## **Health Agency**

Los Angeles County Board of Supervisors

February 16, 2016

Hilda L. Solis First District

Mark Ridley-Thomas Second District

TO:

Supervisor Hilda L. Solis, Chair Supervisor Mark Ridley-Thomas

Sheila Kuehl Third District

Supervisor Sheila Kuehl Supervisor Don Knabe

Don Knabe Fourth District Supervisor Michael D. Antonovich

Michael D. Antonovich

FROM:

Mitchell H. Katz, M.D.

Director

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Mitchell H. Katz, M.D. Health Agency Director

Robin Kay, Ph.D.

Acting Director, Department of Mental Health

Cynthia A Harding, M.P.H.
Interim Director, Department of Public Health

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

> Tel: (213) 240-8101 Fax: (213) 481-0503

The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities. SUBJECT: HEALTH AGENCY INTEGRATION UPDATE

(ITEM #S-1, AGENDA OF AUGUST 11, 2015)

On August 11, 2015, your Board approved the establishment of a Health Agency to integrate the operations of the Department of Health Services (DHS), Department of Mental Health (DMH) and Department of Public Health (DPH). On November 24, 2015, your Board appointed me to be the Health Agency Director.

Your Board also established a quarterly set item on the Board Agenda in which the Health Agency, DMH and DPH Directors report 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. This is the first report.

#### **Progress in Achieving Agency Goals**

As detailed in the attachment, the Agency has formed eight workgroups to tackle each of the priorities specified by your Board. The workgroups include experts from each of the three Departments (see Attachment A). To ensure that there is coordination amongst the groups, I have tasked Alexander Li, M.D., one of my Deputy Directors, to track the progress and work of each workgroup to identify opportunities and challenges in achieving the Health Agency's goals.

Since November 2015, all of the workgroups have met two or more times. The discussions have been productive and we made progress in several areas. Below are a few highlights.



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#### Consumer Access and Experience

A comprehensive and streamlined referral workflow has been mapped out for DHS empaneled patients to DMH. Mental health specialists currently provide eConsult services to DHS primary care providers. In addition, designated DHS staff have access to the DMH system to determine if a patient is currently receiving or has received DMH services in the past. Once the eConsult engagement is completed, DMH staff schedules the patient to the appropriate behavioral health services if a face-to-face visit is needed.

Additionally, designated DMH staff now have access to DHS' ORCHID system which includes access to: basic demographics and insurance status, past visit history, clinical notes, diagnosis, medication lists, labs and other clinically relevant information. The DMH staff will also be able to see who the patient's current medical home provider and team members are and communicate and share care plans electronically with the patient's medical home team within the ORCHID system.

Members of this workgroup plan to meet and determine what the most effective approach is to provide primary and specialty care services for DMH clients who do not have a primary care provider or a medical home.

#### **Housing and Supportive Services for Homeless**

The County+City+Community (C³) Skid Row Homeless initiative was officially launched on January 4, 2016. DHS, DMH, DPH, City of Los Angeles, LAMP Community, Los Angeles Homeless Service Authority, United Way of Greater Los Angeles, and AmeriCorps have pooled staff and resources for this initiative. Four teams have been canvassing Skid Row five days a week with the aim of linking homeless individuals to services, health providers and housing. To date, 35 Skid Row homeless individuals have been assigned permanent housing.

#### Inter-Departmental Collaboration that Supports Health Agency Integration

On October 27, 2015, your Board requested that the three Departments launch a comprehensive health campaign for the residents near the Exide battery recycling plant. Staff from each of the Departments have jointly planned and developed a detailed set of community outreach services and activities. The launch of the community health campaign for residents impacted by the Exide plant will begin the week of March 15, 2016. Outreach efforts will include: public health education, access to cleanup resources and linkage to community health and mental health services. An informational and outreach campaign will also target local health providers, schools and faith-based organizations.

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#### Financial Status of Each Department

Although the workgroups have discussed how to optimize funding streams, to date there have been no major changes in funding streams, sources or uses of funds.

#### Stakeholder Engagement

The Integration Advisory Board (IAB), created by your Board in the August 11, 2015 motion, has met three times since November 2015. Thus far, the IAB have met with Drs. Christina Ghaly and Alexander Li and chairs from the Consumer Access and Substance Use Disorder Benefits strategic priority workgroups. I plan to meet with the IAB in one of their upcoming meetings. The IAB will continue to meet with chairs from the other six strategic workgroups. These interactions will help the IAB develop their approach on how to best evaluate and assist the Health Agency achieve its goals.

