



Los Angeles County Mental Health Commission

"Advocacy, Accountability and Oversight in Action"

Board of Supervisors

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Mark Ridley-Thomas
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January 26, 2015

Supervisor Hilda L. Solis, First District
Supervisor Mark Ridley –Thomas, Second District
Supervisor Shelia Kuehl, Third District
Supervisor Don Knabe, Fourth District
Honorable Mayor, Michael D. Antonovich, Fifth District

Dear Supervisors:

Mental Health Commission Response to Los Angeles Health Agency Implementation

The Mental Health Commission (Commission) appreciates the Board of Supervisors (Board) amending its motion of January 13, 2015, and instructing the Interim Chief Executive Officer to include the input of the Los Angeles County Mental Health and Public Health Commissions as well as establishing a stakeholder/public participation process ensuring their input is considered in the report on the proposed consolidation of the Departments of Health Services, Public Health and Mental Health into a single integrated agency.

As indicated in the Commission's letter to you signed by Dr. Larry Gasco, Chairman of the Commission, dated January 13, 2015, and in his testimony to the Board on January 13, 2015, it was clearly stated that the Commission takes seriously our duties and responsibilities as outlined in the California Welfare and Institutions Code Section 5604.2.4, which states that the Commission shall "Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process." It is essential that mental health stakeholders continue to have a meaningful role in the planning process regarding the potential health agency implementation process.

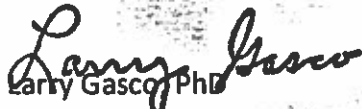
We appreciate the recommendations and proposal Dr. Christina Ghaly, Director of Health Care Integration, CEO has submitted for some of the initial steps in the development of a Los Angeles County Health Agency. We look forward to and request her assistance in convening the initial meeting with our colleagues on the Public Health Commission and with Dr. Ghaly's team so we can proceed in discussing, reviewing, and approving the stakeholder/public participation process in a timely manner, in accordance with the Board direction.

Additionally, we are requesting that an independent, neutral and impartial person who is knowledgeable and familiar with the organizational cultures and practices of the three Departments take the lead in this process.

In keeping with the practice of the Department of Mental Health (DMH) in engaging stakeholders, the Commission has received input from DMH's System Leadership Team and is submitting the attached Planning Principles which we are recommending be adopted and incorporated as part of the stakeholder/public participation process.

Because trust and integrity are of the utmost importance to the Board, we know that the delivery of services to clients, families, and communities will remain the focus of all actions as this process proceeds.

Sincerely,


Larry Gasco, PhD
Chairman

LG:HD:LL:TL:ch/tl

Attachment (Planning Principles)

c: Sachi Hamai, Interim Chief Executive Officer
Mitchell H. Katz, MD, Director, Department of Health Services
Marvin J. Southard, DSW, Director, Department of Mental Health
Christina A. Harding, MPH, Interim Director, Department of Public Health
Christina R. Ghaly, MD, Director of Health Care Integration, CEO
Jean Champommier, Ph.D., Chair, Public Health Commission
DMH System Leadership Team
DMH Service Area Advisory Committee Chairs



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PLANNING PRINCIPLES
DEPARTMENTS OF MENTAL HEALTH, HEALTH AND PUBLIC HEALTH

Department Mission Statement/Vision Statements

➤ **DEPARTMENT OF MENTAL HEALTH**

Enriching lives through partnerships designed to strengthen the community's capacity to support hope wellness, recovery and resiliency.

➤ **DEPARTMENT OF HEALTH SERVICES**

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

➤ **DEPARTMENT OF PUBLIC HEALTH**

To protect health, prevent disease and injury, and promote health and well-being for everyone in Los Angeles County.

PLANNING PRINCIPLES

Overall planning efforts should ultimately result in 1) The best possible client care experience (including quality and satisfaction); and 2) The best possible culturally competent integrated care for clients and their families of all three systems.

- **Transparency and Stakeholder Involvement:** Discussions regarding consolidation or integration must be characterized by transparency and a meaningful process for stakeholder input into developing the recommendations to the Board of Supervisors.
- **Equity and Parity:** Public health, mental health and substance use systems must be equity partners with physical health care systems. Parity among these services must be considered at every level.
- **Autonomy:** Each Department must have an independent voice with direct access to the Board of Supervisors ensuring responsiveness to their unique constituency groups.
- **Service Integration vs. Consolidation:** Agreement regarding how best to integrate services should inform the design of any potential agency governance structure. Information technology must support integration efforts while retaining essential subject-matter expertise and required functions specific to each of the involved departments.
- **Demonstrated Value Added:** The transition to integrated services and consolidation (if necessary) must demonstrate enhanced service delivery, access, quality of care, and consumer satisfaction.
- **Existing Partnerships:** Impact on existing commitments to providers, other County Departments and other partners (including, but not limited to: law enforcement and other first responders, school districts, faith-based initiatives, etc.) must be analyzed and considered; proper balance in these commitments must be continually monitored. Population health initiatives must be maintained.
- **Quality:** Quality standards must continue to be the foundation of all clinical and recovery oriented services.

Amended and adopted by the Mental Health Commission, January 23, 2015

Adopted by Department of Mental Health System Leadership Team, January 21, 2015