



## Director's Desk

Christina R. Ghaly, MD  
Director

Among the biggest changes in DHS over the past several years is the gradual shift to managing the health of the populations for which we are responsible. Ten years ago, DHS focused mainly on taking excellent care of whoever walked through the door for the duration of time they spent with us: an hour in clinic, a few hours in the ED, or a few days in a hospital bed. The emphasis on excellence remains, but more and more we are setting up our system so we know who "our" patients are and can take good care of them even when they aren't in front of us. This attention to the holistic needs of our patients and their health is at the core of what it means to manage the health of populations, as described in the first article below. Our population health management (PHM) team has led the work to increase staffing to our patient-centered medical homes, adding social worker, case worker, and substance use disorder staff to address the

social and behavioral health needs of our patients. They are working to build out transportation assistance and are working closely with our telehealth and IT experts to strategize about how to close physical gaps between the patient and the care they need. They are leading work to expand medical legal partnerships, connections to CalFresh for those in need of healthy foods and are building out our Health Homes Program for the most clinically complex patients.

This emphasis on population health management will always be accompanied with a focus on the individual patient and their unique needs. The articles in this month's Pulse offer a few examples of how this plays out: through the work of dedicated staff such as the five Nurse Practitioners who were honored by the Board of Supervisors a few weeks ago, through our growing staff of certified interpreters who help us meet the needs of our non-English speaking patients, through programs like the Rancho Therapy Garden that gives the practical skills, confidence and hope that can come from learning new skills. Through these and other efforts we can help support our patients in living healthy, happy lives.

Happy holidays!  
Christina

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## DHS Nurse Practitioners Honored by Board of Supervisors and SEIU 721



By Ana Gaona

Everyday patients walk through the doors of our clinics and hospitals seeking medical attention. DHS patients receive professional and compassionate care from our dedicated nurse practitioners. Nurse practitioners are trained medical professionals who assess patient needs, order and interpret diagnostic and laboratory tests, diagnose illness and disease, prescribe medication and formulate treatment plans. In honor of nurse practition-

er's week, DHS joined the Board of Supervisors and SEIU 721 in celebrating our nurse practitioners.

On Tuesday, November 12th, the Board recognized five DHS nurse practitioners from different facilities. Each was honored for consistently providing the highest quality of care to the most vulnerable in Los Angeles County. They were described by their colleagues as compassionate, dedicated, willing to go above and beyond, giving and inspiring. DHS congratulated Leona Mason from Olive

View-UCLA Medical Center, Jardine Cordero Pagunsan from Rancho Los Amigos National Rehabilitation Center, James Ngugi from Mid-Valley Comprehensive Health Center, Liberata Ramos from Martin Luther King, Jr. Outpatient Center and Theresa Saracho from LAC+USC Medical Center. We commend and extend our gratitude to you and all the other nurse practitioners for your dedicated service. We are grateful for your many years of service to DHS patients across the County.

## DHS Staff Offer Translation, Services and Resources at Annual Free Clinic

By Anna Gorman and Nina Vassilian, MPH, MCHES

L.A. County Department of Health Services staff joined hundreds of volunteers and service providers in mid-November for this year's massive free clinic for people who are uninsured or have limited access to health care.

The Care Harbor event provided medical, dental and vision care to more than 2,500 people over three days, including an estimated 700 people who are homeless. One of the clinic days was dedicated to the homeless population. People were transported from shelters and received care and resources on healthcare as well as substance abuse treatment and mental health services.

During the 11th annual event, DHS interpreters provided services throughout the three-day event, helping translate for patients in Spanish and Korean and ensuring patients were able to communicate effectively with providers. "The participation of healthcare interpreters was vital," said Nina Vassilian of DHS' Office of Diversity. She added, "healthcare interpreters made sure services were provided in a culturally and linguistically appropriate manner."

(See 'CARE' on page 2)



DHS Staff Development Specialist Cynthia Lopez (right) explained some of the DHS programs to one of the Care Harbor participants Friday.



(‘CARE’)

DHS staff also handed out flyers with addresses of County clinics and explained to participants how to seek ongoing health care. They also distributed hand sanitizers and information about programs such as My Health LA, Mama’s Neighborhood and the Substance Abuse Service Helpline.

Frankie Mays, a supervisor with My Health LA, said she appreciated that there was an entire day dedicated to helping homeless residents, “A lot of them may not know what health services are available to them,” Mays said. “Here, they can learn how to get a primary care provider and how to get follow-up services.”

One of the participants, Sylvester Hale, 42, recently moved to Los Angeles and was staying at a homeless shelter. He jumped at the opportunity to come to the Care Harbor event, during which he saw a primary care doctor and had his eyes checked. Hale also received information about receiving ongoing care to keep his blood pressure under control. He said, “I’m grateful for this so I can see where I am health wise.” He added, “if your finances are bad, it’s kind of hard to get medical care.”



