

MOTION BY MAYOR MICHAEL D. ANTONOVICH

AUGUST 11, 2015

HEALTH AGENCY

On January 13, 2015, the Board of Supervisors unanimously approved in concept the integration of Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH), to create a single unified health agency (Health Agency). Furthermore, the Board directed staff to report back with a proposed structure of such an Agency and a timeline of how it would be implemented.

As part of the evaluation of this proposal, the Interim Chief Executive Officer (CEO) was directed to establish a stakeholder/public participation process to ensure that their input was considered in the staff report. This process resulted in extensive forums being held throughout the County to receive recommendations from both internal and external stakeholders. The resulting staff report validates the need to move forward.

While all parties agree that greater integration of these services is critical to the County’s ability to address the needs of its patients, some critics of the Health Agency have argued that these three departments were linked in the past, but failed to provide integrated care delivery. This statement may be true, but it ignores how significantly the national thinking on health care has changed in the past 43 years.

This motion does not seek to eliminate or diminish the work done by DHS, DMH, or DPH. Nor does it subsume these departments into a “medical” model that ignores the recovery-based models and social determinants of health. The opposite is true.

National changes in the delivery of health care have created both significant opportunities and challenges for the County. New legislative mandates, service provisions and financing have caused a tremendous shift toward integrated delivery of care that better aligns physical, behavioral, community, and population health.

MOTION

SOLIS _____

RIDLEY-THOMAS _____

KUEHL _____

KNABE _____

ANTONOVICH _____

Further, we know that managing the care of our patients requires that we look closely at the social determinants of health, such as access to housing, food, and other necessities of life, as well as socio-economic factors that may affect how care is sought. By bringing together these three departments under a single Health Agency, we can bring to bear the available resources to meet our patients' needs.

Each day, the lives of the 10 million Los Angeles County residents are affected by the services provided by County Departments. Each program may have a different purpose, but all are unified in sharing one vision to "improve the quality of life in the County of Los Angeles by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being, and prosperity of individuals, families, businesses, and communities."

Creating a single Health Agency is now a business imperative for the County to improve access, health outcomes, and system efficiency. In the present and expected future health care environment, and to best meet the needs of our constituents, the County must move from fragmentation to integration of its health care delivery system.

Creating a unified Health Agency also makes fiscal sense. Bringing these departments together can serve to increase the County's total delivery capacity by eliminating duplication among departments and allowing for creative multi-disciplinary collaboration to address such intractable problems as homelessness and diversion of criminal offenders.

Critics of a single Health Agency have also expressed concern that the voice of the individual departments, as well as the associated stakeholder groups, would be muted by the Agency model. This is not the intent. The department heads will still have direct access and regular interaction with the Board about their respective programs. Additionally, all three departments are supported by Board-appointed commissions with direct reporting to the Board and whose members have individual relationships with the Board members and their staff. This would continue to be the case under the Agency model.

Finally, those who oppose the Agency model argue that the larger entity could ignore long-standing community priorities by reallocating funding to other areas not supported by stakeholder groups. This Board recognizes the importance of maintaining separate departmental budgets to protect the unique funding streams and responsibilities of each department. Any changes or reallocations from one budget to another would require Board approval, just as such changes require now.

As the health care industry continues to experience dramatic shifts in how care is funded, a single Health Agency will also ensure the efficiency of administrative functions and potential cost savings. The County must embrace a cohesive delivery system in order to fully leverage and maximize all resources. This means moving from a “Department-centered” framework to a “client/patient/community-centered” model of care where there is no wrong door for those seeking care, especially the vulnerable, at-risk and socio-economically disadvantaged populations such as the homeless, infirmed and transitional age youth. Fully leveraging and coordinating each Department’s expertise and resources will result in continuous quality improvement and innovation, bringing about higher accountability, effectiveness, efficiency and advocacy.

This Board demonstrates sustained leadership and fiscal stewardship in preserving and strengthening the County safety net. The time is now to position the County for continuing success by establishing a single unified Health Agency to break down the bureaucratic barriers faced by the County’s patients and clients, identify and maximize synergies among DHS, DMH, and DPH programs, streamline operations, optimize finances, and align incentives so that all County staff can continue moving toward the goal of providing high quality and person-centered services across the full continuum of health services.

In its motion, the Board requested and received input from stakeholder groups. One of the ideas that came out of this discussion was the notion of an Office of Health Care Enhancement to facilitate the coordination and integration of services among the multiple County agencies. While this is a valid suggestion, such an office would have no accountability to the Board for implementing a coordinated system and would be advisory in nature. The Agency model holds not only the agency head, but the individual department heads accountable to implement initiatives to integrate service delivery.

The Board has, over the past several years, overseen an unprecedented expansion in the delivery of personal, public, and mental health services. This growth is based upon the notion of continuity and integration in the delivery all of these services. We are at a critical juncture in the evolution of the delivery of health care and it is crucial that we take action to facilitate the integration of services provided by our \$7 billion health care delivery system.

I, THEREFORE, MOVE that the Board of Supervisors:

1. Approve the establishment of a Health Agency to integrate the operations of the Departments of Health Services, Mental Health, and Public Health and direct the Interim Chief Executive Officer (CEO) to ensure that separate budgets are maintained for each Department;
2. Direct County Counsel to draft a County ordinance within 30 days to create a Health Agency and work with the Chief Executive Office and Department of Human Resources to establish an ordinance position of Health Agency Director;
3. Direct the Director of Human Resources and CEO Classification-Compensation to develop and submit to the Board a job description and associated position for the Health Agency Director within 30 days; and initiate recruitment for the Agency Director;
4. Instruct the Interim CEO to create a temporary steering committee, made up of the Directors of Health Services, Mental Health, Public Health, and the Public Health Officer to develop within 45 days, taking into account input from community stakeholders, a strategic plan and operational framework for integrating the three departments with priorities, specific outcome measures, and a preliminary associated workplan to include, but not be limited to, the following:
 - a. Streamlining access for those who need services from more than one Department and its community partners, including by promoting information-sharing, registration, and referral processes, training staff cross-discipline, and increasing co-location of services;
 - b. Reducing homelessness among individuals with health-related needs; and
 - c. Reducing overcrowding of public Psychiatric Emergency Services (PES) and private Emergency Departments (EDs) by individuals on involuntary psychiatric holds.
5. Direct the Interim CEO to convene a temporary Integration Advisory Board (IAB) made up of two representatives from each of the following Commissions: the Mental Health Commission, the Public Health Commission, Hospital and Health Care Delivery Commission, Commission on Alcohol and Other Drugs, and the Commission on HIV; one or two consumers from each Commissions' discipline; and one or two representatives from each Department's organized labor unions. The Commission and consumer representatives should be selected by public vote of each Commission. Labor representation will be determined by labor leadership. Two co-chairs of the IAB shall be selected by vote at the first public

meeting of the Advisory Board. The IAB will serve as an advisory body to the Board of Supervisors reporting in writing to the Board on at least a semi-annual basis for two years, on the impact (positive or negative) of the Health Agency on ongoing Departmental activities and operations and on achieving the County's health-related priorities. Commission and consumer representatives from each discipline should include comments as it relates to their particular area of focus; and

6. Establish a quarterly set item on the Board agenda in which the Agency Director and Department heads publicly report to the Board on the following topics:
 - a. Progress in achieving agency goals and specific indicators and outcome measures;
 - b. Financial status of each Department, including any notable changes in funding streams, sources and uses of funds by program and provider type, and number of individuals served; and
 - c. Stakeholder engagement process.

#