physical and dental exams. PHNs complete PHN progress notes in CWS/CMS (data management system) and update the HEP.
- Physical Exam Follow-Ups: PHNs review CWS/CMS and the HEP for current

physical and dental exams and follow-up on missing exams through consultation and retrieval of needed medical records. Related activities include assessing exam reports for any abnormalities or missing information, and contacting providers and caregivers to clarify information received. PHNs follow-up on examination information and provide referral as needed. PHNs review medical records for current physical examinations and update CWS/CMS and the HEP.

Comprehensive Health Screenings and referrals for youth identified as Commercially Sexually Exploited Children (CSEC)

2. >95% of children/youth identified by DCFS as commercially sexually exploited children (CSEC) will receive a comprehensive health screening and referrals to specialties within 14 days by CY 2017. Specialty referrals if needed include mental, physical and substance use services.
    - From January 1, 2018 – October 11, 2018 a total of 49 CSEC referrals were made by DCFS
    - Out of the 49 CSEC referrals, 37 appointments were scheduled: 23 showed up and 14 no-shows
    - 65% of patients that showed up were seen within 14 days of the referral and 62% of appointments were scheduled within 14 days of the referral



Youth Released from Probation Camp without a Primary Care Provider Linked to Clinics

3. >90% of youth released from probation camp who report not having a primary care provider are linked to a clinic.
    - For July-Sept 2018, JCHS connected 86% of youth released from camp with a DHS clinic (if they did not report already having a primary care provider).
    - All youth for whom we arrange a primary care appointment or provide clinic contact information are contacted after being released home to confirm their awareness of the scheduled appointment, and they are offered assistance with any healthcare needs.

- Juvenile Court Health Services (JCHS) is working with WPC-LA to implement a similar program for youth released from the juvenile halls.
- JCHS is working with DPH to establish a process for ensuring ongoing dental care after youth are released home.

Other Activities

- DMH partnered with UCLA to train 15 mental health providers on Families Overcoming Under Stress (FOCUS) Resiliency Training. Trainings began in June 2018 with 6 additional trainings scheduled in October 2018.

Chronic Disease and Injury Prevention

Decrease Tobacco Use Prevalence

1. Decrease the prevalence of tobacco use from 13% to 10% in L.A. County by 2020.
    - DHS has been taking a multi-faceted approach to reducing tobacco use in its patient population. In the last two years, DHS has increased its primary care-based screening and counseling for tobacco use from 70% to 90%. Tobacco screening questions are included in standard intake questions and interventions are more readily available. DHS has built an effective partnership with the California Smokers' Helpline (1-800-NO-BUTTS) and directed over 800 smokers to them via the eConsult system.
    - DHS has seen the prevalence of smoking decrease from Fiscal Year (FY) 16-17 (16.6% smokers) to FY 17-18 (16.1% smokers).

Tobacco Control

- DPH's Tobacco Control and Prevention Program (TCPP) developed and began implementation of the new expanded action plan under Proposition 56. Proposition 56, which was passed by California voters on November 9, 2016, added an additional $2 tax to tobacco products including electronic cigarettes. TCPP is utilizing this new funding to reduce youth access to tobacco products, advance tobacco control policies, and promote smoking cessation among high-risk individuals.
    - For example, the efforts of FY 2017-18 have contributed to two forthcoming County of Los Angeles Board of Supervisors motions to consider including restrictions on menthol and flavored tobacco products, e-cigarettes and marijuana smoke in its tobacco retailer licensing requirements as well as on the premises of its facilities and for outdoor dining.
    - TCPP has also revamped its LAQuits brand and unveiled its new website www.laquits.com in August 2018. The revamped website considers other socio-economic reasons for why smokers take up tobacco and why it could be difficult to quit. Website content includes new resources and more than 44 quitting tips videos to help and meet smokers at different stages of their quitting paths.