In the past few months, I have met with the Mental Health Commission and the Los Angeles chapter of the National Alliance of Mental Illness as well as a number of other stakeholders to hear and address their concerns. I will continue to make myself available to community stakeholders.

Building upon a pre-existing 2013 DHS and Service Employees International Union (SEIU) labor-management partnership council, we expanded the group to include Departmental leadership from Mental Health and Public Health and the unions that represent all three Departmental staff. The participating union leaders include American Federation of State, County and Municipal Employees (AFSCME), Committee of Interns and Residents (CIR), International Union of Operating Engineers (IUOE), SEIU and Union of American Physicians and Dentists (UAPD). Since December 2015, we have met twice and will continue to meet regularly to discuss how best to support the Health Agency goals.

A tremendous amount of work has been done in a very short time. I expect that the Health Agency will continue to make progress and achieve the goals set forth by your Board to meet our County's health needs more effectively. I am grateful for your support.

If you have any questions or need additional information, please contact me at (213) 240-8101.

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Attachments

c: Chief Executive Office County Counsel Executive Office, Board of Supervisors

#### Attachment A

Priority	Lead	DHS workgroup participants	DMH workgroup participants	DPH workgroup participants
Consumer Access and Experience with Clinical Services	Christina Ghaly	<ul><li>Nina Park</li><li>Shari Doi</li><li>Alex Li</li></ul>	<ul><li>Dr. Roderick Shaner</li><li>Cathy Warner</li></ul>	<ul><li>Debbie Davenport</li><li>Jim Green</li><li>David Dijkstra</li><li>Mario Pérez</li></ul>
Housing and Supportive Services for Homeless Consumers	Marc Trotz	<ul><li>Cheri Todoroff</li><li>Larry Schneider</li></ul>	<ul><li>Maria Funk</li><li>Stacy Williams</li></ul>	<ul><li>Kim Harrison Eowan</li><li>Glenda Pinney</li><li>Cristin Mondy</li></ul>
Overcrowding of Emergency Departments by Individuals in Psychiatric Crisis	Co-chairs: Mark Ghaly and Mary Marx	<ul><li>Karen Bernstein</li><li>David Stone</li></ul>	<ul><li>Robin Kay</li><li>Dr. Roderick Shaner</li></ul>	Dr. Gary Tsai
Access to Culturally and Linguistically Competent Programs and Services	Dennis Murata	<ul><li>Alex Li</li><li>Nina Vassilian</li><li>Gilbert Salinas</li></ul>	<ul><li>Sandra Chang-Ptasinski</li><li>Leticia Ximenez</li></ul>	<ul><li>Yon Silvia Shin</li><li>Jacqueline Valenzuela</li></ul>
Diversion of Corrections- Involved Individuals to Community- Based Programs and Services	Mark Ghaly (interim, pending hiring Director of Office of Diversion and Re-entry)	<ul><li>Kristin Ochoa</li><li>Corrin Buchanan</li></ul>	Mary Marx     Flora Gil Krisiloff	<ul><li>Yanira Lima</li><li>Sonali Kulkarni</li></ul>

#### Attachment A

Implementation of the Expanded Substance Use Disorder Benefit	Wes Ford	<ul><li>Karen Bernstein</li><li>Heidi Behforouz</li></ul>	<ul><li>Dr. Roderick Shaner</li><li>John Sheehe</li></ul>	<ul><li>Dr. Gary Tsai</li><li>Dr. John Connolly</li></ul>
Vulnerable Children and Transitional Age Youth	Bryan Mershon	<ul><li>Karen Bernstein / Mark Ghaly</li><li>Astrid Heger</li></ul>	<ul><li>Terri Boykins</li><li>Greg Lecklitner</li></ul>	<ul><li>Anna Long</li><li>Sophia Rumanes</li><li>Elizabeth Norris-Walczak</li></ul>
Chronic Disease and Injury Prevention	Paul Simon	<ul><li>David Campa</li><li>Marianne Gausche-Hill</li></ul>	<ul><li>Kathleen Kerrigan</li><li>Debbie Innes-Gomberg</li></ul>	<ul><li>Tony Kuo</li><li>Linda Aragon</li></ul>



