

Health Agency



January 10, 2017

Los Angeles County
Board of Supervisors

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First District

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Second District

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"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 Mark Ridley-Thomas, Chairman
Supervisor Hilda Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

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). The initial focus is 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 item on the Board Agenda and for us 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 September 20, 2016, the Board instructed the Health Agency to include the following in this report: (a) information on whether the number of children reported on the assessment tool identifying commercially sexually exploited children (CSEC) include other kinds of sexual exploitation to determine who needs mental health and physical health services; (b) a table of strategies that measure the Departments' successes and customer satisfaction; (c) information on how to educate young people, such as Probation Department youth, on issues such as sexually transmitted diseases/infections; and (d) the number of promotoras and community health workers for each Department and the targeted goal.

Goals and Outcome Measures

In the September 20, 2016 board report, the Board reviewed and approved the Health Agency metrics on *Cultural Competency and Linguistic Access* and *Vulnerable Children and Transition Age Youth*.

See Attachment I for a list of both the approved and pending metrics for all eight Strategic Priorities. For this report (see Attachment II), we will focus primarily on updates and metrics on the last three remaining strategic priorities: *Consumer Access and Experience*, *Diversion of*

Corrections-Involved Individuals to Community-Based Programs and Services, and the Expanded Substance Use Disorder Benefit. Brief updates on these three priorities are as follows:

Consumer Access and Experience

The Health Agency is committed to improving consumer experience and providing effective care transitions for clients who need services from more than one department. We are employing a number of strategies across the departments and many of them are in their early stages of implementation. Below are a few examples:

- The Health Agency developed a standardized consumer survey instrument that utilizes a set of questions to assess consumer experience, access to care, and provision of culturally competent services. On October 24, 2016, Health Agency staff began conducting in-person surveys with clients throughout DMH and DPH clinics. Due to regulatory requirements, DHS will need to use its current mail-in survey process. Moving forward, this standardized Health Agency survey will serve as our baseline to help us assess our progress and identify opportunities for improvement. Additionally, each department has different regulators and payers who periodically survey our clients. We will use these non-Health Agency survey results to inform us of additional areas where we can improve consumer experience, timeliness, and effectiveness of care.
- In collaboration with our labor partners, we co-developed and rolled-out a comprehensive customer service training for staff. The training primarily focused on how to project empathy and respect to the people that we serve. The training received favorable reviews by staff who completed the training. Approximately 8,700 DHS staff have completed the training in the past 18 months and our aim is to have over 12,000 Health Agency staff trained by the end of FY 16-17.
- County Counsel is reviewing a new Health Agency policy that would enable the sharing of clinical information between departments in accordance with state and federal privacy regulatory guidelines. This policy seeks to unify the three departments as one healthcare network, clarify state and federal guidelines, and promote effective information sharing across the three Health Agency departments.
- At the October 12, 2016 Health Cluster meeting, staff from the three Health Agency departments shared the general operational framework on co-location, integration, collaborative care, and improving geographic access for physical, mental, and public health services. The staff shared that regular meetings between key Health Agency and CEO capital projects staff are occurring with the aim to maximize current and future space use. Key Health Agency staff will also convene regular joint planning meetings to better integrate co-located programs and better support each other's programs and needs. We appreciate the continued support and feedback from your Board offices.

- Health Agency staff are working closely together with CEO staff to enhance a mapping tool, which will enable staff and community individuals to locate and identify Health Agency services easily. We anticipate having the tool available in early 2017.
- Nearly all of the Health Agency providers can now use eConsult to access specialty services across the three departments for the uninsured, My Health LA, and DHS empaneled patients. For those who have insurance coverage with non-DHS providers, they will be able to continue to access services in their assigned network. By having one Health Agency referral platform and a panel of specialty consultants, Health Agency providers can now access specialty and diagnostic services within and across departments when needed, for a more seamless staff and client experience.

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

The Office of Diversion and Reentry (ODR) has begun a new Felony Pre-Trial Diversion program with one of the Los Angeles County Superior Court to assist inmates suffering from a mental illness. Individuals who are eligible to participate in the program are evaluated for their suitability for ODR supportive housing and services. Since the program began two months ago, over 80 individuals released from jail have transitioned into ODR housing and supportive services.

