LOS ANGELES COUNTY
HEALTH AGENCY

March 19, 2019

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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 Janice Hahn, Chair
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Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
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FROM: Fred Leaf
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SUBJECT: **HEALTH AGENCY UPDATE**

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 November 13, 2019. This report included the Health Agency's Revised Strategic Priorities.

The Agency Departments have been working to establish the key initiatives under each Revised Strategic Priority. This report focuses on the workplans and metrics for Priorities I, II and III. The remaining Strategic Priorities will be addressed in future Health Agency Reports to the Board.

Progress on the Health Agency's Revised Strategic Priorities

On November 13, 2018, the Health Agency provided their Revised Strategic Priorities (Figure 1).

Figure 1: Revised Agency Priorities

Facilitate 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	

For this reporting period, the attached report addresses the following:

- Priority I-Facilitate Access to Integrated Health Services
- Priority II-Maximize Clinical Resources
- Priority III-Enhance Health Equity and reduce Health Disparities among Vulnerable Populations

This report also addresses progress on streamlining and improving business processes across the three departments, such as contracting and information technology.

For each priority, the Agency Departments have collaboratively established a work plan and metrics/deliverables. It is important to note that the metrics may be modified as the work moves forward on each priority. Numerous committees have been established or are in the process of being established across the departments to work on the identified sub-initiatives to achieve each priority.

NEXT STEPS

The Agency Departments will continue to work on Priorities I, II and III. The next Health Agency Update to the Board will focus on the remaining Priorities.

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:CT:rj

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Health Services
Mental Health
Public Health

Health Agency Update (March 2019)

Strategic Priority I – Facilitate Access to Integrated Health Services

Leverage key opportunities to integrate and streamline access to physical, behavioral and population health care.

The Health Agency places a high priority on further developing the delivery system in such a way that individuals can receive integrated, coordinated care across the full continuum of physical health, mental health, substance use, and population health services/programs. The activities and initiatives described below include the next phase of work that will enhance the coordination of services so that patients/clients receive the care and services they need without regards to the Department funding or offering the services.

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'.*

The Health Agency Departments currently operate seven clinic sites where services are provided by 2 or more Departments. This effort has been on-going for several years; opportunities to improve integration and/or co-location for patients include coordinating care for clients with co-existing physical and mental conditions, and connecting patients receiving categorical services such as TB treatment or STI treatment, with primary care. Strategies to address this priority include:

- Continue outpatient clinic co-locations at seven existing sites:
  - Curtis Tucker Health Center
  - Torrance Health Center
  - Antelope Valley Health Center
  - East Los Angeles Health Center
  - East San Gabriel Valley Health Center
  - Glendale Health Center
  - West Valley Health Center
- Establish outpatient clinic co-locations at two additional sites:
  - Northeast Health Center – Opening in May 2019
  - North Hollywood Health Center – TBD
- Facilitate access to cross-Departmental services in co-located sites by cross-training staff at co-location sites on the programs and services available in each location and establishing internal processes (e.g., three-way calling, walking patients to other programs and services, and direct scheduling).
- Design and implement a fully integrated care model in the new North Hollywood Health Center. The clinic will house one core team, centering around the primary care patient-centered medical home that incorporates mental health, substance use treatment, public social services, and health promotion/education. DHS,

DMH, DPH/SAPC, and DPSS will provide care within the primary care visit, and also separately in a specialty visit for those patients that need more intensive care. The team will work together in contiguous space, with ability to perform real-time consultations and immediate service delivery without delayed referrals or hand-offs.

- Modify DHS' existing primary care empanelment referral system to allow other departments to refer patients to DHS for Primary Care empanelment.
- Explore with health plans feasibility of granting prior authorization exemptions at co-located sites for managed care patients seeking urgent care services.

Suggested Metrics are the following: As departments review the available data for this priority, the metrics may be modified as this work moves forward.