- DPH received a $1.3 million California Department of Justice (DOJ) grant to expand County's youth decoy enforcement operations aimed at reducing the illegal sales of tobacco products to minors. The program is a collaboration between DPH's TCPP and Environmental Health, and the Sheriff's Department.
    - The DOJ grant will allow the County team to conduct ~ 100 tobacco-related enforcement operations in the unincorporated area of LAC where there are 818 licensed tobacco retailers.
    - It also allows the team to educate cities and businesses about the County's tobacco retailer licensing ordinance and ways to prevent youth access to harmful tobacco products.
- DPH made significant strides in the areas of smoke-free multi-unit housing, working with the Housing Authority for the City of Los Angeles on the implementation of their smoke-free multi-unit housing policy prohibiting the use of tobacco in all 9,019 units and all common areas, except in designated smoking areas. The city of Beverly Hills also adopted a smoke-free multi-unit housing policy in 2017. During 2017, TCPP launched a television ad campaign focused on the dangers of secondhand smoke in multi-unit housing.

Decrease the Prevalence of obesity Among Adults and Children

2. Decrease the prevalence of obesity for adults from 24% to 22% and children with obesity from 22% to 20% in L.A. County by 2020.
    - DHS has pursued several strategies to address the obesity epidemic. We leveraged ORCHID to alert providers to patients who exceed a healthy body mass index (BMI) and provide readily available patient education materials. We have nutrition specialists available on eConsult along with several partnerships with local YMCAs or DHS sponsored weight loss programs.
    - This is a very challenging issue to see rapid change in. For Pediatric patients (ages 2-18), the percentage of patients in our ELM registry with a BMI at the 95 percentile or greater ("Obese" is defined by the CDDC as above the 95 percentile) in FY 16-17 = 28.4 % and in FY 17-18 = 28.3%

3. 75% or more of the Health Agency directly-operated clinics will have a smoking cessation protocol.
    - All (100%) DHS Primary Care Clinic sites have implemented smoking cessation protocols as of October 2018.

Trauma and Violence Prevention

<u>Parks After Dark</u>

- The Department of Parks and Recreation's (DPR) *Parks After Dark* (PAD) program for FY 2017-2018 was launched on June 14, 2018, in 33 parks countywide with funding support

from DMH, Probation, Department of Community and Family Services, Workforce Development, Aging and Community Services, and Trauma Prevention Initiative (TPI).

- PAD offered programming during the Summer, and will, for the first time, offer programming at all 33 parks during Winter 2018 and Spring break 2019, making the program nearly year-round. DPH continues to provide support to DPR for PAD in the areas of strategic planning, evaluation, and pilot programming.
    - For example, DPH increased involvement in PAD through health outreach and education, and new project alignments, such as *Park Rx* and Positive Youth Development.
- The County of Los Angeles Quality and Productivity Commission awarded the *Parks After Dark* program with the "Top Ten Award" and the "Commission Special Award." Both were announced at the 32nd Annual Productivity and Quality Awards Program "Innovating for Impact" on October 10, 2018.

- DMH agreed to increase funding by approximately $1 million for the Parks After Dark expansion in the FY 18-19 budget.

- DMH provided training to Parks and Recs employees on Mental Health First Aid, Access to Care, and Trauma and Resilience.

- DMH continues to coordinate with DPH to finalize the outcome survey to collect the data for DPH evaluators, program review and required PEI outcome reports.

<u>Trauma Prevention Initiative (TPI)</u>

- Westmont/West Athens and Willowbrook Summits: As part of ongoing community engagement efforts for TPI, DPH staff worked with community residents and stakeholders in Willowbrook and Westmont West Athens to plan and implement two summits to bring together community members, County departments and youth to discuss priorities and strategies for reducing trauma and violence, while taking action to increase resilience, healing and engagement.
    - The We Are Willowbrook Summit took place on Saturday, May 19, 2018, at the Charles R. Drew University Dymally School of Nursing (CDU). It was the first TPI convening in this community, and attracted more than 150 participants, who spent the day building relationships and developing a common violence prevention vision for Willowbrook.
    - The Westmont West Athens Unity Summit took place on Saturday, June 9, 2018, and was held on the campus of LA Southwest College. The Summit attracted 196 participants including residents, stakeholders, youth and representatives from various agencies and county departments. It was the second TPI summit in this community and was free and open to all community members. The focus of the summit was to bring stakeholders together to celebrate community achievements since the 2017 Summit, and to continue to refine violence prevention goals and objectives and plan concrete next steps.