Sylvester Hale, 42, who recently became homeless, said he was glad to be able to get free medical care. He had his blood pressure checked by volunteer Ruchittrani Hapuarachchi.

DHS staff members were among an estimated 1,900 people providing health care, health information and other services at the free clinic, held November 15-17 at The Reef in downtown Los Angeles. They joined others from the Department of Public Health, the Department of Public Social Services, community clinics and advocacy organizations.

Participants were able to receive care from primary care physicians, specialists, dentists, ophthalmologists and other providers. They also received referrals and follow-up appointments.

Another participant, Shana Hauanio, 47, said she was homeless and at Care Harbor for the first time. “It’s a fabulous event,” she said as she received a flu shot. “We can get all these services all in one place.”

DHS staff development specialist Cynthia Lopez said she was glad to be part of the event so she could help her community, “we can give [community members] hope that there are programs and help for them,” she said.

### Care Harbor: A Healthcare Interpreter Success Story

Fernando Sorbille, a Healthcare Interpreter staff person at LAC+USC Medical Center shared a success story.

All the experiences I had were great, but if I had to mention one, I would like to highlight a situation with one of the patients I assisted on Sunday the 17<sup>th</sup> who I’ll call John. John is a 56-year-old male from Mexico, who had never been seen by a doctor. John wasn’t feeling good, he complained of having chest pain and a headache. John was having issues with high blood pressure, needed glasses to read and a primary care physician to help him with all the medical struggles he was going through.

Sara, the nurse who assisted him during his intake interview, was extremely nice and made him feel at home. After an initial screening, John was seen by a physician, because his blood pressure reading was at 193 (systolic). The patient was given two types of medication on the spot, as well as a blood pressure device to take his

pressure at home on a daily basis. John was taught how to use the device along with a log-sheet, and how to record all his readings to later share with a doctor. John was then assigned to a clinic near his home to visit a doctor regularly. In addition, he received the flu vaccine and we walked him to the vision area, where he got a pair of glasses to read his small-letter Bible that he was carrying with him.

John must have said “Thank you” a thousand times — thank you, thank you, to everyone who crossed his path, his eyes were watery every time he pronounced those two words, “thank you” which everyone responded, “It’s our pleasure.” I must admit that it felt so good to be part of all of this, helping this grateful and appreciative person, who really needed our help.

Now it’s my turn to say thank you to Care Harbor Free Clinic, to the County of Los Angeles, and to all the great professionals who took part in this project and made it happen. On behalf of all those patients, those beautiful people who stood in line for so long to be seen by a doctor and needed our help, THANK YOU for making me feel so good.

Initiatives

### Poor Farm to Therapy Garden: A Rancho Tradition of Rehabilitation, Productivity & Well-Being

By Michele Berro, MA, OTR/L  
Outpatient Occupational Therapy Clinical Manager

The Rancho Therapy Garden was developed by the Occupational Therapy team in 2010 at Rancho Los Amigos National Rehabilitation Center. It has helped countless inpatients and outpatients return to gardening as a leisure or work activity. Occupational Therapists provide both individual and group treatment sessions that may include starting seedlings, potting succulents, trimming hedges or deadheading flowers. Raised garden beds offer the opportunity for those with limited mobility to participate in growing and harvesting vegetables and herbs that are then used in the Occupational Therapy Kitchen where patients can cook with fresh offerings from the Garden. Garden-related therapeutic activities such as painting pots, building birdhouses and creating lavender sachets also occur in the garden. The Occupational Therapy Vocational Services Program uses the Garden as a real-life venue to practice work skills such as landscaping, carpentry and construction-related garden projects. There is always raking, sweeping and watering to be done! The Garden also offers a class through the Don Knabe Wellness Center where wellness center members can join in garden-related tasks. The barn and windmill situated in the Garden pay homage to Rancho’s roots as a Los Angeles County Poor Farm, where all were welcomed and no one was turned away. The same is true today as our garden welcomes everyone including patients, visitors and staff who stop by to enjoy all the sights, sounds and activities our Therapy Garden has to offer!



# Focusing on Population Health Management

By Amy Luftig Viste

You may have heard about the Population Health Management (PHM) division of DHS, but what is this unit and what do they do?

PHM is a model of care delivery that uses data analytics and personalized care interventions to improve the health outcomes of patients. The goal of PHM is to meet individuals' health needs by actively engaging each patient and facilitating targeted interventions based on medical and social needs. PHM aims to improve both the physical and psychosocial well-being of individuals and address health disparities through cost-effective and tailored health solutions.

