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September 22, 2017

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Sachi A. Hamai
Chief Executive Officer

EVALUATION OF THE CONSOLIDATED HEALTH AGENCY MODEL (ITEM NO. 9, AGENDA OF DECEMBER 6, 2016)

On December 6, 2016, the Board instructed the Chief Executive Officer (CEO), in conjunction with County Counsel, the Auditor-Controller (A-C), the Director of Personnel, and the Los Angeles County Citizen's Economy and Efficiency Commission (EEC) to report back to the Board, in writing, as part of the fiscal year 2017-18 Budget Deliberations in June 2017, with an evaluation of the consolidated health agency model, including an assessment of collaboration, service integration, fiscal impacts, and operations, and an analysis of the advantages and disadvantages of establishing additional agencies across broad subject matter areas, and should incorporate input and participation from internal and external stakeholders and members of the public. The CEO requested an extension of the deadline for the report to September 26, 2017.

BACKGROUND

The Board approved the establishment of the Health Agency on August 11, 2015, to integrate the operations of the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH). The Board also directed the CEO to ensure that separate budgets are maintained for each Department and directed the creation of a new Health Agency Director position.

The Board further directed the creation of a temporary steering committee, comprised of DHS, DMH, DPH, and the Public Health Officer, to develop a strategic plan and operational framework for integrating the three Departments with priorities, specific outcome measures and a preliminary associated workplan.

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The Board also directed the CEO to convene a temporary Integration Advisory Board (IAB) to report in writing to the Board on at least a semi-annual basis for two years, on the impact (positive or negative) of the Health Agency on ongoing departmental activities and operations and on achieving the County's health-related priorities.

Finally, the Board established a quarterly set item on the Board's agenda for the Agency Director and Department Heads to publicly report to the Board 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.

On September 29, 2015, the Board approved the strategic priorities and operational framework for the Health Agency.

CONSULTANT'S REPORT

The evaluation consultant, TAP International, Inc. (TAP) was engaged and prepared the attached evaluation of the Health Agency. The Health Agency, still in its early stage of development, is still in the process of determining benchmarks and implementing initiatives. As such, it will take more time to objectively evaluate the successes or shortfalls of the Health Agency. Additionally, the Health Agency has shared much of the progress in these areas with the Board in the quarterly updates that have been presented. Given the Board's stated goal that the budgets remain separate, and with the creation of a single Health Agency Director position, there was limited tangible data for the consultant to review in terms of evaluating financial or organizational changes of the Health Agency to date. As a result, the report is primarily informed by various interviews of key individuals, stakeholders, and the IAB.

Findings

The report identifies the following advantages that were contributed to or created by the Health Agency:

- Improved and increased collaboration and communication;
- Integration of information technology;
- Integration of services with new program development or expansion of services within existing programs; and
- Collective crisis response.

Challenges

The report includes three challenges that were commonly identified by the study. To address these challenges, there is a need for the Health Agency to:

- Clarify roles and responsibilities;
- Assign core staff and budget for the Health Agency; and
- Provide more effective communication about the Health Agency.

Potential Opportunities

The report provides the following potential opportunities that were identified during the study that the Health Agency could capitalize on moving forward:

- Additional streamlining of business processes and infrastructure;
- Achieving positive fiscal impacts; and
- Improving delivery of services through integrating care.

COUNTY STAKEHOLDER REVIEW

The County stakeholder group, which included the A-C, County Counsel, Human Resources, CEO, and the EEC, also provided input and feedback on the creation of the Health Agency, as follows:

- Metrics are needed to inform intended outcomes;
- Surveys to enhance understanding of impacts of the Health Agency changes, including survey of direct service staff;
- Measure progress or success on goals, such as an A through F grading scale;
- Objectives that are transparent and tied to the County strategic plan;
- Organizational changes identified and implemented based on whether they yield benefits, i.e. avoid creating new management layers that don't yield positive results;
- Clearly define tangible benefits, e.g. financial savings, better service delivery;
- Identify consumers' benefit from the changes; and
- Maximize information technology and data sharing to the extent allowed by law.

The group felt these points could largely be addressed by the Health Agency as it continues to develop, and if it were to implement the potential opportunities identified above and/or by the recommendations included at the end of this report.