- Training and Technical Assistance (TTA) Team: Since its launch in August 2017, the TPI TTA Team has conducted workshops and provided one-on-one consultations with 30 community-based agencies in South Los Angeles to build community capacity to prevent and reduce violence and trauma. To date, the team has provided over 270 contact hours of technical assistance and 26 community workshops.
- Hospital Based Violence Intervention (HBVI): DPH began working with Southern California Crossroads (Crossroads) to provide HBVI services in August 2017 at St. Francis Medical Center. Additional funding support from LA Care and California Community Foundation, facilitated by DPH, allowed for limited expansion of HBVI services to Harbor-UCLA Medical Center.
    - HBVI works with individuals most at-risk for violence and re-injury and connects them with culturally competent case managers. Case managers conduct assessments, provide assistance, and link clients to a wide range of services while they are in the hospital and in the critical months following a patient's release. These hospital-based engagements include establishing rapport and trust with the client, a brief assessment regarding status and needs, and providing links to community resources including ongoing case management services.
    - Crossroads is also developing an HBVI standardized operations protocol that can be used in other hospitals and trauma centers.
    - To date, HBVI programming has responded to 314 individuals, enrolled 161 in services, and continues to provide services to 75 individuals.
- Street Outreach and Community Violence Intervention Services: In June 2018, the Board of Supervisors approved DPH to enter into contracts to implement Street Outreach and Community Violence Intervention Services in 4 South LA communities: Westmont West Athens, Willowbrook, Florence Firestone, and unincorporated Compton, for the next 3 years.
    - Street Outreach contractors will employ Community Intervention Workers and Ambassadors to: provide service linkages to gang impacted and at-risk youth and adults; negotiate peace agreements; ensure safe passages to schools and parks; participate in community events such as PAD; and respond when there are incidents of violence.
    - The TPI team is coordinating with the Sheriff's Department to develop county protocols for intervention services, collaborating with the City of Los Angeles' Gang Reduction and Youth Development (GRYD) office to develop cross-jurisdiction collaboration. TPI will also transition its current county Advisory Committee to include city and community partners and experts to guide this new work.
- Martin Luther King (MLK) Community Healing and Trauma Prevention Center: DPH launched the MLK Community Healing and Trauma Prevention Center in September 2018. The Center will provide services aimed at promoting recovery from trauma and advancing trauma informed approaches and resources in communities with high levels of violence. Programming will focus on reducing childhood trauma, building a community of peace, and supporting community organizations in expanding trauma informed care.

Other Strategic Priority Updates Provided by the Chief Executive Office's (CEO) Office of Health and Social Impact

Housing for Health

- Housing for Health (HFH) street-based engagement teams have increased to over 80 teams and have provided over 45,000 services to individuals experiencing homelessness on the streets of LA County and have permanently housed 189 individuals in the last quarter and 559 people in total.
- HFH has brought online over 1,800 interim housing beds for individuals who are homeless and who have complex health and/or behavioral health conditions including approximately 200 beds which opened in the last quarter. Clients in these beds receive Intensive Case Management Services (ICMS); linkages to health, mental health, and substance use disorder services; and assistance with permanent housing.
- HFH has provided permanent housing to over 6,000 individuals who were homeless with 95% staying housed for 12 months or longer. During the last quarter five new project based sites received their certificates of occupancy and are in various stages of lease-up. These five projects provide 214 brand new supportive housing units that have been connected to ICMS . HFH is working closely with DMH and SAPC to provide Housing Full Service Partnership (FSP) services and Client Engagement Navigation Services (CENS) onsite for a fully integrated package of services.
- The HFH Enriched Residential Care Program (ERCP) has housed over 1,000 clients who need a higher level of care and supervision in Adult Residential Facilities (ARFs). The focus of the HFH ERCP has been to secure housing in ARFs for individuals who have not historically been accepted by ARFs by providing ARF operators with the resources to meet the client's needs. This approach provides ARFs with the funding needed to cover actual costs of services associated with supporting the client and increases the capacity of ARFs to house clients with more complex conditions. In addition to placing clients in existing ARFs, HFH ERCP is also supporting the creation of new beds and restoring beds that have been closed. HFH is currently working with three sites that will result in the opening of over 100 beds. HFH and DMH are working together to integrate the administration and oversight activities of both departments allowing ARF placement efforts under the umbrella of the HFH ERCP.
- The Countywide Benefits Entitlements Services team (CBEST) has enrolled over 10,000 individuals and has filed 731 SSI/SSDI/CAPI applications with a 72% approval rate and 70 veterans benefit applications with an 80% approval rate. Major milestones this quarter include: launching a pilot with DCFS to complete SSI applications for eligible foster youth prior to their transition out of the foster care system, opening referral pathways with DHS hospitals, and co-locating CBEST staff at the West Los Angeles VA Campus Welcome Center.

