

Health Agency



September 20, 2016

Los Angeles County
Board of Supervisors

Hilda L. Solis
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Fifth District

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

Robin Kay, Ph.D.
Interim 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. "

TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D. 
Director

SUBJECT: **HEALTH AGENCY UPDATE (ITEM #S-1, AGENDA OF AUGUST 11, 2015)**

On August 11, 2015, the Board approved the establishment of the Los Angeles County Health Agency (Health Agency) to integrate services and activities related to the eight strategic priorities across the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH). The Board established a quarterly set item on the Board Agenda to report on the progress made by the Health Agency. The main report focuses on the following areas: (a) progress made in achieving Health Agency goals and outcomes; (b) notable changes in funding streams, sources and uses of funds by program; and (c) stakeholder engagement process.

On June 8, 2016, the Board also instructed the Health Agency to focus on (a) Cultural and linguistically competent services and programs and (b) Vulnerable children and transition age youth for this report. In addition, the Board instructed the Health Agency to provide updates on the following: an integration plan for housing and supportive services for the homeless; an update on the Mental Health Intervention Trainings (MHIT) for first responders; an update on the universal consent form; and information on opportunities from other funding sources. Lastly, on September 6, 2016, the Board requested an update on the Health Agency's response to the Spice Multi-Casualty Incident in Skid Row.

Agency Goals and Outcome Measures

In the June 2016 board report, the Board reviewed and approved the Health Agency metrics on *Housing and Supportive Services for the Homeless, Chronic Disease and Injury Prevention and Overcrowding of Psychiatric Emergency Departments*. See Attachment I for a list of both the approved and pending metrics for all eight Strategic Priorities. For this report, we will focus primarily on updates of two strategic priorities: *Culturally and Linguistically Competent Services and Programs* and *Vulnerable Children and Transition Age Youth*, and their



proposed metrics in Attachment I. Brief updates on the other priorities are also provided below.

Culturally and Linguistically Competent Services and Programs

Cultural and linguistic competence are essential for delivery of effective services. The Health Agency utilizes a diverse array of resources to meet our client's needs. We have over 4,100 staff across the Health Agency certified to provide translation services through the established county bi-lingual program. Our staff is capable of providing translation services for nearly 20 different languages and dialects. All Health Agency staff also have access to 24/7 telephonic language interpretative services through each of the Department's contracted vendor. Currently, there is an effort to consolidate the related language interpretative service contracts and their administrative oversight. DHS is currently a member of the Healthcare Interpretative Network, a co-op of health systems that participate and offer tele-video language services. Upon hearing about the tele-video service, DMH is now considering joining the Healthcare Interpretative Network to help further expand linguistic services access for their clients. Additionally, integrated within our Health Agency's electronic health record systems (ORCHID and IBHIS) is a library of robust, multi-language, patient-centered education resources to better assist clients and their families with understanding how to manage their health condition. The addition of ORCHID and IBHIS greatly improved our ability to provide health literacy information quickly and in the preferred language of the client.

In addition to language and health literacy services, the Health Agency Departments' community based *promotoras*/community health workers' programs are working together to understand each other's programs, and share protocols and training resources. The teams are now exploring ways to expand their programmatic service portfolio and geographic reach. Additionally, the program managers intend to develop a workforce development plan and work together to expand the program's capacity to conduct more community trainings and engagement. The expansion of *promotoras*/community health workers' capacity to additional communities will also enable the County to better engage and respond to community crises and emergencies like current Exide community outreach efforts and the recent Maywood fire in June 2016.

Attachment I contains a set of proposed metrics pertaining to the cultural competency and linguistic services strategic priority area. During the next 18 months, our aim is to: 1) get a baseline understanding of how well we are meeting the needs of our clients; 2) develop a common set of demographic definitions; 3) promote cross-training and leverage existing resources; 4) enhance services within both the clinical and non-clinical community settings; and 5) work with communities to improve access to health services and reduce health disparities.

Vulnerable Children and Transition Age Youth

The Health Agency workgroup was originally comprised of representatives from the three Health Agency Departments. The group has since expanded to include representatives from the Department of Children and Family Services (DCFS) and the

Office of Child Protection (OCP) to ensure that there is a coordinated effort amongst key County Departments for children, youth and families. The newly proposed Health Agency efforts and metrics mainly pertain to the DCFS and Probation involved children and youth.