RECOMMENDATIONS FOR BOARD CONSIDERATION

The Health Agency continues to develop through a transitional stage. Being the first County "Agency," there are lessons learned that have become evident and will continue to be identified. The Board should consider directing the Health Agency to:

- Streamline additional business processes and infrastructure;
- Achieve positive fiscal impacts; and
- Improve delivery of services through integrating care.

Implementing these initiatives will help to strengthen the Health Agency and will provide greater evidence to better inform the Board of the Agency's success.

Further, based on the consultant's review of the Health Agency, input of the stakeholders, and feedback the consultant received from the study, the following general recommendations are being provided for the Board's consideration when evaluating the efficacy of the agency model and whether it can further enhance County governance, accountability, and information sharing in other areas of the County. If the Board should wish to consider expanding the agency concept to additional areas, these recommendations are "consistent with leading public management practices that call for an organization to have focus and clarity in their governance structure, decision-making processes that engage staff and external stakeholders, and strategic commitment of resources" (consultant's report, page 11).

Recommendations:

1. Governance structure
 - a. Establish core staff at the agency level dedicated to specific operational, functional, or program areas.
 - b. Clarify roles and responsibilities of the agency and agency departments, including setting clear priorities.
2. Engagement with internal and external stakeholders
 - a. Increase community and department engagement as part of the initial decision making.
3. Strategic commitment
 - a. Provide sufficient resources to accomplish priorities.
 - b. Establish a core budget for the agency.

Each Supervisor
September 22, 2017
Page 5

If you have any questions, please contact me or your staff may contact Mason Matthews, Health and Mental Health Services, at (213) 974-2395 or mmatthews@ceo.lacounty.gov.

SAH:JJ:MM
MM:cg

Attachments

c: Executive Office, Board of Supervisors
 County Counsel
 Auditor-Controller
 Citizens' Economy and Efficiency Commission
 Health Services
 Human Resources
 Mental Health
 Public Health



Health Agency Formation Offers Lessons for Future County Consolidations

September 21, 2017



Transmittal Letter

September 21, 2017

Mr. Kirk Shelton
County of Los Angeles
Chief Executive Office | Administrative Services Branch
Los Angeles, California

Dear Mr. Shelton

Enclosed is our final report that addresses the key question of the advantages and disadvantages of the Health Agency formation and lessons that can be applied to other potential consolidation efforts within the County. In this report, we also provide strategies for consideration by the County to facilitate success for future organizational consolidations. If you have any questions, please do not hesitate to contact me.

Thank you for allowing us the opportunity to serve Los Angeles County.

Sincerely,



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Acknowledgments

TAP International, Inc. would like to thank all of the representatives from the Department of Public Health, the Department of Mental Health, and the Department of Health Services who participated in this study. We would also like to thank Mason Matthews, Dr. Alexander Li and Socorro Rosales for their efforts to coordinate our activities among the departments. Finally, we would like to thank the members of the Integration Advisory Board as well as community associations and providers for their valuable participation at our workshops.

Table of Contents

TRANSMITTAL LETTER	2
ACKNOWLEDGMENTS	3
TABLE OF CONTENTS	4
EXECUTIVE SUMMARY	5
Why the Study Was Conducted	5
How the Study Was Conducted	6
What the Study Found	7
CONCLUSIONS	10
STRATEGIES FOR COUNTY CONSIDERATION IN FUTURE POTENTIAL ORGANIZATIONAL CONSOLIDATIONS	11
HEALTH AGENCY MATTERS FOR CONSIDERATION	12
BACKGROUND	13
Health Agency Was Formed Recently	14
Health Agency Established Key Priorities	15
STUDY OBJECTIVES AND SCOPE	17
METHODOLOGY	18
Study Limitations	19
KEY RESULTS	20
Health Agency Formation Contributed to and Created Key Advantages	20
Health Agency Formation Offers Potential Opportunities	31
Health Agency Formation Has Structural and Strategy Related Challenges	38
STUDY CONTRIBUTORS	44

Executive Summary

Why the Study Was Conducted

On August 11, 2015 the Los Angeles County Board of Supervisors approved the integration of the Departments of Mental Health, Public Health, and Health Services to create a unified, single health agency, hereafter referred to as the “Health Agency”. The new Health Agency represents one of the nation’s largest health systems, with over 32,000 positions and a nearly \$8.9 billion annual budget.