Office of Diversion and Reentry (ODR)

- Jail Diversion**:** Diverted over 2,400 inmates with mental disorders away from the jail and into community based treatment and supportive housing. In July 2018, ODR received funding at $14.8M annually from the Department of State Hospitals to provide community based restoration for inmates who are facing felony charges and incompetent to stand trial. The wait list for individuals within the jail waiting for state hospital placement has already been reduced by approximately 30-40% primarily in large part as a result of this new community based restoration program.
- Community Based Diversion**:** In September 2018, ODR was awarded a grant of $500K from the Department of Justice to expand the Law Enforcement Assisted Diversion program to Hollywood with a focus on opioid users. Also, in September, ODR launched a jail based Naloxone (overdose reversal medication) education and distribution program.
- Reentry: Provided reentry intensive case management services using a community health workers model to over 1,200 individuals leaving the jails or on community supervision to improve health outcomes and reduce recidivism.
- Youth Diversion and Development: Selected a cohort of 9 law enforcement jurisdictions to partner with service providers for pre-booking diversion. Designed services framework which will guide work and released a work order solicitation to select service provider partners.

Other Agency Activities

- **Health Agency Budget Update:** During the FY 2018-19 Supplemental Budget process, the Board approved the Health Agency's core budget and staffing plan. The Agency received a $1.253 million appropriation adjustment for six requested positions. These positions will support the Agency's implementation of the revised Strategic Priorities. The Agency will begin filling these request positions over the next several months.

- **Capital Project Updates**
    1. *Martin Luther King (MLK) Behavioral Health (BH) Center:* The Health Agency and partner departments continue to move forward with pre-development activities for the MLK BH Center. This MLK BHC is slated to be completed in 2020 and represents a collaborative effort among the Health Agency Departments, and the Probation and Workforce Development, Aging and Community Services departments to provide a mix of residential, outpatient and support services to the County's priority populations (individuals with mental illness, substance use disorders, homeless individuals, and justice involved individuals with significant clinical needs).

2. *Restorative Care Village Projects and Skilled Nursing Facility Projects*: On September 4, 2018, the Board established restorative care village capital projects on the LAC+USC Medical Center, Olive View Medical Center, Antelope Valley and Rancho Los Amigos medical campuses. The Health Agency continues to pursue efforts to build restorative care village projects on County hospital campuses. The Health Agency will take a regional approach to providing Recuperative Care Center (RCC) and Crisis Residential Treatment Programs (CRTP) services. RCC's and Skilled Nursing Facilities are a clinically enriched form of interim housing, which offers on-site nursing support, health oversight, case management and linkage to permanent supportive housing. CRTPs provide intensive treatment programs for individuals being discharged from County hospital psychiatric emergency services, inpatient units, jails and Psychiatric Urgent Care Centers. DMH and DPH, in collaboration with DHS, have engaged a consultant to conduct a Countywide mental health and substance use needs assessment to help design and right size future phases of the restorative care village projects. The comprehensive need assessment is expected to be completed by early 2019.

- **Center for Health Equity Action Plan:** The Health Agency, led by the Department of Public Health, released the draft Center for Health Equity Action Plan this summer. The Plan outlines a set of strategic priorities, goals and objectives to focus the center's work and commitment to achieving a set of defined equity goals. The Center continues to elicit public comment and expects to finalize the plan by November 2018.

- **Stakeholder Engagement:**
  1. DMH, in close collaboration with multiple, highly vested stakeholder groups, has moved forward with a new model for meaningful stakeholder engagement, YourDMH.

  2. Meetings are now taking place across the County to refine the new model and create synergy between groups geographically based and those focused on underserved cultural communities.

  3. Beginning early next year, DMH will be collaborating across County departments by hosting quarterly meetings that unite stakeholder groups in service to mental health and overall wellbeing.

  4. A series of events were held in September in recognition of Suicide Prevention Month that collectively included hundreds of internal and external stakeholders and generated robust media attention. These included food packing for the hungry for the National Day of Service, the launch of a community garden in the Watts neighborhood on World Suicide Prevention Day, and an information session focused

how global models that support integrated and holistic mental health service delivery can be brought to bear in LAC.