In addition, as directed by the Board, Attachment II highlights the overall health of the children and youth living in Los Angeles County and suggests a few key services where the Health Agency can make the greatest impact to reduce health disparities. Overall, the Health Agency currently provides both direct and indirect services for children and youth in four broad areas: 1) clinical services provided by our directly-operated clinics, hospitals, medical HUBs and probation camps; 2) clinical services offered by County-contracted providers; 3) healthcare through specialized programs like the California Children's Services (CCS); and 4) public health programs that promote the health and well-being of youth, families, and communities.

Additional Health Agency metrics and interventions specific to children and youth are also included within the *Chronic Disease and Injury Prevention* strategic priority area. These include population health efforts to mobilize communities and health providers around healthy lifestyles, obesity and tobacco reduction and violence prevention in over 20 communities with the Parks after Dark program. The Board approved these metrics in the June 2016 Health Agency report.

Additional Strategic Priority Area Updates

Consumer Access and Experience

On July 1, 2016, two Public Health centers, Curtis Tucker and Torrance Health Centers, became our first two health center sites that will be ready for an integrated client registration and patient services for public health and primary care services. DHS and DPH staff at both sites will eventually be able to serve clients by using a single electronic health record system (ORCHID). Additionally, both DHS and DPH clinical staff at Curtis Tucker and Torrance have access to a variety of Health Agency specialty services like mental health through eConsult. The staff are working together to identify and improve workflow before moving forward to other potential sites.

Beginning in December 2015 DHS, DPH and My Health LA providers were able to access mental health services through eConsult and appointments were scheduled for a face to face visit at a DMH clinic if needed. To date, over 3,200 mental health eConsults have been submitted and reviewed and around 1,600 individuals needed a subsequent face-to-face visit. Many do not need a new face-to-face visit because through this collaborative process, our staff first checks to see whether or not if the individual has a pre-existing relationship with a mental health provider. This ensures that continuity of care between the client and mental health provider is not disrupted and minimizes duplication of services.

As of mid-September, we have begun our eConsult training and roll-out for DMH providers. We anticipate that all of our Health Agency providers at our directly operated

clinics will have access to eConsult by the end of the year. By being on one Health Agency wide platform, we will be better able to track referrals and consultations across departments and create a sense of unity amongst the Health Agency clinical service areas as well as improve client services and experiences.

Substance Use Disorder Expansion

In July 2016, the Centers for Medicare and Medicaid Services approved our proposed substance use disorder implementation plan. The Substance Abuse Prevention and Control Program also leveraged the eConsult system's provider directory and messaging to provide all Health Agency and contracted providers (~6,500 providers) on the eConsult platform with clear instructions on how to refer to substance use programs. In addition, the shared mapping tool provides staff with a quick and easy means to identify geographically convenient substance use treatment programs for patients.

Diversion

In June 2016, retired Superior Court Judge Peter Espinoza joined the Health Agency. He is now leading the newly created Office of Diversion and Reentry (ODR). His experience, insight, and compassion will transform our approach for individuals mired in the criminal justice system and will greatly enhance how we provide coordinated services for individuals exiting our jail system. The aim of this new office is to reduce criminal justice system interaction for individuals experiencing physical, substance use disorders and mental health issues, while simultaneously promoting increased use of community-based restorative services to reduce recidivism.

Board Meeting Follow-Up

Housing and Supportive Services for the Homeless Plan

Currently the Health Agency Housing and Supportive Services workgroup is working in coordination with the Countywide Homeless Initiative to develop an action plan that will help expedite referrals from the Health Agency and other key Departments. The initial phase of the plan is to recruit key staff from the Health Agency, Departments of Children and Family Services, Public Social Services and Probation to triage and manage difficult client cases in real time. The future phase is for different Departments to work together to develop long-term solutions for system-wide challenges. A guiding principle for the team is "to cut through the red tape" and serve individuals who are difficult to assist through existing processes with the goal of expediting placement of individuals in appropriate programs. The target start date for the creation of the "super-connect team" is early 2017.