The intent of creating the Health Agency was to improve health outcomes through multi-disciplinary service coordination, to increase access to services, and to achieve operational efficiencies by eliminating administrative overlaps among the three departments. The Health Agency was set up and currently operates within a framework that maintains separate budgets for each of the three departments, as well as individual leadership reporting relationships and responsibilities to the Board of Supervisors.

On December 6, 2016, the Board of Supervisors approved a motion by Supervisors Mark Ridley-Thomas and Sheila Kuehl to strengthen County governance and departmental accountability. One provision of the motion instructed the Chief Executive Officer (CEO), in conjunction with County Counsel, the Auditor-Controller, the Director of Personnel, and the Los Angeles County Citizen’s Economy and Efficiency Commission to report back to the Board, in writing, with an evaluation of the consolidated Health Agency model, including an assessment of collaboration, service integration, fiscal impacts, and operations, and an analysis of the advantages and disadvantages of establishing additional agencies across broad subject matter areas, and should incorporate input and participation from internal and external stakeholders as well as members of the public. In response, the CEO contracted with TAP International, Inc., in March 2017 to complete the evaluation.



Executive Summary

The key evaluation objectives were to: (1) identify key advantages and disadvantages of the Health Agency in the areas of collaboration, service integration, fiscal impact, and operations, and (2) identify potential strategies for consideration should the County pursue other organizational consolidations. We were also asked to make recommendations based on leading practices that could improve the effectiveness of the Health Agency model.

How the Study Was Conducted

TAP International conducted a primarily qualitative analysis to identify the key advantages and disadvantages of the Health Agency formation. Twenty-four interviews with Health Agency management and staff were conducted between April 10 and April 30, 2017. Two workshops were also held to discuss the Health Agency formation - one was held on April 28, 2017, with representatives of community providers, and the other was held on May 8, 2017, with five representatives of the Integration Advisory Board (IAB).

We reviewed other information to identify outcomes of the Health Agency's efforts, and we analyzed quantitative information in the few areas where it was available. Importantly, quantitative analysis was limited due to Agency's short history of combined operations (18 months).

Executive Summary

What the Study Found

Common themes emerged about the advantages of consolidating County services. These themes included increased collaboration between the departments, integration of information systems, and to some extent, increased service integration. Identified successes include consolidating 280 information system applications into 30, centralizing records, streamlining processes, and providing integrated services. Study participants frequently suggested that the Agency's successes may have been accomplished without the formation of the Health Agency, but it made it easier to collaborate across departments, and created a shared sense of urgency that accelerated progress on projects.

None of the study participants identified fiscal impacts as a key advantage, but it is important to note that fiscal impacts would not likely be evident this early in the consolidation of the three departments under the Health Agency, as well as the limited amount of consolidating infrastructure or "back office" functions (e.g., human resources, contracting, and employee relations) so far. Study participants commented they expected fiscal impacts to be seen over a longer time, as would be expected if agency consolidations are implemented effectively.

What the Study Found, continued

Study participants generally agreed that agency consolidation offers the potential to streamline internal operations, which could lead to potential savings. Other areas of consensus include the potential for revenue enhancement, as well as the opportunity to change how the County provides integrated services. To address opportunities that could be derived from consolidation, the unified agency needs to position itself - structurally, strategically, and operationally - to resolve complex regulatory requirements and address County operational policies that presently impede efforts to accomplish a fully integrated operating and service delivery framework.

Study participants largely agreed on three key disadvantages or challenges resulting from the Health Agency consolidation. The following three challenges should be considered prior to other County consolidations:

- The need to provide greater clarity for roles and responsibilities between the central agency and the departments and how the strategic priority workgroups should allocate their time between central agency and department work.
- The need to establish a core team with a corresponding budget to accomplish the priorities of the new consolidated agency, as the current virtual organizational framework of the Health Agency has come at the of departmental staff having to balance spending time and resources on department operational needs versus Health Agency priorities.
- Improving communication across the affected departments to effectively engage a range of internal and external stakeholders in planning and decision-making efforts.