- Number of patients seen by more than one Department at co-located clinics
- Number of patients referred into DHS Primary Care from DMH and DPH
- Number of eConsults performed cross-Department

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

Since the expansion of coverage under the Affordable Care Act in 2014, a significant portion of patients served by each department are now Medi-Cal eligible. However, there are patients that are still not eligible for full coverage and rely on County low-cost or No-cost programs. To provide enhanced service levels to our uninsured populations, a newly established Health Agency Financial Committee, chaired by DHS, will develop financial eligibility screening tools that can be used across the Departments for County programs. Participants from each of the three departments have been identified and the committee has conducted their initial meeting.

Suggested Metrics are the following: As departments review the available data for this priority, the metrics may be modified as this work moves forward.

- Number of patients seen in each department that are uninsured, who could potentially benefit from a streamlined application.
- If a streamlined application for uninsured can be implemented under existing law, track the number of patients utilizing the new application.

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.*

The Health Agency has established a "Call Center Committee" with representation from all Agency departments. This committee will review all Department call lines and will work with *211* to review services provided to the Agency Departments and identify strategies to ensure services are responsive to patient/client needs.

Suggested Metrics are the following. As departments review the available data for this priority, the metrics may be modified as this work moves forward.

- Call volume, abandonment rate, wait times, and call type (classifications) for 211, DHS, DPH, and DMH access lines

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).*

To improve access to a comprehensive set of physical health, behavioral health, and social services within a patient's preferred treatment location: the following initiatives are being pursued:

- DHS is expanding its ability to offer behavioral health services within the context of primary care, including outpatient substance use services and mild-to-moderate mental health services. DHS already has received Drug Medi-Cal certification in six primary care clinics and is in the process of beginning to apply for certification in the remainder of its primary care clinics. Over time, DHS and DMH will work together to allow DHS to become a part of DMH contracted provider network able to offer specialty mental health services to patients with serious mental illness, just as DMH has contracts with private sector providers offering both specialty mental health and primary care services.
- Provision of integrated programming and trauma informed services to support the health and safety of the children and families in the Foster Care system, DHS, DMH, and DPH along with DCFS and the new CDU Psychiatry Program are establishing a Child and Family Wellbeing Center adjacent to the MLK Jr. Community Hospital.
- Provision of integrated physical health, mental health, and substance use services, DHS, DMH and DPH are establishing an integrated behavioral health center on the campus of Martin Luther King Jr. Community Hospital and a North Hollywood Integrated Care Facility on the site of a currently operating DPH clinic.
- DPH is establishing Community Wellness Centers that offer a range of health education and community supports within 5 of its clinics, and a Family Resource Center at the Wellness Center at LAC+USC to better integrate family support services for substance use disorders and treatment referrals into the service offerings at DHS' LAC+USC campus.
- DPH is working with L.A. Care Health Plan to pilot a model of expanded physical health service delivery at residential substance use treatment facilities in DPH's substance use treatment provider network.
- DPH offers substance use related trainings that are open to DMH and DHS staff to support cross-training across the Health Agency.

Suggested Metrics are the following. As departments review the available data for this priority, the metrics may be modified as this work moves forward.

- Percent reduction in PHQ09 readmission rate.
- Number of encounters for mild-moderate mental health services in DHS primary care.
- Percent of patients/clients who screen positive for SUD connected to specialty SUD services within DPH-SAPC and specialty mental health services within DMH.

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.*

- DPH, DMH and DHS have developed and are in the process of implementing a Social and Behavioral Determinants of Health (SBDOH) Screening Tool. Further work is being done to establish the referral linkage pathway for all components of the screener, primarily through enhancements to One Degree as the primary agency platform for resource/referral linkage.

Suggested Metrics are the following. As departments review the available data for this priority, the metrics may be modified as this work moves forward.

- Number (and percent) of patients/clients who screen positive to different components of the SBDOH screener and number (and percent) of screen-positive patients linked to resources (e.g., number of patients screened for food insecurity; number of patients that accepted a referral to DPSS to apply for CalFresh, nutrition classes, or other resources).