- **Agency Approach to Contracting**: The Health Agency has initiated efforts to identify ways to eliminate duplicative functions and streamline administrative operations across the Agency departments. The first area of focus is service contracting and solicitations. Led by DHS staff and in coordination with DMH and DPH contract and program staff, the Health Agency has currently identified opportunities for contract alignment and streamlining work across the three departments. Specifically, the Agency is looking at ways to reduce timelines and barriers, particularly, with solicitations for service contracting in an effort to make the process more expedient and simple for County staff and potential contractors. The Agency will provide an update on its progress during the next reporting period.

- DPH and DHS supported the development and launch of the *One Degree* community and health resources platform (https://www.1degree.org/) for Los Angeles, which currently hosts a library of over 6,670 community resources (e.g., nutrition education, physical activity programs, parks) and health and social services (e.g., health centers, behavioral health clinics, CalFresh, Cal-Works, housing, food pantries). The online database portal is being used by health navigators in The Wellness Center at the Historic General Hospital (on the campus of the LAC+USC Medical Center) and by community health workers in the Los Angeles County Health Agency to help clients find community resources they need in the neighborhoods they live in. For more information, please see the *Rx for Prevention* article on the tool: http://rx.ph.lacounty.gov/Rx1Degree0718.

- DPH's Division of Chronic Disease and Injury Prevention chaired the Youth Diversion Subcommittee of the Countywide Criminal Justice Coordination Committee. The Subcommittee completed its task of developing a roadmap for advancing youth diversion in Los Angeles County. Recommendations and the proposed action plan are described in the subcommittee's final report entitled "A Roadmap for Advancing Youth Diversion in Los Angeles County" (released in November 2017). The work of the resulting Office of Youth Diversion and Development (OYDD) is under way, housed in the County's Office of Diversion and Reentry. OYDD plans to support both youth diversion programming and positive youth development efforts.

- At the request of the Board of Supervisors (Board Motion from December 5, 2017), DPH worked closely with DHS and the Department of Public Social Services (DPSS) to develop and initiate a plan for food insecurity screening and assistance with enrolling clients into the CalFresh program. In September 2018, the three Departments reported back on: 1) current efforts to screen for food insecurity in County health clinics (DHS as well as DPH clinics); 2) best practices, challenges, and lessons learned from other jurisdictions; 3) the feasibility and costs of including the food insecurity screening questionnaire in the

County's electronic health records (EHR) and training staff on the screener; 4) implementing an action plan for establishing a referral process for on-site CalFresh enrollment and other food assistance program resources; and 5) conducting nutrition education classes that focus on health eating and food resource management.

- In June 2018 DPH released the Los Angeles County, City and Community Health Profiles. Reports were generated for cities and unincorporated communities with at least 24,000 residents, including 60 cities, the 15 council districts in the City of Los Angeles, and 9 unincorporated communities. Data were reported for 58 indicators of health, demographics, and social, economic, and environmental conditions in each city and community.
    - The reports identified inequities in health outcomes across the County. For example, residents of some cities/communities live, on average, more than 10 years longer than residents of other cities/communities and cardiovascular disease and lung cancer mortality is more than two times higher in some cities/communities than others.
    - There are also disparities in the community conditions that impact health across the county. For example, twelve cities/communities had less than half an acre of available recreational space per 1,000 residents, while 10 cities/communities had more than ten times that amount.

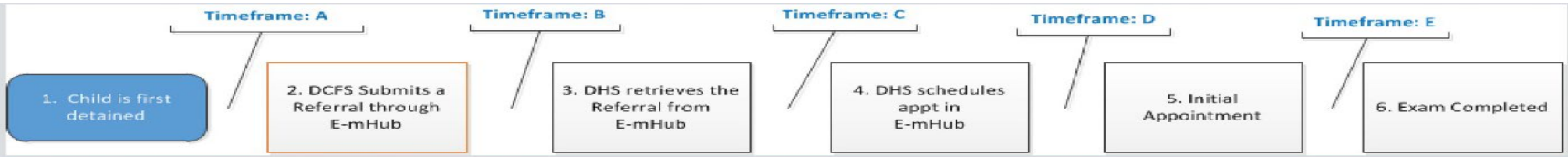
Methodology

- Data match was performed by the Office of Child Protection in April 2018
- Dataset includes all IME referrals to DHS hubs (excludes CHLA) for children detained from April to June 2017; N=1216 cases
- Data Source: E-mHub, with data pulled from DCFS BIS and SAGA Technologies
- Data Limitations
  - E-mHub not designed for this type of analysis; therefore, data was pulled from both DCFS BIS and SAGA Technologies, but results were not a 100% match
  - Coding of appointment status and visit types not consistent

