



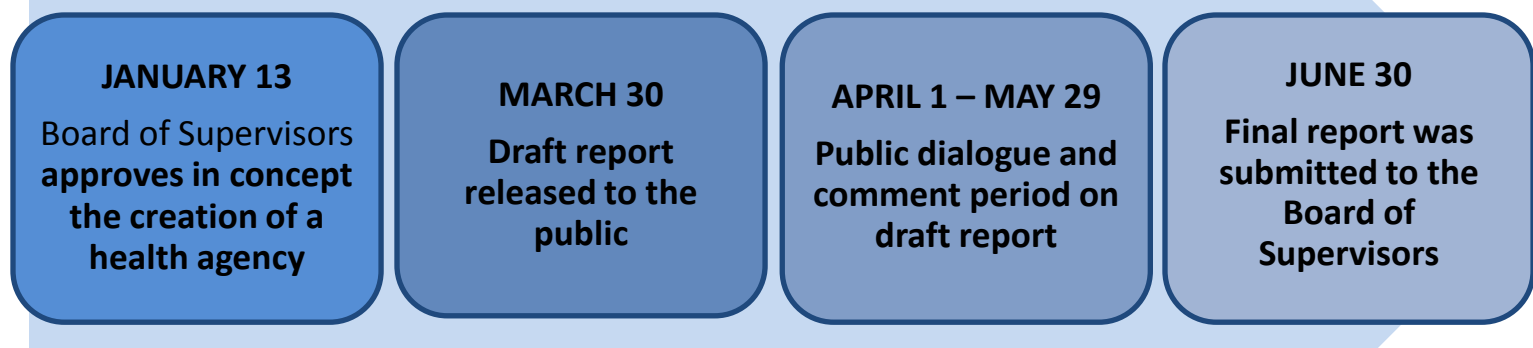
Possible Creation of an LA County Health Agency

August 11, 2015

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Timeline & Process

Timeline & Process



“...report back within 60 days with a ***proposed structure*** that might accomplish such a consolidation, as well as ***possible implementation steps, time frame for achievement of the agency,*** and the ***benefits*** as well as any ***drawbacks*** to this action. In addition ...establish a ***stakeholder/public participation process*** to ensure that their input is considered in the report.”

Timeline & Process

JANUARY 13

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

MARCH 30

Draft report released to the public

APRIL 1 – MAY 29

Public dialogue and comment period on draft report

JUNE 30

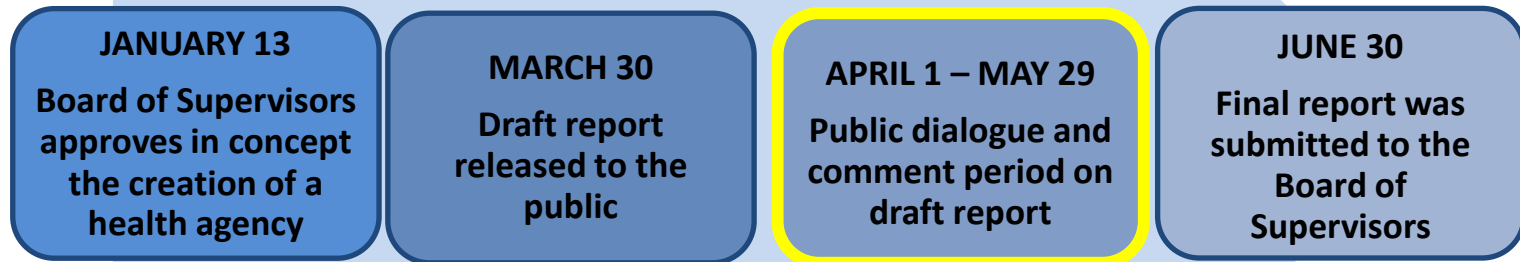
Final report was submitted to the Board of Supervisors

January 13 - March 30

- Health integration website was developed
- Conducted >35 stakeholder meetings
- Labor-sponsored town halls with affected employees
- Interdepartmental workgroups asked to provide input on specific clinical, programmatic and administrative topics