I.6 *Develop and implement strategies 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).*

- DHS is seeking contractual relationships with Beacon and MHN (contracted networks at LA Care and Health Net, respectively) to provide mild-moderate mental health services for managed care patients within the context of primary care.
- Alongside work to leverage MHSA funding for provision of mild-to-moderate mental health services to residually uninsured individuals within contracted private clinics (i.e., Community Partners via the MHLA program; see goal 1.8 below), the Departments will also explore opportunities to use such funding streams to enhance access for patients who choose to be seen within the public-operated delivery system (i.e., DMH clinics; DHS primary care clinics).
- The BHI workgroup has been established to identify workflows for seamless collaboration and integration within primary care. The workgroup consists of

PCP's, Psychiatrists, Social Work, Nursing, Psychiatry and DMH leads. The goal of the workgroup is to establish a model of care within primary care to provide SUD and Mental Health treatment and address social determinants of health.

Suggested Metric is the following. As departments review the available data for this priority, the metric may be modified as this work moves forward.

- Number of encounters for mild-moderate mental health services in DHS primary care.

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.*

The Health Agency, DHS, the Department of Mental Health (DMH), the Department of Public Health (DPH), the Office of Child Protection (OCP) and DCFS are working together to integrate and enhance mental and physical health services for children and families engaged in the DCFS system that are served by the Medical Hubs. The Medical Hub Workgroup has developed a work plan to address the following:

- Scope of services and target population
  - Scope of Services has been outlined by the OCP Hub leadership group and timelines are in place to fully describe core services, including IMEs, forensic evaluations, CSEC evaluations, and consultations/clearance evaluations.
- Access and availability
  - A budget proposal and staffing plan needed to enhance hours of operation of the Medical Hub and ensure adequate appointment availability during clinic hours is in the process of being developed
  - Over the last six months, DMH co-located staff has increased from 12 to 24 FTEs at the Medical Hubs.
  - Public Health Nurse staffing has been augmented and there is now one (1) PHN at each of the Medical Hubs; PHN workflows have been integrated into HUB workflows.
  - DMH has a protocol in place to support triage and screening of all children in conjunction with their IMEs.
- Information technology and data
  - Gartner Consulting is currently leading an evaluation effort that will guide future decisions about the E-mHUB system.
  - IT staffing to support the E-mHUB system has been identified by DHS.
- Quality assurance
  - The OCP is leading an effort to revise all HUB policies.
- Fiscal sustainability: to be addressed once other elements of the workplan are in place.
- Governance, stakeholder input, and accountability

- The Medical Hub workgroup has been meeting regularly and continues work on various aspects of the workplan.
- The OCP has outlined a plan for convening community stakeholders regarding how the Medical Hubs can best work with the community.

Metrics for this priority are:
All metrics for this strategic priority are outlined in the OCP Workplan. The "Next Steps" in the document entitled "Opportunities for Improvement within the Medical Hub System" form the basis of the current OCP Workplan. Link below:
http://file.lacounty.gov/SDSInter/bos/bc/1047123_MedicalHubSystem10.29.18Final_003_.pdf

The OCP leadership group continues to meet bi-weekly and all metrics are currently on target.

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.*

- DHS' MHLA team is coordinating with DMH to fund, using Mental Health Services Act (MHSA) dollars, prevention and prolonged mental health engagement services (including but not limited to engagement and mental health screening, linkage to mental health services, wellbeing workshops and psychoeducation) for residually uninsured patients cared for within Los Angeles County.
- DHS' MHLA team is coordinating with DPH's Substance Abuse Prevention and Control (SAPC) Division to increase utilization of SUD treatment by MHLA participants. DHS will work with SAPC to offer X-Waiver certification trainings for MHLA clinical providers to dispense Buprenorphine and Buprenorphine-Naloxone medications to MHLA participants. DPH and DHS will also increase training and support for MHLA providers to prescribe Medications for Addiction Treatment (MAT). In addition, DHS will work with SAPC to improve connections and referral relationships between SAPC contracted and MHLA clinic providers.

Suggested Metrics are the following. As departments review the available data for this priority, the metrics may be modified as this work moves forward.