Mental Health Intervention Training

The MHIT provides first responders with the skill set to identify and engage individuals living with mental illness. The Commission on Peace Officer Standards and Training supports and endorses this 40-hour training. In the MHIT, mental health clinicians and law enforcement agencies work together to train officers and others on topics such as suicide, mood disorders, schizophrenia and other signs and symptoms of mental illness.

The training includes role-play scenarios, crisis de-escalation, and effective communication techniques. During Fiscal Year 2015-16, over 700 local officers from over 25 local law enforcement agencies have received training. More trainings are planned for FY 2016-17.

Universal Consent

As of July 2016, County Counsel has approved the universal consent and release of information form as meeting state and federal regulations. We now have draft workflows and a series of roll-out plans are being developed in coordination with our health plan partners.

Spice

Following recent incidents in the Skid Row area involving hospitalization of multiple individuals using synthetic cannabinoids, commonly referred to as "Spice", the Health Agency mobilized resources to raise awareness of the problem and prevent further harm. (Please see September 6, 2016 Board Report regarding the Emergency Medical Services Agency Response to the August 19 and 22, 2016 Spice Overdose Multiple Casualty Incident). A Health Alert was issued to medical providers and a fact sheet on the effects of Spice in English and Spanish was developed and distributed to homeless service providers. We also mobilized our City+County+Community (C3) Skid Row outreach team and other agencies to outreach to at-risk individuals. The C3 Teams are identifying persons experiencing distress or physical illness from exposure to tainted Spice and serve as first responders in medical emergencies. We are actively engaging hospitals and other service providers as new information arises and assist with care coordination if needed. Furthermore, fact sheets will be distributed at planned Town Hall meetings throughout the County, private hospitals, local health clinics, parks, and libraries.

Opportunities and Other Funding Sources Update

The Health Agency has recently pursued a number of large and small funding opportunities to advance our collaborative efforts:

- Whole Person Care Waiver (WPC): Health Agency staff and our Medi-Cal health plan partners L.A. Care and HealthNet jointly crafted a WPC application that was submitted to the state on July 1, 2016. The State is currently reviewing the application and a response is expected by the end of CY 2016.
- Housing for Health Evaluation Grant: Under the leadership of Dr. Ricardo Basurto Davila from DPH, DPH recently received a \$250,000 grant from the Robert Wood Johnson Foundation to evaluate the impact of permanent housing and supportive services on the quality of life and health for *Housing for Health* program participants. The Board will receive the findings in mid-2017.
- Co-located Sites: DHS and DPH continue to work closely together to maximize revenue and funding streams to support the implementation of ORCHID at DPH Public Health Centers. We will keep the Board and the CEO's office apprised, if any organizational changes need to occur.

- The Health Agency was recently awarded a County Productivity Investment Fund grant to support our efforts in preventing and assisting clients manage diabetes.

Stakeholder Engagement

We continue to update and work regularly with the Integration Advisory Board (IAB), various County commissions and our labor partners to identify opportunities that will improve the services that we deliver. Staff, IAB and community members attended the second Health Agency Town Hall, which took place on August 31, 2016. The Town Hall was streamed to over 200 sites with approximately 1,400 people participating. The highlight of the program was when five front line staff shared their perspectives of how integration efforts have impacted and improved their work for the clients as well as when staff from asked questions directly to the panel of Health Agency and labor leaders. In addition, through the community members' testimony, it became clear that they would like to provide input and remain informed of the Health Agency's progress. We will work towards having a community town hall later this year. Additionally, we will launch a campaign to engage staff on the development of Health Agency logo and dovetail this effort with a series of on-site staff meetings, in partnership with our labor leaders, to promote the mission and vision of the Health Agency.

Next Steps

As the Health Agency evolves, we will continue to work with our staff, union partners, consumers, community stakeholders and your offices to improve our services for County residents. We intend to launch a Health Agency website before the end of 2016 that will inform our staff and the public about our progress and activities. In the next scheduled Health Agency update, we will provide updates on the remaining three strategic priority areas.

If you have any questions or need additional information, please let me know.