Expanded Substance Use Disorder Benefit

The DPH Substance Abuse Prevention and Control Division submitted proposed rates for the Drug Medi-Cal (DMC) Organized Delivery System to the California Department of Health Care Services on August 11, 2016 and expects approval in December 2016. To prepare for the launch of the new substance use disorder benefits on July 1, 2017, and ensure adequate patient access to DMC services, the Division has a dedicated outreach and support team that supports current providers in the completion of DMC applications. In addition, we have a provider business and clinical capacity building training series that engages substance use providers of the expected quality and patient care standards and promotion of system innovations.

Additional Strategic Priority Area Updates

Housing and Supportive Services for Homeless Consumers

Due to the complexity and decentralized nature of homeless-related services, one of the approved recommendations in the February 2016 Homeless Initiative Report is to form a centralized and coordinated team (Strategy E11) of housing experts. This “SuperConnect” team is tasked to help departmental, institutional and community-based providers identify the appropriate housing program for difficult to place individuals and streamline access to appropriate housing and support services. Health Agency staff are in the process of forming an inter-disciplinary team that will be composed of staff from

six county departments (DHS, DMH, DPH, DPSS, DCFS, and Probation). By early 2017, the SuperConnect team of skilled and informed county staff will start working together in real time to arrive at creative and integrated solutions for the most impaired and vulnerable homeless individuals.

In addition, the workgroup is in the process of opening the County's first sobering center on Skid Row. The sobering center will serve as a more appropriate alternative to jails or hospital emergency rooms for those suffering from acute intoxication or chronic alcoholism. Services are expected to begin in late 2016 or early 2017.

Overcrowding of the Psychiatric Emergency Departments

The workgroup continues to work through various initiatives to improve throughput in the Psychiatric Emergency Rooms, increase psychiatric urgent care capacity, and increase first responder's use of urgent care services. DMH is finalizing an agreement with Exodus to provide Urgent Care Services on the Harbor-UCLA campus. We anticipate bringing the agreement to your Board for consideration soon.

Cultural Competency and Linguistic Access

The workgroup is leading the effort to catalogue and coordinate available promotora/community health worker training and expansion efforts. The workgroup is now in the discussion and planning phase of how we can further improve services across the Health Agency for those who are disabled as well as those who are elderly and frail.

Chronic Disease and Injury Prevention

DHS' Measure B funding provided support for the *Parks After Dark* (PAD) program to leverage federal funding from the Probation Department's Title IV-E Waiver, which helped to fund the expansion from eight parks in 2015 to 21 parks in 2016. The PAD program had more than 178,000 visits by community members in the summer of 2016, which is a significant increase from the 72,000 visits in 2015. Preliminary surveys of participants indicate PAD impacts new communities through promotion of increased physical activity opportunities, increased sense of safety, and improved social cohesion.

Sample preliminary 2016 highlights showed that:

- 94% of PAD participants would attend again and,
 - 95% would recommend to a friend.
- 91% of participants perceived PAD to be safe.
 - Among attendees who rated their neighborhood as unsafe, 71% perceived PAD to be safe.
- 95% of participants agreed that PAD improved relationships between community and law enforcement.

September 20, 2016 Board Meeting Follow-Up

a) Commercially Sexually Exploited Children (CSEC)

The Commercial Sexual Exploitation – Identification Tool (CSE-IT) is a screening tool that helps providers in identifying youth at risk for sexual exploitation. The CSE-IT is an information integration tool that evaluates prior history of sexual exploitation, truancy and other predictive risk factors for commercial and history of sexual exploitation and abuse. The tool summarizes and weighs the risk factors and assigns an overall appraisal of the youth's risk for exploitation based on the score. In the completion of the CSE-IT, staff gather information from additional available sources that may include medical, mental health, social and probation information. CSEC involved staff are also trained to identify other health and mental health needs and refer youth to the appropriate services. For those youth clearly identified as currently being exploited, DMH and other CSEC involved staff collaborates with the Probation Child Trafficking Unit to offer additional services and supports, such as referral to survivor advocacy services and the Succeeding Through Achievement and Resilience (STAR) Court.

b) Successes and Customer Satisfaction

Below is a table, which describes some of the strategies that the Health Agency is undertaking in order to improve and customer satisfaction.