## Health Agency Report





Mitchell H. Katz, M.D., Health Agency Director

Cynthia A. Harding, M.P.H., Interim Director, Department of Public Health Robin Kay, Ph.D., Acting Director, Department of Mental Health

February 2016 Update

## **Health Agency Workgroups**

### Eight (8) strategic priority workgroups established:

- 1. Consumer Access and Experience
- 2. Housing and Supportive Services for Homeless Consumers
- 3. Overcrowding of Psychiatric Emergency Departments
- 4. Culturally and Linguistically Competent Programs
- Diversion of Corrections-Involved Individuals to Community-Based Programs and Services
- 6. Expanded Substance Use Disorder Benefit
- 7. Vulnerable Children and Transitional Age Youth
- 8. Chronic Disease and Injury Prevention

- Developing Universal Consent and Release of Information
- Mental health specialists now serve as eConsult reviewers
- 21 DMH staff (psychiatrist, social workers, mental health counselors) have access to DHS' ORCHID system
  - Access financial screening and eligibility information
  - Coordinate care plans for medically and socially complex patients
  - DMH schedules DHS patients for mental health visits



### Nine (9) DHS/DMH co-located clinic sites

Co-Located Sites	Established
El Monte Comprehensive Health Center (CHC)	December 2010
Roybal CHC	February 2011
Long Beach CHC	September 2011
High Desert Regional Health Center	July 2011
Mid-Valley CHC	January 2012
Dollarhide Health Center	May 2012
Martin Luther King, Jr. Outpatient Center	January 2013
MLK Outpatient Center - Women's Clinic	July 2013
Lomita Family Medicine Clinic	June 2014

Roybal Comprehensive Health Center's Diabetes Group Visit Program DHS and DMH Staff Working Together



### 2 co-located DPH/DHS clinic sites and 3 identified for the future

Share patient registration functions and resources

Currently Co-located	Identified for Co-location
Glendale Health Center	Curtis Tucker Health Center
Antelope Valley Health Center	Torrance Health Center
	North Hollywood Health Center

### Electronic Health Record (ORCHID)

- DPH has joined the ORCHID Oversight Committee and participating in design and build efforts
- ORCHID roll-out to DPH clinics in mid to late 2016



# Housing and Supportive Services for Homeless Consumers

### Inventoried Housing Slots for the 3 Departments

General Bed Type Description	Number*
Post Acute/High Intensity	1,262
Shorter-Term Bridge	1,535
Longer-Term Bridge	1,145
Permanent	4,809
Grand Total	8,751



**Star Apartments** 

<sup>\*</sup>As of January 27, 2016

# Housing and Supportive Services for Homeless Consumers



Next step is to create "one point of entry" that can identify and authorize the best available housing option

# Housing and Supportive Services for Homeless Consumers



MLK Recuperative Care Center

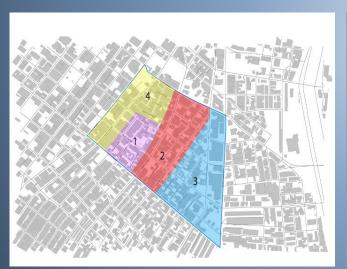
- First patient was admitted on January 19, 2016
  - Bed Capacity: 100

# Housing and Supportive Services for the Homeless

### County+City+Community (C3) Team

- Skid Row engagement began on January 4, 2016
- The C<sup>3</sup> program has 4 teams and provides consistent streetbased engagement with homeless individuals 5 days/week

### C<sup>3</sup> Skid Row Quadrants and Team Composition



Team Members	STAFF
DMH Social Worker/Psych D.	1
DHS/DPH Nurse	1
DPH Drug/Alcohol Counselor	1
LAHSA Emergency Response Team	1
AmeriCorps Members	2
TOTAL MEMBERS PER TEAM	6

Team has assigned 35 people to permanent housing.

# Overcrowding of Psychiatric Emergency Departments

## Mental Health Urgent Care Centers reduce the need to go to psychiatric emergency rooms

- Exodus Recovery Eastside
- Exodus Foundation MLK
- DMH-DHS Olive View UCC
- Telecare Mental Health Urgent Care Center
- Exodus Recovery Westside (opened Dec 2015)



Westside UCC

# Overcrowding of Psychiatric Emergency Departments

 Identified key patient discharging resources (i.e. access to identification cards, food, shelter, clothes, etc...)