- Number of residually uninsured individuals referred by primary care (directly operated or contracted sites) for SAPC services.
- Number of mild-to-moderate mental health encounters funded by MHSA for residually uninsured individuals empaneled to directly operated or contracted primary care sites within Los Angeles County.

Health Agency Update (March 2019)

Strategic Priority II – Maximize Clinical Services

Implement processes and develop strategies to ensure that clients receiving services from more than one Agency department receive seamless and exceptional services.

The Health Agency and Departments envision a collaborative system of care that delivers a continuum of services, from prevention and early intervention to treatment and healing. This continuum must be intentional and robust to meet the evolving needs of Los Angeles County residents with a relentless overall strategy of developing and supporting a community-based system of care. There exists today an opportunity to be holistic in our approach to providing care at the right time, at the right level, and in the right location to those in need. From the expansion of prevention efforts that limit exposure to risks and promote user-friendly linkage across departments, to the development of more welcoming and inclusive treatment options, to the planning and funding of capital projects, the Health Agency and Departments strive to support a continuum of services across all of our communities.

II.1 Embrace prevention efforts that leverage community platforms proactively to educate and identify those in need, and provide linkage to services across Health Departments.

a. Integrate efforts aimed at improving awareness and knowledge about available resources across our communities.
b. Build a front-end engagement, assessment and referral network in County schools, libraries, parks and various community centers.
c. Develop back-end referral streams to services for physical health and mild-moderate mental health problems (DHS), addictions (DPH) and serious mental illness (DMH).

II.2 Focus efforts and investment on the quality of clinical staff and services as well as the comfort of clinic environments to improve engagement in community-based care with particular attention paid to those suffering from serious and co-morbid conditions.

II.3 Expand the capacity of, and reliance on, urgent care centers as well as crisis residential, recuperative care, and sub-acute mental health hospital beds to address placement-related challenges for clients suffering from serious mental illness (and/or chronic addictions) who languish in unnecessarily restrictive and costly acute care environments (ED and acute inpatient).

a. Facilitate first responder use of urgent care centers through revised protocols and policies as well as BOS sponsored legislation.
b. Continue current pilot program that extends LPS authorization to non-designated emergency departments thereby increasing access to appropriate levels of care.
c. Continue steady expansion of UCCs:
    1. Harbor UCLA, Long Beach, and San Pedro with capacity to serve up to 98 individuals per day have been added over the past year;

2. Another UCC is projected to open in September 2019 in the City of Industry and will serve approximately 45-60 individuals per day;
3. BOS has approved funding for up to 4 UCCs; sites are under exploration.

d. Continue steady expansion of Crisis Residential Treatment Programs (CRTPs):
   1. CRTPs with 48 beds will be available in the community by September 2019;
   2. CRTPs with 240 beds are being built as initial investments in Restorative Care facilities on County campuses (Rancho, MLK, LAC-USC, OVMC).

e. Expand capacity of sub-acute hospital beds (county operated and/or contracted).

Suggested Metrics are the following. As departments review the available data for this priority, the metrics may be modified as this work moves forward.

- Decrease ED utilization: PES visit volume by facility per month.
- Decrease ED length of stay (LOS): Number (percent) of patient within PES LOS >24hrs by facility. Number of patients on LPS conservatorship sent to PES for placement each month by referral source.
- Decrease ED overcrowding: Percent of days each month by facility that PES is over capacity.
- Decrease inpatient admin days: Number of inpatient psychiatric denied days and number of psychiatric administrative days by facility; number of patients each month admitted to psychiatric bed without acute psychiatric diagnosis.
- Inpatient psych length of stay.
- Average Medicaid payment shortfall per inpatient psychiatric day.

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 expectance. 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. Address the gap in Black/White infant mortality through targeted community and provider education campaigns, effective screening and referrals for pregnancy intent, tobacco use and interpersonal violence at all County clinics, and

appropriate models of home visiting to improve birth outcomes of Black women.