Examples of Health Agency Customer Service Improvement Initiatives	Status
Health Agency consumer survey	<ul style="list-style-type: none"> DMH and DPH started surveys on 10/24/16 and will finish the collection by the end of December 2016. DHS will incorporate the survey questions into the existing mail-in survey.
Customer Service Training	<ul style="list-style-type: none"> >8700 DHS staff trained. DPH and DMH staff are considering using the training.
Co-location of DHS, DMH and DPH services.	<ul style="list-style-type: none"> On-going.
Mapping tool to locate Health Agency services.	<ul style="list-style-type: none"> Mapping tool will be available on the Health Agency website in early 2017.
eConsult platform utilized by all three departments	<ul style="list-style-type: none"> All Health Agency department providers have access to eConsult.
DHS and DPSS working together to monitor enrollment and disenrollment numbers for Medi-Cal Managed Care patients.	<ul style="list-style-type: none"> On-going.
Access and Referral Hotlines	<ul style="list-style-type: none"> DPH - SAPC and DMH already have referral hotlines in place. DHS anticipates expanding its Nurse Advice Line for empaneled patients in 2017.
Expansion of Promotoras and Community Health Worker programs	<ul style="list-style-type: none"> On-going.

c) Probation Department Youth Linkages

The Probation Department provides youth with access to a wide-array of health services when needs arise. For those released from Juvenile Hall, we have a process and practice in place where nearly all of the youth with a medical encounter and their family members receive a medical discharge summary upon release or a medical discharge summary is sent to the family if a face-to-face interaction could not occur. For those released from the probation camp, the interdisciplinary team works closely together to ensure that youth are linked to school and health services. The Juvenile Health Staff will work closely with DMH, DPH, Board office staff and constituents to expand its portfolio of in-person and updated health education curriculum and materials. Initial discussions include target focus-areas include: reducing at-risk behaviors around substance use, sex education, and life-skills to improve mental health well-being.

d) Promotoras and Community Health Workers

The Health Agency intends to double the number of promotoras/community health workers from approximately 90 to 180 promotoras/community health workers. The aim is to expand to a broader array of ethnic communities and geographic areas served. Expanding the programs will enable us to better serve our community and clients. For FY 2016-17, DMH plans to expand its promotora program to serve American-Indian, Filipino, Somalian, and Armenian communities. Each group is expected to have 12 or more promotoras/community health workers trained. DHS will also expand its current community health worker program. The new community health workers will be embedded within clinical teams at Long Beach Comprehensive Health Center, Harbor-UCLA Medical Center and Jail Health. DHS anticipates hiring 25 or more community health workers. DPH will assist by providing additional technical and evidence-based training and assist with identifying potential funding support in this area. In addition, the Health Agency was awarded funding for the Whole Person Care (WPC) Pilot Program, so more promotoras/community health workers will be hired as the program needs becomes clearer.

Opportunities and Other Funding Sources Update

On November 1, 2016, the Board delegated authority to the Health Agency to accept a five-year award of \$450 million from the DHCS to establish and support an integrated system of community services, health, public health and mental health care services and begin the implementation of the WPC Pilot Program. The WPC Program will make significant progress toward realizing the County's priorities to reduce homelessness, improve diversion and reentry from the criminal justice system, and improve access to substance use and mental health services for the County's most vulnerable populations. This investment of new funds will significantly advance our collaborative efforts within the Health Agency, with other County departments, community clinics, social service agencies, and our Health Plan partners. The WPC Pilot Program funding can only support services for Medi-Cal beneficiaries. However, the County will use separate

funding to enroll individuals who meet all of the other eligibility WPC criteria, except enrollment in Medi-Cal.

Stakeholder Engagement

We continue to engage and work with the Integration Advisory Board (IAB), various County commissions and our labor partners to identify opportunities that will improve the services that we deliver. Recently, DMH and DPH co-hosted the 13th Statewide Conference entitled: *Integrating Substance Use, Mental Health and Primary Care Services: Courageous and Compassion Care* on October 19-20 at the Hilton Universal City Hotel. Over 860 people from the community and Health Agency attended. DMH, DPH, and DHS staff led many of the workshops, which is a sign of the great collaborative work done by our Health Agency staff in the area of integration.

We are also working in collaboration with our labor partners to engage staff on the mission of the Health Agency through a series of surveys and a logo and slogan competition campaign. We plan to unveil the new logo during our next report.