When discussing disadvantages with the Health Agency formation, study participants also described the need for a comprehensive strategic plan and/or implementation plan to guide integration efforts in new County consolidations.

What the Study Found, continued

Observations from community provider representatives who participated in the study workshops revealed their desire to have been included in strategic planning efforts because they are closest to the issues and individuals needing services. Importantly, these providers commented that their early fears about forming one unified agency had not materialized and that providing integrated services is a shared goal.

If the County considers implementing comparable consolidations of County departments under an agency model, study participants offered the following suggestions to facilitate success in those efforts:

- Establish core staff at the lead agency level dedicated to specific operational, functional, or program areas in the newly formed agency.
- Clarify roles and responsibilities including setting clear agency priorities.
- Increase community and department engagement as part of the initial decision-making process.
- Provide sufficient dedicated resources to accomplish priorities.
- Establish a core budget for the agency.

Conclusions

Although not in the scope of our work, we would be remiss to not acknowledge the challenges inherent in the start-up of any new agency. The formation of the new Health Agency created a high level of uncertainty among Health Agency staff and community providers that led the Health Agency to progress slowly and carefully ease into change. This strategy was successful in demonstrating the new Health Agency could achieve its intended purposes and mitigate community fears. However, the Health Agency is now at a pivotal point in its evolution. There is consensus that the intent behind the Health Agency – to advance health access and health equity, to implement integrated care, and to achieve savings – is good, but the use of a virtual organizational framework to address complex issues without a core budget or a long-term strategic plan is not a prescription for long-term success, especially with potential changes in federal support for health care. We believe that continued progress on achieving the stated aims of the Health Agency requires a more formal approach to strategic planning. Such planning efforts need to be conducted in partnership with community providers and fully utilize the diverse organizational management experience that exists within the Health Agency. Given the size and complexity of the Health Agency, consideration should also be given to enlisting the expertise of external health system leaders who have experience with similar large-scale efforts.

Nonetheless, the Health Agency has shown the potential to accomplish key benefits through consolidation of County departments. These benefits include increased traction to accomplish long standing priorities, improved communication, and some flexibility in leveraging funding. The experiences shared by all study participants provide lessons should the County continue to consolidate County departments. These lessons include: (1) establish a core agency budget; (2) set clear agency and department roles and responsibilities, (3) and develop a strategic plan.

Strategies for County Consideration in Future Potential Organizational Consolidations

Health Agency staff identified five key lessons that can translate to potential strategies for consideration by the County should it take future steps to consolidate other departments.

The potential strategies are consistent with leading public management practices that call for organizational consolidations to have focus and clarity in their governance structure, decision-making processes that engage staff and external stakeholders, and strategic commitment of resources.

Strategies to Consider In Other Potential Organizational Consolidations

Governance Structure

1. Establish core staff dedicated to specific operational, functional, or program areas.
2. Clarify roles and responsibilities among the affected departments, including setting clear priorities.

Engagement with Internal and External Stakeholders

3. Increase community and department engagement as part of the initial decision-making.

Strategic Commitment

4. Provide sufficient resources to accomplish priorities.
5. Establish a core budget for the newly consolidated agency.

Health Agency Matters for Consideration

To support the continued organizational and operational development of the Health Agency, we recommend the Health Agency Director:

1. Develop a 3-to-5 year strategic plan that builds on existing successes, addresses current and anticipated challenges, and capitalizes on identified opportunities. This plan should be a collaborative effort among Health Agency executives, managers, staff, community providers, and external advisors, among others.
2. Develop a comprehensive project integration plan to provide a roadmap for the Health Agency to deliver on its goals to improve patient outcomes through integration of services and operations by ensuring projects are appropriately supported and resourced to ensure success. This plan should be a collaborative effort among Health Agency executives, managers, staff, community providers, and external advisors, among others.
3. Establish a core budget for the Health Agency that provides sufficient resources to accomplish its priorities.
4. Establish a core of Health Agency managers and staff dedicated to overseeing the implementation of the Health Agency's strategic plan and program integration plan.

Background

Three County departments – the Los Angeles County’s Department of Public Health (DPH), Department of Mental Health (DMH), and the Department of Health Services (DHS) form the core of County’s health delivery system.