Metrics:

- Provider education materials are disseminated to 1000 LAC providers of care for women of childbearing age explaining factors contributing to higher rates of Black infant mortality by December 2019.
- *One Key Question* screening is implemented at all County clinics by December 2019.
- Innovative case management' home visiting' model is developed to support 150 women at very high risk for poor birth outcomes because of mental health illness, substance use disorder, and/or homelessness by December 2019.

b. Reduce disproportionate rates of STI's through enhanced provider trainings; improved collaborations with health plans to ensure coverage and payment for services consistent with STI guidelines; partnerships with stakeholders to increase state funding for STI prevention and control; and, support for sexual health education and services for youth.

Metrics:

- Major health plans serving LAC residents will ensure coverage for STI treatment in accordance with current STI screening recommendations by December 2019.
- Structural, operational, and administrative issues affecting health plan billing and payment for STI screening and treatment will be identified and assessed by December 2019.
- Fifty student well-being centers will open in under-resourced and high need high schools in LAC providing sexual health education and limited STI screening to approximately 75,000 students by December 2019.

c. Reduce exposures to environmental hazards that disproportionately affect low-income communities and communities of color through strengthening the enforcement authority of DPH to issue orders to abate identified health threats and work with State regulators to ensure timely and effective enforcement of existing regulations; expanded monitoring and reporting of health conditions in select residential communities with elevated exposures to hazardous toxins; and revising Health Agency environmental emergency plans to rapidly respond to incidents and assist in recovery operations.

Metrics:

- Propose and advocate for changes in state code that strengthen the enforcement authority of DPH to issue orders to abate health threats by

December 2019.

- Assign EH and CHS staff to community teams that work with residents and CBOs in at least 3 communities with elevated exposures to hazardous toxins to improve compliance with environmental laws, and expand monitoring and reporting of health conditions by December 2019.
- Develop standard operating procedures to enhance Health Agency response to environmental threats and provide appropriate public notification to affected communities.

d. 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 through implementation of a Health Agency workforce curriculum to increase understanding of health equity concepts; developing policies and protocols to ensure accessibility and quality of interpretation and translation; and, using feedback from patient/customer satisfaction surveys to improve the quality of culturally and linguistically appropriate services.

e. As part of the DHS's goal to improve access, availability and patient experience, DHS has identified priorities to become the provider of choice. In ensuring to meet our patient needs and services, below are current activities that are in process.

- DHS continues to actively participate in the planning and development of work towards the initiatives of both the Labor Management Transformation Council – Cultural Competency Workgroup and the ICLIR.
- Under the guidance of the recently hired DHS Consulting Physician and the DHS Office of Diversity, we are actively assessing and analyzing our ability to serve non-English speaking patients, evaluate DHS' infrastructure for gaps in provision of language interpretation services, and make improvements where necessary.
- DHS has identified a Language Services Steering Committee and charge it with centralizing and standardizing a DHS-wide language services program. Currently, subcommittees are being established to address various elements of a comprehensive DHS Language Service Program.
- DHS IT has been engaged to proceed with work on improving the technological infrastructure that supports Remote Interpretation System.
- Active recruitment is in progress towards hiring the newly budgeted sixty-six Healthcare Interpreters positions. We have filled seven interpreter FTEs this quarter. Our demand currently exceeds candidate supply. We are working closely with DHS HR to identify creative options to identify quality candidates.
- 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 CY 2018 (January – December 2018).

- 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 5,642 patients who responded to the question, agreed or strongly agreed that staff were sensitive to their cultural background.
  - 97% of patients, out of 6,935 patients who responded to the question, stated that they were provided services in their language.
  - 95% of patients, out of 6,692 patients who responded to the question, stated that written information was available in their language.

Suggested Metrics are the following.

- Create a resource library on the Health Agency and CHE websites with tools and resources that support skill building related to cultural competency, language justice, disability rights, and health equity by December 2019.
- Collaborate with LMTC to implement a Health Agency workforce training to 1000 agency employees to increase understanding and practice of health equity concepts by December 2019.
- Develop a plan for ensuring accessibility and quality of interpretation and translation.
- Enhance data collection for patient satisfaction surveys to collect data on race/ethnicity and preferred language, and use results to guide improvement plans for each department.
- Increase utilization of qualified interpreter language services by at least 10 percent by June 30, 2019.