Next Steps

The Health Agency is proud of the many accomplishments that have been made over the past year (Attachment III lists various examples). 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.

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 January 2017)

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

*Health Agency directly operated clinics.

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 psych urgent care visits to PES visits by 10%.

Strategic Priority 4: Access to Culturally and Linguistically Competent Programs and Services (Approved by the Board on September 20, 2016)

	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 January 2017)**

	Metric
1	Provide and coordinate mental health and substance use services for at least 5,000 persons with justice involvement, either pre- or post-booking, over a 3-year period.
2	Integrate health and justice data to identify persons with the greatest need for intervention and use integrated data to make informed, person-level treatment decisions.
3	The number of first responders trained in Crisis Intervention Training will increase to over 4,000 total first responders trained by the end of 2017.

Strategic Priority 6: Implementation of Expanded Substance Use Disorder Benefits (Pending Board Approval in January 2017)

	Metric
1	By 2020, increase percent of Medi-Cal or uninsured people* who receive SUD treatment from 18% to 23%.
2	Between 2017 to 2020, reduce SUD-related* DHS ED visits and hospitalizations by 2% per year.
3	By end of 2018, train at least 80% of designated Health Agency clinical staff on Screening, Brief Intervention, and Referral to Treatment (SBIRT) for SUDs.
4	Increase qualified Health Agency patients receiving medication-assisted treatment from <1% to 3% by 2020.

Strategic Priority 7: Vulnerable Children and Transitional Age Youth (Approved by the Board on September 20, 2016)

	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 (PAD) 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.

Attachment II



Health Agency Report



Mitchell H. Katz, M.D., Health Agency Director
Jonathan Sherin, M.D., Ph.D., Director, Department of Mental Health
Cynthia A. Harding, M.P.H., Interim Director, Department of Public Health

January 2017 Update

HEALTH AGENCY MISSION

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.

HEALTH AGENCY STRATEGIC PRIORITIES

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

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CONSUMER ACCESS AND EXPERIENCE

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PROPOSED METRICS

	Consumer Access And Experience
1.	Consumer experience will improve across the Health Agency* by 10 % over the next two years as measured with standard survey tools.
2.	Enhance four clinical sites with co-located services or designated regional health neighborhood partnerships by end of CY 2017.
3.	Operationalize a Health Agency-wide referral system and necessary infrastructure to track and refer patients from one Health Agency department to another.
4.	Implement the recommended information technology solution that allow Health Agency Departments of EHRs to share demographic and clinical information for shared clients by FY 2018.

*Health Agency directly operated clinics.

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CONSUMER ACCESS AND EXPERIENCE

Standard Health Agency survey

- Timely Access
- Consumer experience
- Cultural competent and linguistically appropriate services

Health Agency Initiatives examples

- Access and Referral Hotlines
- Customer Service Training

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CONSUMER ACCESS AND EXPERIENCE

Information Sharing

- New Health Agency policy enables sharing of clinical information for DHS, DMH, and DPH.
- Secure email-like transmission of clinical information between DHS's ORCHID and DMH's IBHIS.
- One Health Agency referral platform: eConsult

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CONSUMER AND STAFF EXPERIENCE

I've longed for a health care provider who actually sees me as a human being, who connects and engages to meet my needs. I now understand what cultural competency and linguistics tastes and feels like.

Reba Stevens
Mental Health and MLK OPC
Consumer

One patient was recently released after being incarcerated for many years. He originally called Bellflower but since our panel was full, was referred to Torrance and was very happy to be seen quickly.

DHS Staff

The attention that I received from Dr. Sawyer has been superb. All the clinical staff have been very nice and attentive to my needs. They take the time to help one out. And, my Dr. took the time to explain to me my health issues.

Graciela Ayala
Curtis Tucker HC
Consumer,

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PROPOSED METRICS

	Diversion of Corrections – Involved Individuals to Community-Based Programs and Services
1.	Provide and coordinate mental health and substance use services for at least 5,000 persons with justice involvement, either pre- or post-booking, over a 3 year period.
2.	Integrate health and justice data to identify persons with the greatest need for intervention and use integrated data to make informed, person-level treatment decisions.
3.	The number of first responders trained in Crisis Intervention Training will increase to over 4,000 total first responders trained by the end of 2017.