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Attachments

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

Health Agency Strategic Priorities Proposed Metrics

Strategic Priority 1: Consumer Access and Experience (Pending Board Approval in December 2016)

	Metric
1	Consumer experience will improve across the Health Agency by 10% over the next two years as measured with standard survey tools.
2	Track number of unique individuals who receive care and services from multiple Health Agency departments.
3	Increase four new clinical sites with co-located services or designated regional health neighborhood partnerships by end of CY 2017.
4	Operationalize a Health Agency-wide referral system and necessary infrastructure to track and refer patients from one Health Agency department to another.
8	Implement the recommended information technology solution that allow Health Agency Departments on EHRs to share demographic and clinical information for shared clients by FY 2018.

Strategic Priority 2: Housing and Supportive Services for Homeless Consumers (Approved by the Board on June 8, 2016)

	Metric
1	Add 2,500 community-based residential housing slots* administered by the Health Agency in Calendar Year 2016.
2	Engage 90% of housed individuals to appropriate health, mental health, substance use, and other supportive services.
3	Reduce Emergency Department and inpatient use by 50% for homeless individuals 12 months post being permanently housed compared to before being housed.
4	Maintain 90% housing retention rate for formerly homeless individuals 12 months post placement in permanent housing.

*Includes emergency, interim, and permanent housing

Strategic Priority 3: Overcrowding of Emergency Department by Individuals in Psychiatric Crisis (Approved by the Board on June 8, 2016)

	Metric
1	Decrease the number of days that County PES is above capacity by 5%, as compared to the prior year.
2	Decrease total administrative days in county inpatient psychiatric units by 15%, as compared to the prior year.
3	Increase the ratio of urgent care visits to PES visits by 10%.

Strategic Priority 4: Access to Culturally and Linguistically Competent Programs and Services (Pending approval during the September 20, 2016 Board Meeting)

	Metric
1	Assess consumer experience with cultural and linguistic services delivered at the Health Agency clinics by end of CY 2017.
2	Implement a common set of basic demographic information (i.e. race, ethnicity, language, sexual orientation and homeless definition) by end of CY 2017.
3	Implement five or more new community based programs (i.e. promotoras, community health workers, health promoters, navigators) and cross-train existing staff by end of CY 2017.

Strategic Priority 5: Diversion of Corrections-Involved Individuals to Community-Based Programs and Services (Pending Board Approval in December 2016)

	Metric
1	500 individuals with justice involvement, either pre- or post-booking, and mental health or substance use disorders will be diverted to community based services
2	Track number individuals with no criminal justice system interaction one year after release from jail with no jail time.
3	Number of first responders trained in diversion program.

Strategic Priority 6: Implementation of Expanded Substance Use Disorder Benefits (Pending Board Approval in December 2016)

	Metric
1	By 2020, increase percent of people who receive SUD treatment from 18% to 23%.
2	Between 2017 and 2020, reduce SUD-related DHS ED visits and hospitalizations by 2% per year.
3	By 2018, train at least 80% of designated Health Agency clinical staff on screening and brief intervention (SBIRT) training.
4	Increase qualified Health Agency patients receiving medication assistance training from <1% to 3% by 2020.

Strategic Priority 7: Vulnerable Children and Transitional Age Youth **(Pending approval during the September 20, 2016 Board Meeting)**

	Metric
1	Each DCFS involved child/youth receives comprehensive health screening and referrals to specialties* within 30 days by CY 2017.
2	>95% of children/youth identified by DCFS as commercially sexually exploited children (CSEC) will receive a comprehensive health screening and referrals to specialties* within 14 days by CY 2017.
3	>90% of youth released from probation camp who report not having a primary care provider are linked to a clinic.

*Specialty referrals if needed include mental, physical and substance use services.

Strategic Priority 8: Chronic Disease and Injury Prevention **(Approved by the Board on June 8, 2016)**

	Metric
1	Decrease the prevalence of tobacco use from 13% to 10% in L.A. County by 2020.
2	Decrease the prevalence of obesity for adults from 24 to 22% and children with obesity from 22% to 20% in L.A. County by 2020.
3	Reduce by 10% from 2015 to 2018 the number of violence-related trauma center ED visits and hospitalizations among residents of Park After Dark communities in L.A. County using Emergency Medical Services data.
4	75% or more of the Health Agency directly-operated clinics will have a smoking cessation protocol implemented by the end of 2018.