DPH, with 14 Public Health Centers, and about 4,600 positions, administers programs and services to protect health, prevent disease, and promote the health and well-being of County residents. One of the department’s top priorities is to advance health equity. DPH desires to reduce health disparities through collaborations with a wide range of partners. The department provides fee and/or low-cost services to the uninsured and insured limited to communicable diseases. The department also administers multiple types of programs, from smoking cessation to preventing chronic and other public health diseases to delivering home visits to families and others in need.

DMH, with about 5,000 positions, operates one of the largest mental health public agencies in the nation. Its mission is to optimize the hope, well-being and life trajectory of Los Angeles County's most vulnerable residents experiencing mental health concerns by delivering services that promote independence through personal recovery and connectedness through community reintegration. DMH operates 75 program sites and more than 100 co-located sites with other County departments. DMH contracts with approximately 1,000 providers, including non-governmental agencies and individual practitioners who provide a spectrum of mental health services to people of all ages. DMH staff administers assessments, case management, crisis intervention, medication support, peer support and other rehabilitative services. Services are provided in multiple settings including residential facilities, clinics, schools, hospitals, county jails, juvenile halls and camps, mental health courts, board and care homes, in the field and in people’s homes. DMH places special emphasis on addressing co-occurring mental health disorders and other health problems such as addiction. DMH regularly works with other County departments, including the Department of Children and Family Services and the Los Angeles County Sheriff Department.

Background, continued

DHS is the largest of the three departments with over 23,000 positions and a \$5.7 billion annual budget. Its mission is to ensure access to high quality, patient centered, cost effective health care through direct services and from collaboration with internal and external partners. DHS administers 19 health centers, four hospitals, and works with community partner clinics. DHS also provides all physical and mental health services in the county jails and health services to the juvenile justice system, including children in foster care. DHS works with community providers, other Health Agency departments, and other County departments to deliver support efforts that deliver integrated services.

Health Agency Was Formed Recently

On January 13, 2015, the Los Angeles County Board of Supervisors unanimously passed a motion by Supervisor Michael Antonovich, approving the concept of creating a unified, single Health Agency that would have authority over the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH). The motion included the requirement for a report back to the Board on options for the Health Agency's structure, a timeline for integration, and a description of potential risks and drawbacks. With input from external and internal stakeholders, the report was presented to the Board in June 2015.

On August 11, 2015, the Los Angeles County Board of Supervisors passed a motion by Supervisor Michael Antonovich approving the formation of the Health Agency for the purpose of improving the health and wellness of the LA County residents through integrated, comprehensive, culturally appropriate services, programs and policies that promote healthy people living in healthy communities.

On September 29, 2015, the Health Agency's operational framework was approved by the Board of Supervisors. It included 16 key principles for the Health Agency to accomplish its mission. Examples of these principles include:

- The Health Agency shall address Board-supported priorities relevant to health and well-being.
- The three departments shall maintain the full breath of their mission and scope of activities.
- The three departments shall maintain independent and direct relationships with the Board of Supervisors.

Background, continued

- The three department budgets shall remain separate.
- Functions shall shift to being conducted and/or coordinated Health Agency-wide to the extent this enhances integration and/or when doing so is of strategic advantage to the County.
- The Health Agency shall respect current departmental relations and commitments.
- The Health Agency shall embrace a full spectrum of services and programs aligned with the health and wellness needs of individuals across the life course and reflecting different social, cultural, and demographic groups.

In November 2015, the Board of Supervisors charged the Director of the Department of Health Services to also serve as the Director of the Health Agency. The Board of Supervisors also formed an Integration Advisory Board (IAB) comprised of various department representatives, County commission members, labor representatives, community providers, and members of the public to monitor the progress of the Health Agency.

Health Agency Established Key Priorities

The Health Agency established eight key strategic priorities, outlined in Figure 1; these were approved by the Board. Some of these priorities, such as addressing overcrowding of emergency rooms with psychiatric patients, were established based on programs existing initiatives

underway at the time of the Health Agency formation. To address these priorities, the Health Agency established workgroups with representation from all three departments, rather than adding an organizational layer on top of the three departments.