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DIVERSION OF CORRECTIONS – INVOLVED INDIVIDUALS TO COMMUNITY-BASED PROGRAMS AND SERVICES

Misdemeanor Incompetent to Stand Trial (MIST) Program

- Often the most impaired persons in the jail population and in the community
- 244 have been released from jail into various community treatment programs.



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DIVERSION OF CORRECTIONS – INVOLVED INDIVIDUALS TO COMMUNITY-BASED PROGRAMS AND SERVICES

- Interim to permanent housing
- Supportive services:
 - Case Management
 - Food
 - Health care
 - Peer support
 - Transportation



Since 8/1/16

- Total received Jail-in-reach services: 49
- Total released from jail into housing/ treatment: 121

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EXPANDED SUBSTANCE USE DISORDER BENEFITS

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PROPOSED METRICS

	Expanded Substance Use Disorder Benefits
1.	By 2020, increase percent of Medi-Cal or uninsured people* who receive SUD treatment from 18% to 23%.
2.	Between 2017 to 2020, reduce SUD-related* DHS ED visits and hospitalizations by 2% per year.
3.	By end of 2018, train at least 80% of designated Health Agency clinical staff on Screening, Brief Intervention, and Referral to Treatment (SBIRT) for SUDs.
4.	Increase qualified Health Agency patients receiving medication-assisted treatment from <1% to 3% by 2020.

*via the Los Angeles County Participant Reporting System (LACPRS).

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EXPANDED SUBSTANCE USE DISORDER BENEFITS

- Expanded Drug Medi-Cal benefit package will include new levels of care and services

Residential Treatment	Case Management
Withdrawal Management	Recovery Support Services

- My Health LA SUD services and benefits, which mirrors the current Drug Medi-Cal package, launched July 1, 2016

- Community outreach and education increased

24-hour screening/referral line	Service navigation/outreach
Safe Med LA Community Education Action Team	Collaborative efforts with jails/diversion programs

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EXPANDED SUBSTANCE USE DISORDER BENEFITS

SBIRT

- Evidence based substance screening and counseling in the primary care and other outpatient clinic setting.
- Reimbursable Medi-Cal service.

DMH

- Provides SBIRT services in clinic now.

DHS

- Incorporating SBIRT tool into ORCHID (electronic health record system).
- Begin staff training in 2017.

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EXPANDED SUBSTANCE USE DISORDER BENEFITS

- **Medication Assisted Treatment (MAT)**
 - Pharmacological Interventions + Counseling/Behavioral Health Therapy
- **Increase MAT use:**
 - MAT Trainings for Providers
 - Safe Med LA Pharmacy Practice Action Team
 - Expansion of MAT availability by DMH and DHS

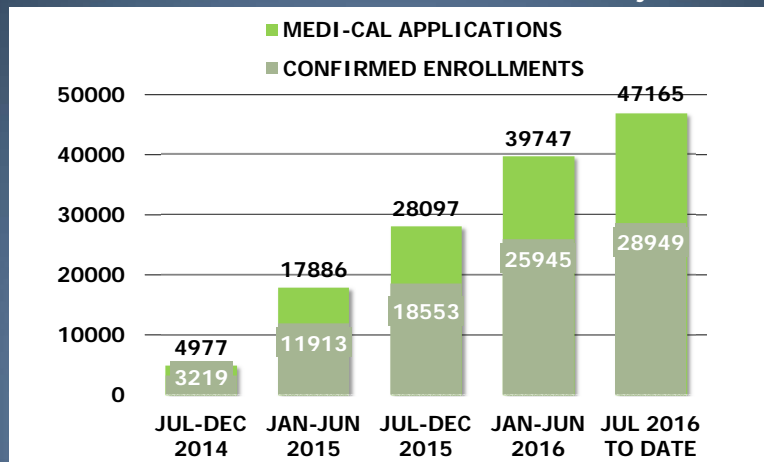
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CURRENT HEALTH AGENCY COLLABORATION

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HEALTH AGENCY COLLABORATION

Medi-Cal Outreach & Enrollment Project



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HEALTH AGENCY COLLABORATION

Whole Person Care (WPC)

- Awarded and accepted \$450 M in Federal Funding between 2016-2020
- Target Populations:
 - Homeless
 - Diversion & Reentry
 - Persons with serious mental illness and/or substance use
 - Medically complex individuals
- Builds countywide infrastructure to improve care to high-risk, high-need Medi-Cal beneficiaries
- LA County will include uninsured using non-WPC funding.