### **Future Steps**

- Working with State and CMS to increase psychiatric reimbursement rates
- Developing dashboard for a "quick glance" of the Psychiatric
   ED and UCC capacity across LA County

# Access to Culturally and Linguistically Competent Services

Created a SharePoint website to share and maintain resources

### **Next Steps:**

- Identify program similarities and regulatory needs
- Explore possible tri-Department contracts
- Share trainings to meet common cultural and linguistic needs



# Diversion of Corrections-Involved Individuals to Community-Based Programs and Services

- Dashboard to track total persons diverted from jail
  - 80 persons diverted to date
    - Of these, 60 were "misdemeanor incompetent to stand trial" clients
- First LA County run sobering center is planned to open this Summer
- Critical Incident Training (CIT) for 350-400 LASD deputies will occur each year for the next 5 years

## **Expanded Substance Use Disorder Benefit**

- Provide sober living programs as an optional benefit under the Drug Medi-Cal waiver
- DMH staff to train DHS on substance use screening
- DPH staff to train DHS and DMH staff on referring patients with substance abuse issues
- DPH plans to assist DMH, DHS, and community clinics to become Drug Medi-Cal certified and provide treatment services



### Vulnerable Children and Transitional Age Youth

Medical Hubs serve as a main entry point for high need youth, Transitional Age Youth (TAY), Commercially Sexually Exploited Children (CSEC), and LGBTQ12-S.

- 1. LAC+USC VIP Hub
- 2. East San Gabriel Valley Hub
- 3. MLK Hub
- 4. Harbor-UCLA Hub
- 5. Olive View-UCLA Hub
- 6. High Desert Hub
- 7. Children's Hospital LA Hub

All Hubs will have mental health staff.



### Vulnerable Children and Transitional Age Youth

### Next steps:

- Coordinate assessments, treatment and referrals
- Integrate substance use prevention and treatment services
- Share information through eMHub and through EHRs.



East San Gabriel Valley Hub

## Chronic Disease and Injury Prevention

Programs to start in 2016.

#### **Expand Youth Violence Programs**

 DHS has shifted \$685,000 of Measure B (Trauma) funding to DPH to expand the Parks after Dark Program.



### **Expand Disease Prevention and Management Programs**

- DPH received federal funding to train DHS and Community Partner clinics on the Diabetes Prevention Program.
- DPH will train DHS and DMH providers on best practices for tobacco cessation.

## Inter-Departmental Support

### **Exide Community Outreach Effort**

- Jointly conduct outreach
- Provide health screening and services
- Information will be stored in ORCHID

### Aliso Canyon (Porter Ranch) Natural Gas Leak

- DPH provides community education and updates and monitors community health
- DHS is providing support for media and health information requests
- DMH will provide support for community engagement







## Key Stakeholder and Engagement Efforts

### Integration Advisory Board (IAB):

- Monthly meetings since November 2015
  - Meeting with key DHS, DPH and DMH staff involved with the Health Agency strategic priority areas

### Community Prevention and Population Health Task Force

- Appointments will be finalized March 2016
- DPH will convene meetings beginning in April/May 2016
  - Will develop public health priorities
  - Workgroups will collaborate on and develop solutions for these priorities

## Key Stakeholder and Engagement Efforts

### **Increase Consumer/Patient Participation**

 Leverage DMH's community stakeholder infrastructure to provide DHS and DPH consumers with necessary resources to participate in future stakeholder engagement efforts

### Labor Management Transformation Council (LMTC):

- Senior leadership from the unions (AFSCME, CIR, SEIU, Teamsters and UAPD), DHS, DPH and DMH are meeting regularly to support integration efforts
  - Formed an Integration Task Force
  - Co-sponsoring the first Health Agency Virtual Town Hall

## Key Stakeholder and Engagement Efforts

### March 2, 2016. First Health Agency Town Hall

- Health Agency Town Hall will feature Mitch Katz, Robin Kay, Cindy Harding, Jeffrey Gunzenhauser and union partners
- 20 sites will see the live broadcast
- Town hall will be recorded and available online





We have just started and there is tremendous support, and momentum to succeed.