The PHM division is led by Dr. Nina Park and is responsible for implementing high priority DHS projects such as complex care management, transitions of care, behavioral health integration and social service coordination. The primary care directors of each DHS hospital and the Ambulatory Care Network (ACN) are part of the PHM team. The My Health LA (MHLA) and Whole Person Care (WPC) programs are also under the direction of PHM.

The PHM team set ambitious goals through 2020. These include:

- Screening DHS patients for food, transportation and housing insecurity and connecting patients to social services using an electronic platform;
- Reducing missed appointments by providing non-emergency transportation to patients;
- Expanding primary care capacity in areas of high need but no proximity to a DHS clinic;
- Enrolling DHS patients into the Health Homes Program (HHP);
- Sending a welcoming member handbook and helpful information to newly empaneled patients;
- Integrating behavioral health services in the primary care setting;
- Creating a centralized process to call patients who are high-risk and discharged from a hospital;

- Linking individuals recently released from jail with a DHS primary care medical home;
- Developing interventions to target MHLA patients frequently utilizing DHS emergency rooms;
- Creating seamless, automated processes for empaneling non-managed care patients;
- Expanding the number of medical-legal partnerships at DHS clinics and hospitals.

Despite only having been a unit since September 2018, PHM has already had considerable successes in key areas. For example, PHM:

- Implemented the HHP on July 1, 2019 with 589 patients enrolled, this number continues growing weekly;
- Integrated behavioral health into the primary care medical homes at seven DHS sites (Lomita, Carson, LAC+USC 2 Adult East and West, Humphrey, MLK and Roybal);
- Launched (or soon to launch) six medical-legal partnerships at Harbor-UCLA Medical Center, MLK, Jr. Outpatient Center, LAC+USC Medical Center, Long Beach, El Monte and Mid-Valley Comprehensive Health Centers with three more scheduled in 2020 at Olive View-UCLA Medical Center, Rancho Los Amigos and High Desert Regional Health Center);
- Reached 500 patients a month for the four last months with colorectal cancer screening reminder calls;

Enrolled 14,118 DHS-empaneled patients into the WPC program (24% of all WPC enrollments).

A detailed workplan for PHM including goals, dashboards and team members can be found on the new PHM intranet site at <https://lacounty.sharepoint.com/sites/dhs-pophealth>. If you have any questions, please feel free to contact Amy Luftig Viste at [aviste@dhs.lacounty.gov](mailto:aviste@dhs.lacounty.gov).

## DHS Honors Veterans



Veterans Day was celebrated on November 11th. The Los Angeles County Department of Health Services is proud to have so many women and men who have served and continue to serve our country with honor. DHS staff include service members from all branches of the armed forces and we are better for it. We hope all of our Veterans and their family enjoyed this important holiday. We are proud to call you our colleagues and friends.

## Second Victim & DHS' Helping Healers Heal (H3) Program

By Marife P. Mendoza, RN



Second victims are health care providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event. Frequently, these individuals feel personally responsible for the patient outcome. Many feel as though they have failed the patient, and second guess their clinical skills and knowledge base. It has been noted that there is a great deal of psychological and emotional suffering in providers during an unanticipated adverse event and/or patient safety event investigation. To help and assist the "victimized" providers, DHS adopted a second victim program called Helping Healers Heal (H3). The H3 initiative began at LAC+USC Medical Center and has also been implemented at Olive View UCLA Medical Center and Harbor UCLA Medical Center. The H3 services offered in the facilities have expanded to encompass any traumatizing event experienced by the staff outside the realm of patient care such as the sudden and unexpected death of a co-worker, family member and abuse/assault to the staff member. Rancho Los Amigos National Rehabilitation Center and Correctional Health Services are just starting their respective H3 programs now, and there has been discussion to spread it to the Ambulatory Care Network as well. If you feel that you or a colleague are suffering from second victimization, please do not hesitate to ask for help and/or H3 support -- email any facility-specific H3 requests or questions to:

- LACUSC: [H3team@dhs.lacounty.gov](mailto:H3team@dhs.lacounty.gov)  
HUCLA: [HarborH3Team@dhs.lacounty.gov](mailto:HarborH3Team@dhs.lacounty.gov)  
OVMC: [H3TeamOVMC@dhs.lacounty.gov](mailto:H3TeamOVMC@dhs.lacounty.gov)  
RLA: [RanchoH3@dhs.lacounty.gov](mailto:RanchoH3@dhs.lacounty.gov)  
CHS: [MSBCHSH3PeerSupporters@lasd.org](mailto:MSBCHSH3PeerSupporters@lasd.org)

Note: You can also submit your H3 support request via our Safety Intelligence Reporting database.