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HEALTH AGENCY COLLABORATION

Whole Person Care (WPC)

- L.A. County Health Agency
- L.A. County Sheriff Dept.
- L.A. County Probation Dept.
- Managed Care Med-Cal Health Plans (L.A. Care and Health Net)
- L.A. County and City Housing Authority
- UCLA
- >50 Community partners and supporters



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HEALTH AGENCY COLLABORATION

13th Statewide Conference on Substance Use,
Mental Health and Primary Care Integration



Over 800 staff and community members attended the conference held October 19-20 2016.

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HEALTH AGENCY COLLABORATION



HEALTH AGENCY LOS ANGELES

- All Health Agency employees are invited to submit their ideas for a Logo and/or Motto.
- New Health Agency logo by February 2017.

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HEALTH AGENCY COLLABORATION

The Health Agency is working together to monitor and assess impact to the Health Agency services with potential changes to the Affordable Care Act.

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Examples of Health Agency Accomplishments

The examples listed below illustrate the hard work that the Health Agency is taking on. The list is not exhaustive and is on-going.

1. Consumer Access and Experience

- Standardized consumer survey instrument has been developed
- Comprehensive customer service training primarily focused on empathy and respect has been rolled out
- New Health Agency policy enables sharing of clinical information for DHS, DMH, and DPH
- Secure email-like transmission of clinical information between DHS's ORCHID and DMH's IBHIS

2. Housing and Supportive Services for Homeless Consumers

- Completed inventory of housing slots for the Health Agency.
- Implemented the County+City+Community (C³) multi-disciplinary teams on Skid Row.

3. Overcrowding of Emergency Department by Individuals in Psychiatric Crisis

- Mental Health First Aid Training available for Health Agency staff as well as other County departments
- Inter-departmental collaboration between DHS inpatient psychiatric services and DMH Full Service Partnership Programs
- Five (5) Urgent Care Centers have been opened

4. Access to Culturally and Linguistically Competent Programs and Services

- 5. Created a SharePoint website to share and maintain resources
- MLK campus collaboration efforts
- Health Agency cross-training now available for promotoras/community health workers

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

- Misdemeanor Incompetent to Stand Trial (MIST) Program has been put in place to assist individuals recently released from jail.
- Jail In-Reach services has started and referrals made to housing and treatment is on-going.

7. Implementation of Expanded Substance Use Disorder Benefits

- On February 11, 2016, DPH-SAPC submitted its implementation plan to the Federal Centers for Medicare and Medicaid Services, and California Department of Health Care Services (DHCS)
- My Health LA SUD services and benefits, which mirror the current Drug Medi-Cal package, launched July 1, 2016

8. Vulnerable Children and Transitional Age Youth

- Helped validate the Commercial Sexual Exploitation-Identification Tool (CSE-IT)
- Trained 1000+ clinical providers on CSEC 101
- Developed the first responder and treatment protocols used at the Medical HUBs

9. Chronic Disease and Injury Prevention

- Ideas 42/Robert Wood Johnson grant: technical support to assist with the development of tobacco cessation program
- County Productivity Investment Fund (PIF) Award: improve diabetes prevention and control (August 2016)
- Expansion of the *Parks After Dark* program from 8 parks in 2015 to 21 parks in 2016.

10. Public Health Community Health Response

- Exide Community Outreach Effort
- Aliso Canyon (Porter Ranch) Natural Gas Leak
- Meningococcal vaccination services at DHS and DPH sites
- Maywood Fire Response
- Zika virus consultation, testing, and follow-up
- Spice outreach efforts

11. Information Technology Integration

- DHS, DPH, and DMH providers now have access to eConsult specialties.
- The three Department Chief Information Technology Officers report to the Health Agency as of March 2016.

12. New Funding

- Awarded \$450 M for the Whole Person Care Pilot Program (November 2016)

13. Stakeholder Engagement

- Meetings with Stakeholders
- Town Hall meetings
- IAB Advisory Board
- 13th Statewide Conference on Substance Use, Mental Health and Primary Care Integration held October 19-20, 2016