

MOTION BY SUPERVISOR LINDSEY P. HORVATH

Next Steps for The Alliance for Health Integration

Individuals seeking health care services have distinct backgrounds and demographics with unique health care needs that span across all three health departments, making it challenging for individuals to navigate and often find appropriate levels of care that meet their unique needs. Over the last few years, significant progress has been made to ensure that there is no wrong door, and that physical health, mental health, and substance use services are offered comprehensively, but this critical collaborative work must continue. Comprehensive care starts with cross-departmental, collaborative approaches to policy and service development and implementation.

The LA County Board of Supervisors has attempted to improve the coordination between the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH) to better provide more integrated and collaborative care. On August 11, 2015, the Board adopted a motion to move forward with the creation of the Health Agency. The Health Agency model included the creation of a budget unit for the Health Agency director and staff, as well as noting the relationship between DHS, DMH, and DPH, with each department maintaining separate status as County departments. The Health Agency structure was formally approved by the Board on September 29, 2015 via adoption of the corresponding ordinance in the County code.

MOTION

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In the absence of a Health Agency Director, on February 18, 2020, the Board adopted a motion by Supervisor Hahn and Kuehl to transition from the Health Agency to the Alliance for Health Integration (AHI). AHI was established as a shared governance team with funding from the three health departments. It was tasked with supporting the health department's workforce, building partnerships, and promoting health equity across the County while still respecting each of the department's unique charge and scope. To achieve measurable improved health outcomes for vulnerable populations across LA County, AHI was charged with the following priorities: 1) integrate and develop prevention, treatment, and healing services; 2) reduce health inequities; and 3) improve organizational effectiveness. AHI became a trusted and innovative partner for health initiatives.

AHI led in cross-departmental efforts and projects via various Board motions and Department needs. For instance, AHI coordinated the implementation of CalAIM for Los Angeles County, the Behavioral Health Continuum Infrastructure Program (BHCIP) and the California Department of Social Services Community Care Expansion Program. Additionally, AHI was the lead on strengthening the County healthcare workforce, Community Health Worker initiatives and infrastructure, supported the Chronic Conditions Initiative, and served in the Labor Management Transformation Council.

In an effort to address workload needs, on March 1, 2023, the 6 employees staffed within AHI were transitioned to DMH. This left a significant void in supporting collaborative initiatives among the three health departments. It is the opportune moment to commission an evaluation of

AHI's organizational structure and priorities to improve collaborative efforts and produce the best integrated outcomes for our health departments and County residents.

I, THEREFORE, MOVE that the Board of Supervisors direct the Chief Executive Office (CEO), in collaboration with the Department of Health Services (DHS), the Department of Public Health (DPH), and the Department of Mental Health (DMH), to retain a consultant to conduct an evaluation of the Alliance for Health Integration (AHI) to determine best practices and areas for improvement, and provide recommended options for Board consideration that support the collaboration between the three health departments to improve access to comprehensive health care; and report back in writing to the Board in 180 days. The consultant services should be offset with existing funding from the three health departments. The consultant report should include feedback from key stakeholders, including but not limited to former AHI staff, DHS, DMH, DPH, individuals with lived experience, and labor partners, a gap analysis, and an analysis of the staffing and reporting structure, priorities, accountability, and recommended options .

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