IME Breakdown and Measure

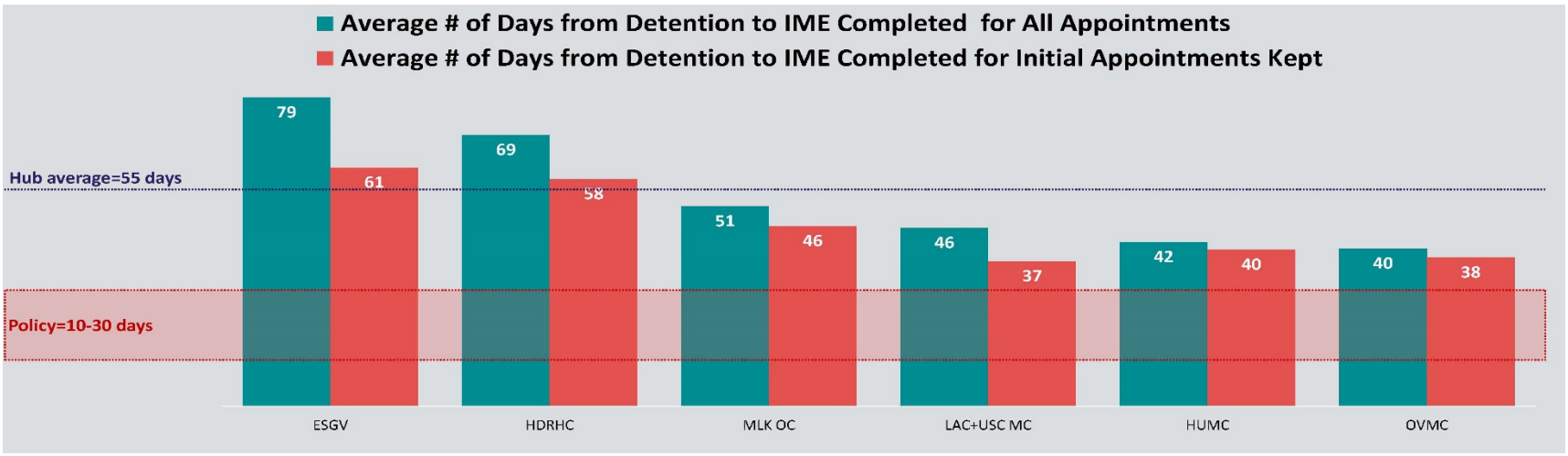
Referral Breakdown	Overall Average	Ages 0-2.99	Ages 3+
Percentage of initial appts kept	66.1%	70.1%	63.9%
Percentage of rescheduled appts	18.0%	16.3%	19.0%
Percentage of no exams completed	15.9%	13.6%	17.2%
Measure	**Overall Average**	**Ages 0-2.99**	**Ages 3+**
Detention to referral timeframe	10 days	9 days	11 days
Percentage of referrals made within policy time limits	33.4%	27.8%	36.5%
Detention to IME completion timeframe	55 days	45 days	61 days
For completed exams, percentage of IMEs completed within policy time limits	14.2%	9.6%	16.8%

IME Timeframes (for all completed exams)



Timeframes	Overall Average	Ages 0-2.99	Ages 3+
A: Detention to Referral	10 days	9 days	11 days
B+C: Referral to Appt Booked	12 days	11 days	13 days
D: Appt Booked to Initial Appt Date	26 days	21 days	29 days
E: Initial Appt Date to Exam Completed*	8 days	7 days	9 days
A-E: Detention to IME Exam Completed*	55 days	45 days	61 days

Detention to IME Completion Timeframe by Hub



Attachment II

Los Angeles County Agency Revised Strategic Priorities
Summary Document
November 2018

Strategic Priority I - Facilitate Access to integrated health services*: Leverage key opportunities to integrate and streamline access to physical, behavioral and population health care.*

Facilitate Access

I.1 Ensure that at all service sites there is a 'warm' connection to hand-off patients that are shared, or have the potential to be shared, between DHS, DPH, and DMH; in some instances, this is co-location of services and in other circumstances, this could be a staffed referral unit to ensure a 'live handoff'.