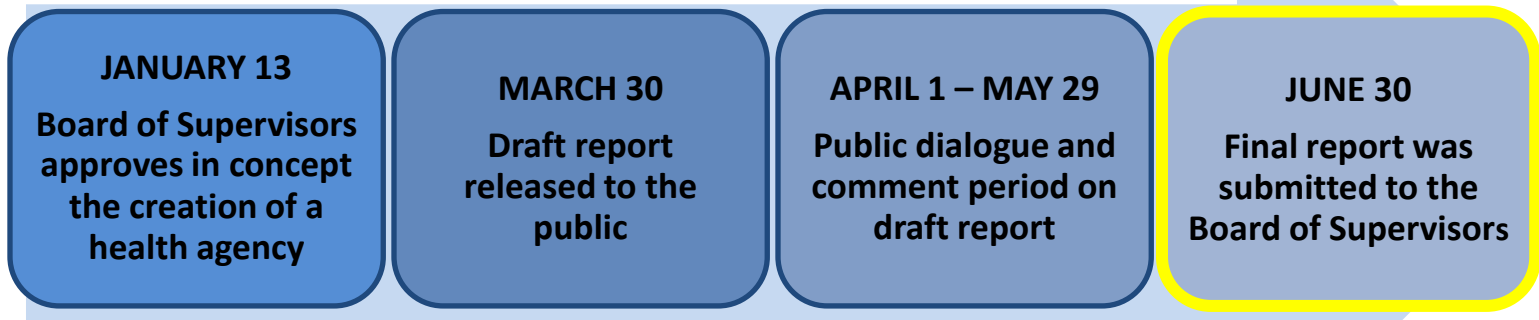
Timeline & Process



April 1 - May 29

- 60-day public comment period (oral and written comments were collected)
- Executive Summary released in English, Spanish and Korean
- Five public convenings facilitated by Community Partners; translation available
- Video of presentation and powerpoint slides (English and Spanish) available on website
- Conducted >35 additional external stakeholder meetings
- Additional labor town halls

Timeline & Process



June 1 - June 30

- Conducted additional external stakeholder meetings based on external requests
- Community Partners submitted summary report based on the input/questions received during public convenings
- Final report submitted to the Board

Who have we talked to?

We held **over 70 meetings** with **over 80 external groups** to prepare the report and respond to the draft.

Academic Institutions

Advisory Boards

Board-appointed Commissions

Client Coalitions

Community Councils

Community Residents

Faith-Based Councils

Grant Organizations

Health Advocates

Health Consortia

Health Plans

Healthcare Foundations

Healthcare Researchers

Hospitals & Clinics

Housing Providers & Associations

Nonprofit Organizations

Professional Healthcare Organizations

Public Interest Legal Services

Public Policy Organizations

State Associations

Unions

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Report overview

Organizational structure as a means of supporting integration

Board-proposed health agency

- Departments report to health agency which has responsibility for **leading integration** across numerous areas
- Maintains **independent Departments** (DHS, DMH, and DPH)
 - Full **Department missions/scope** of activities
 - Direct **communication with the Board**
 - **Separate budget** unable to be changed without Board approval

Alternative models suggested by stakeholders

- Create **separate entity** outside Departments to support coordination/integration (OCP-like model)
- **Change scope/alignment** of current Departmental units
- **Narrow agency** to focus on clinical service delivery only
- **Expand agency** to focus on social service functions as well
- Create health **authority**

Health integration opportunities

1. Integrated effort to reduce **health disparities**.
2. Better services for **vulnerable populations**.
3. Greater integration of **population health** and clinical service delivery.
4. **Integrated services** for those who need multiple types of care.
5. **Streamlined access** to all services regardless of the point of entry.
6. Increased access to and use of **information technology** and data.
7. Improved **workforce education** and training.
8. Stronger **LA County influence** on state and federal health policy issues.
9. More **strategic use of facilities**, including co-location.
10. More **efficient ancillary and administrative** services.
11. **Additional revenue** from Medi-Cal billing and reimbursements.

Potential risks of a health agency

1. **De-prioritization** of mental health and public health issues.
2. Additional layers of **bureaucracy**.
3. Funds taken from Department resources to **pay for agency administration**.
4. Departments **losing focus** on full scope of their distinct missions.
5. **Cultural friction** between departments.
6. Medicalization of mental health; less emphasis on the **recovery model**.
7. **Disruption of existing service models**, partnerships, and client-provider relationships.
8. **Distraction** from ongoing work to improve and integrate services.

Designing agency structure to mitigate risks

The structure of an agency can help to mitigate potential risks:

- An agency (vs. merged) structure maintains **separate Departments and budgets**.
- The agency structure should be **lean and simple**, focusing on service-oriented initiatives rather than administrative restructuring.
- Units should move to the agency level only if there is a **clear benefit** (in terms of services/function and efficiency gains) of doing so.
- **Avoid duplication**, bureaucracy, and increases in administrative costs.
- Any **savings from achieving economies of scale** should be reinvested in services within each Department

Implementation Steps

- Appoint an **agency lead** with the skill and temperament needed to be successful
- Establish and clearly communicate an integrated strategic plan and set of **initial agency priorities**
- Build transparent, ongoing, and meaningful **partnership with internal and external stakeholders**
- Promote **cultural competency** in all health-related activities
- Ensure **accountability and oversight** of the agency
- Regularly and publicly report on agency progress, including **indicators** related to the agency's impact
- Develop and publish clear, concise **data on Departmental budgets, appropriation**, revenue sources, and uses
- Clearly **communicate** changes with the public
- Create opportunities to **build relationships** and trust among staff



Comments/Questions