# DHS SPOTLIGHT

Behavioral Health Integration in Primary Care

November 2019

## Why is Behavioral Health Integration in Primary Care Important to our health system and communities we serve?

Primary Care is responsible for managing the overall care of a patient's health. To truly enhance the quality of life for our patients and to deliver effective primary care, our clinics must address the behavioral and social threats to health, including substance use disorders, mental illness, lack of housing, food insecurity, lack of accessible transportation, and other factors. In April 2019, we launched the DHS Behavioral Health Integration (BHI) in Primary Care initiative.

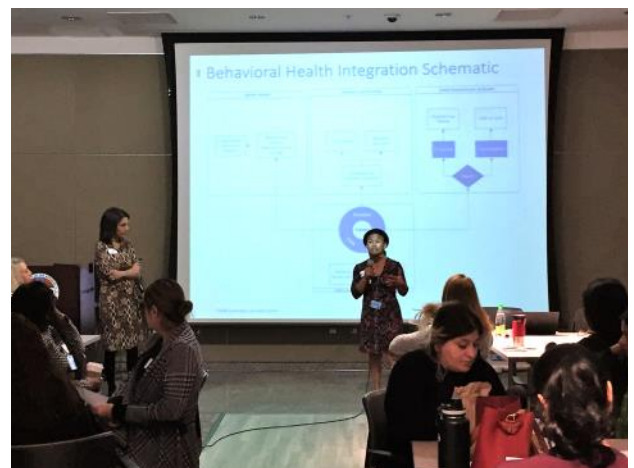
In the first phase of this initiative, five DHS Primary Care sites at Harbor-UCLA Medical Center, Hubert H. Humphrey Comprehensive Health Center, LAC+USC Medical Center, MLK Outpatient Center and Edward R. Roybal Comprehensive Health Center have implemented evidence-based best practices for addressing social and behavioral determinants of health. This intra-professional approach includes Physicians, Nurses, Clinical Social Workers, Medical Case Workers, Community Health Workers and Substance Use Counselors.



## What is included in Behavioral Health Integration in Primary Care?

The core components of our new BHI model include (1) universal screening for behavioral and social conditions, (2) identifying a dedicated staff for care coordination and patient support, (3) delivery of brief interventions, (4) systematic tracking and follow-up for patients with unmet needs and (5) Specialty Care consultation and collaboration as appropriate.

Through a partnership with Department of Public Health via the Substance Abuse, Prevention and Control Division, we are also certified through the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver, to provide ASAM Level 1.0 outpatient services to assess and treat substance use disorders in both individual and group modalities. Our Department of Mental Health colleagues are also part of the integration and engaged in discussions and workflow development on how we work together to best provide effective and non-duplicative services.



## What has been the impact?

The ability to proactively identify and outreach to patients who are experiencing a variety of physical health, mental health and substance use challenges has produced a significant impact. Patients often suffer from depression, anxiety, substance use disorders and contend with a variety of social determinants of health including food insecurity. The use of complementary behavioral health team members to support identified needs as well as co-care plan with team members has resulted in enhanced comprehensive care.

One of the innovative strategies employed by one of the behavioral health team members was utilizing bubbles to help reduce anxiety and worry, as a means of introducing mindfulness and breathing techniques. The bubbles are one small and innovative part of behavioral health integration. The teams are using a variety of techniques to engage patients, teach self-care and address mental health, substance use and social needs such as housing, food insecurity and transportation.



## Where do we go from here?

In October, the LA County Board of Supervisors approved the enhanced primary care staffing model so that it can expand its ability to provide social and behavioral health services within its clinics. This will allow for equitable access of services across our DHS Primary Care sites.

The added staff include Clinical Social Work Supervisors, Licensed Clinical Social Workers, Medical Case Workers, Substance Use Counselors and Community Health Workers. As part of this process, DHS will seek certification for all primary care clinics with (DMC-ODS) waiver.



Looking ahead, it is crucial to incorporate evaluation with a health equity lens. It is important to identify relevant metrics for measuring success and identifying outcomes so that we can learn and share the impact on health outcomes of our patients, enhance interventions and serve as a leader across the country in health integration.

## Acknowledgments

It takes a team for true integration. Special thanks to our Population Health Management Director, Dr. Nina Park, our pioneer facilities, staff leadership in delivering extraordinary care, flexibility and innovation (MLK, Harbor, Roybal, Humphrey, LAC+USC). Champions and Co-Chairs for the Behavioral Health Integration Initiative and Workgroup (Dr. Jagruti Shukla, Charmaine Dorsey, MSW, LCSW), and our incredible committee members Dr. Brian Hurley, Dr. David Campa, Debra Duran, CNO, Dr. Chris Benitez, along with our Health Management Associate (HMA) expert consultants Lori Raney and Nancy Jaeckels-Kamp, who were generously funded by a grant from the California Healthcare Foundation (CHCF).



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