I.2 Further align registration and financial screening processes so that patients/clients can avoid multiple-registration efforts when using services from multiple departments.

I.3 Establish a single mechanism (e.g., central phone number/service) that serves as an entry to all Health Agency patient services and/or consider centralization of call center activities.

Integrate Care

I.4 Ensure patients who require or would benefit from physical health, mental health, and substance use services can receive integrated (beyond co-located) services within the context of their preferred treatment location and health plan requirements (i.e., mental health vs. PC).

I.5 Investigate a prioritized set of opportunities for DPH/DHS/DMH collaboration/synergy with respect to direct clinical service delivery. Activities include using standardized screening tools, linking patients to primary prevention services and support, and connecting patients to community-based recovery and healing support.

I.6 Develop and implement strategy for provision of mild-to-moderate mental health services, including best settings for direct care delivery vs. handoff to another department vs. handoff to outside entity (e.g., Beacon, plan).

I.7 Enhance level of integration between mental and physical health services (screening, assessments, and treatment) for children and families engaged within the Department of Children and Family Services (DCFS) system.

I.8 Investigate and implement programmatic changes allowing for integrated behavioral health care delivery in community partner clinics participating in the My Health Los Angeles (MHLA) program.

Strategic Priority II - Maximize clinical resources: Implement processes and develop strategies to ensure that clients receiving services from more than one Agency department receive seamless and exceptional services.

II.1 Serve patients requiring cross-departmental services (e.g., those with serious mental illness and/or substance use disorders) in the highest quality, least costly and restrictive settings.

II.2 Develop strategies for addressing placement-related challenges that impact patients/clients requiring services offered by more than one department.

Strategic Priority III - Enhance health equity and reduce health disparities among vulnerable populations: As the Health Agency, it is our role to ensure that every person has the resources and opportunities needed for optimal health and well-being. The color of your skin, where you live, how you express your gender, who you love or how much money you make should not predict your health status or life expectancy. However, data shows that these factors significantly affect health and contribute to many of the gaps we see in health outcomes, particularly by race and ethnicity, geography and income level. This is unjust, unfair and avoidable. Over the next five years, the Health Agency will join with others to sustain efforts to reduce and eliminate health inequities to ensure fair and just health outcomes in LA County. This will include focusing where we see some of the biggest gaps in health outcomes, such as infant mortality rates, sexually transmitted infection rates and poor health due to exposure to toxic emissions. Our work will embrace strategies that pivot from a focus on fixing people to fixing systems that advantage some communities and disadvantage others.

III.1 Implement the Center for Health Equity Action Plan:

a.) Identify strategies and resources to support the County's five priority initiatives that address inequities in health outcomes that often lead to disproportionally greater burdens of disease for poor people, people of color, and people who identify as LGBTQ.

b.) Support and develop the Health Agency's Institute of Cultural and Linguistic Inclusion and Responsiveness (ICLIR) to address implicit bias and enhance the ability of the Health Agency to deliver culturally and linguistically competent care.

Strategic Priority IV - Implement Just Culture*:* The Health Agency, DHS, DMH and DPH and their Labor Union partners are committed to building, maintaining, and supporting a Just Culture.

A Just Culture is where accountability is fairly balanced between the organizations and the workforce members. A Just Culture environment will encourage and empower employees to take part in improving the quality of care and service delivery by the Health Agency and its departments.

V.1 Vigorously implement Just Culture training, policies and practices in partnership with labor, under the Labor Management Transformational Council (LMTC) structure.

Strategic Priority V - Improve Administrative and Operational Effectiveness and Efficiencies: The Health Agency should capitalize on ways to improve health care delivery through the elimination of duplicative functions and streamlining operations***.*** There are several areas the Agency departments can explore for potential integration and/or leverage best practices and expertise across the three departments.