Progress on Other Areas

Contract and Grants

In response to Strategic Priority V- Improve Administrative and Operational Effectiveness, DHS took the lead to expand and reconfigure the Supportive and/or Housing Services Request for Statement of Qualifications (RFSQ) that was initially released on April 5, 2012. The purpose is to expand the services and seek additional qualified agencies to enter into Master Agreements with the County. This expansion of the services provided under the Supportive and/or Housing Services Master Agreement (SHSMA) will enable all three Health Agency departments to access the services and serve additional populations.

The reconfigured RFSQ was launched on December 17, 2018 and initial response from service providers has been very positive. The qualifications process has been streamlined with a reduction in required forms and document submission electronically to a dedicated SHSMA email

address. In addition, the minimum requirements to submit a Statement of Qualifications have been have been broadened to allow for five different ways to qualify for SHSMA.

As the lead department, DHS has developed workflow procedures and document templates and will manage qualifying new contractors. In addition, DHS will facilitate the solicitation processes for the other departments. The streamlined process has good accountability that will greatly reduce contracting workload and timeframes for all three departments. Compliments have already been received on the ease of applying for a SHSMA from several DPH contractors and new agencies. The DPH Substance Abuse Prevention and Control (SAPC) is working with DHS on the first round of SHSMA work orders for increased Substance Use Disorder (SUD) services. DMH is exploring how to use SHSMA to expand Full Service Partnership (FSP) programs.

In addition to the work mentioned above, the Health Agency has also established a Contract Monitoring Committee that will work to streamline contract monitoring across the Agency Departments. This committee has conducted their initial meeting and will work to develop tools that can be used by all Agency departments to ease and standardize the contract monitoring process where possible.

Integration Management Office

The Integrated Management Office (IMO) was created back in 2016 to foster coordination and identify areas of collaboration between the IT divisions of each of the Health Agency departments. The IMO is comprised of the CIOs and Project Management Office Directors from each department. Some of the major accomplishments of the IMO to date include:

- ORCHID Expansion: DPH successfully implemented ORCHID in all of its Health Center to improve coordination of care for patients, particularly at clinical sites where DPH and DHS staff are co-located.

- Data Center Consolidation: To reduce the cost of data center operations and gain economies of scale across the Health Agency, DMH and DPH have been migrating their data center infrastructure to the MLK Data Center and the County's Data Center 1 environment. DMH decommissioned its data center sites in 2018 and DPH is scheduled to migrate its final data center site in 2019.

- Shared Systems Infrastructure: The co-location of data center infrastructure has provided opportunities for the Health Agency departments to invest in shared system platforms. The three Health Agency Departments are now making use of a common SAS analytics platform and IT patch management system. DHS and DPH are working together to acquire a common platform for their respective website upgrades and DMH and DPH are working to establish a cloud-based infrastructure to exchange clinical and billing data with their networks of contract providers.

- LANES (Los Angeles Network for Enhanced Services): The three departments have been working to expand their participation and use of LANES, the County's health information exchange platform. DMH and DHS are securely sharing clinical and demographic patient data with healthcare providers participating in the LANES network to enhance the coordination of patient care. DPH is also working with LANES to use the clinical data from participating providers to monitor disease trends within the County.

Martin Luther King (MLK) Behavioral Health Center Integration Committee

DHS, DMH and DPH are working collaboratively with Public Works to design and plan the MLK Behavioral Health Center. To date, the conversations for this facility have largely been driven by the capital needs of the project. With the co-location of Probation and Workforce Development and Aging Community Services (WDACS) in addition to the Health Agency Departments, there exists the opportunity to be more strategic and intentional in implementing integrated services. To seize this opportunity, a committee has been established with representatives from all departments that will occupy space in the Behavioral Health Center to begin discussions on what integration would look like to the patient, identify where the opportunities may lie across departments, and work to identify and implement strategies to maximize integration of services.