V.1 Identify new opportunities for administrative/operational collaboration, with suggested initial focus on:

a) Contracting: Identify economies of scale and contracting alignment opportunities.

b) Promotoras and Community Health Workers: Create an integrated promotoras/community health worker collaborative for the health agency focused on: a.) shared core training and b.) shared 'deployments' for health agency community mobilization/engagement activities.

c) Human Resources: Identify opportunities for Departments to partner together in approaching HR-related issues (e.g., labor negotiations, hiring, workforce planning, recruitment/retention strategies; professional development, bilingual bonus modifications).

d) Policy, Legislative Advocacy, and Government Relations: Consider opportunities to collaborate and align resources to support priority policies and legislation.

e) Communications: Develop effective communication strategies across departments to engage internal and external colleagues and identify opportunities to collaborate/combine resources.

f) Capital Projects Strategy: Develop a long-term strategy for guiding and supporting new capital projects on County property, including finalizing and fully implementing plan for recuperative care / behavioral health services expansions on hospital campuses. This includes ensuring a clear strategy, assessing available funding sources, and developing external and internal communication strategy, etc.

g) Grant-writing: Develop a strategy for sharing best practices for grant development and maximizing external grant funding opportunities.

V.II Determine whether there are additional efficiencies and/or gains that could be leveraged from current areas of cross-departmental administrative activity, including focus on:

a) Information Technology (IT): Assess utility of further aligning IT strategy and operations (beyond ORCHID roll-out within DPH/DHS).

b) Data/analytics: Enhance data and analytics capabilities needed to support cross-agency initiatives, including Health Agency dashboard, report parameters for shared patients.

c) Billing/coding: Align revenue capture activities where possible; review opportunities to centralize a subset of billing and coding services for clinical encounters.

Strategic Priority VI – Strengthen the Health Agency's capacity to Respond to Emerging Threats: The Health Agency should continue to capitalize on its ability to collectively respond and leverage resources to respond to emerging threats.

VI.I Develop strategies and capacity, in coordination with other County departments and other entities, to collectively respond to emerging public health, environmental emergencies and natural hazards (e.g. Zika, earthquakes, opioids etc.) and reduce impacts to disproportionally affected communities.

Examples of initial areas of focus include:

a) Facilitate sharing of Emergency Medical Services data to contribute to an early alert warning system;

b) Address opiate epidemic through tactics such as expanded access to Medication Addiction Treatment in health agency clinics and hospitals;

c) Participate in campaigns to increase the number of residents trained in hands-only CPR.

Strategic Priority VII – Engage and Pursue Business Partnerships with the Bioscience Community: Develop strategies and explore ways the Health Agency, in coordination with existing Countywide efforts, can engage and leverage opportunities with the local biotechnology industry for the benefit of patient care, workforce development and the local community:

Examples of initial focus areas include:

a) Pursue research (e.g. clinical trials, etc.), academic and grant opportunities that advance patient care and address emerging threats (e.g. opioids, etc.).

b) Identify opportunities that promote workforce development, such as internships, training and job opportunities with the local schools and communities.

	Strategic Priority I - Facilitate Access to integrated health services	**Strategic Priority II** - Maximize clinical resources	**Strategic Priority III** - Enhance health equity and reduce health disparities among vulnerable populations:	**Strategic Priority IV -** Just Culture	**Strategic Priority V** - Improve Administrative and Operational Effectiveness and Efficiencies:	**Strategic Priority VI** – Strengthen the Health Agency's capacity to Respond to Emerging Threats	**Strategic Priority VII** – Bioscience and Business Partnerships:
Consumer Access and Experience with Clinical Services	✓	✓			✓		
Housing and Supportive Services for Homeless Consumers*	✓	✓	✓		✓		
Overcrowding of Emergency Departments by Individuals in Psychiatric Crisis	✓	✓			✓		
Access to Culturally and Linguistically Competent Programs and Services	✓		✓		✓		
Diversion of Corrections-Involved Individuals to Community Based Programs and Services*	✓		✓		✓		
Implementation of the Expanded Substance Use Disorder Benefit	✓	✓	✓		✓		
Vulnerable Children and Transitional Age Youth	✓	✓	✓		✓		
Chronic Disease and Injury Prevention	✓	✓	✓		✓		

**Responsibility for programs that oversee the "Housing and Supportive Services for Homeless Consumers" and Diversion of Corrections-Involved Individuals to Community Based Programs and Services" strategic priorities have been transferred to the Chief Executive Officer's (CEO) Office of Health and Social Impact. The Health Agency will continue to collaborate with the CEO's Office on these initiatives.*