Figure 1: Health Agency Priorities

Consumer Access and Experience	Diversion of Corrections-Involved Individuals to Community-Based Programs and Services
Housing and Supportive Services for Homeless Consumers	Implementation of Expanded Substance Use Disorder Benefit
Overcrowding of Emergency Departments by Individuals in Psychiatric Crisis	Vulnerable Children and Transitional Age Youth
Access to Culturally and Linguistically Competent Programs and Services	Chronic Disease and Injury Prevention

The Health Agency Director describes the organizational structure of the Health Agency as virtual or flat. Since its formation, some key positions and units have gradually been added to the Health Agency. These positions include a Health Agency Chief Information Officer

Background, continued

to oversee the integration and maintenance of integrated information technology systems, a Planning and Data Analytics unit to conduct analysis of patient information and develop the Health Agency's performance measurement dashboard, and lead positions to oversee and administer the integration of program services for substance abuse treatment and jail diversion program. The Health Agency does not have its own core budget, and leverages the funding resources of the Department of Health Services to fund these positions.

On December 6, 2016, the Board of Supervisors approved a motion by Supervisors Mark Ridley-Thomas and Sheila Kuehl to Strengthen County governance and departmental accountability. One provision of the motion instructed the CEO, in conjunction with County Counsel, the Auditor-Controller, the Director of Personnel, and the Los Angeles County Citizen's Economy and Efficiency Commission to report back to the Board, in writing, with an evaluation of the consolidated Health Agency model, including an assessment of collaboration, service integration, fiscal impacts, and operations, and an analysis of the advantages and disadvantages of establishing additional agencies across broad subject matter areas, and should incorporate input and participation from internal and external stakeholders as well as members of the public.

Study Objectives and Scope

In response to the Board's December 6, 2016 motion, the CEO contracted with TAP International, Inc., to conduct a 6-week study that addressed the following questions: (1) What are the key disadvantages and advantages of the Health Agency formation, and (2) What strategies can be considered should the County unify other departments? TAP International was also asked to utilize leading practices to develop recommendations that would improve the effectiveness of the Health Agency model.

As requested by the CEO, data collection efforts focused on the areas of collaboration, service integration, fiscal impact, and operations. TAP International held two workshops with Health Agency stakeholders and interviewed 24 employees representing the Health Agency.

The scope of work contracted with TAP International did not include a review of the activities leading up to the Health Agency formation.

Methodology

To determine the advantages and disadvantages of the Health Agency formation, TAP International conducted a mixed-method evaluation to qualitatively identify the key advantages and disadvantages. Specifically, meetings were conducted with Health Agency and department staff to discuss:

- Their roles with the Health Agency,
- Applicable workgroup activities and related successes,
- Key advantages and disadvantages, and
- Suggestions for consideration by the Chief Executive Office.

TAP International staff conducted these meetings between April 10 and April 30, 2017. In addition, TAP International conducted two workshops to discuss the Health Agency formation. One workshop, held on April 28, 2017, included the participation of five persons representing community provider organizations and associations. These organizations were selected to represent mental health and substance abuse service providers. The other workshop, held on May 8, 2017, included the participation of five members of the IAB who variously served as co-chairs, consumer and employee representatives. The IAB was established by the Board of Supervisors to report on the progress of the Health Agency. The results of the meetings and workshops were collectively analyzed to identify consensus about themes on the advantages, disadvantages, and opportunities for the Health Agency formation and strategies going forward.

Methodology, continued

Where data was available, TAP International conducted quantitative analysis related to the various themes identified among staff. For example, a budget analysis was performed to verify that a fiscal impact has not yet occurred. We analyzed data related to information technology and staffing levels. In addition, TAP International reviewed organizational charts, IAB meeting minutes and reports, Health Agency formation documents, Health Agency progress reports to the Board, and information provided by department management and staff. The Health Agency, in its quarterly reports to the Board of Supervisors provides a comprehensive description of its efforts and activities. For the purpose of this report, we provide information on key efforts and activities that support the common themes identified in this report.

To identify strategies for future consideration by the County, TAP International asked Health Agency representatives to identify potential strategies the County could consider in the future should it wish to pursue similar models in other areas. We then analyzed the strategies to identify their alignment to key categories followed by a comparison against leading practices to assess value and applicability to the County. The study team's findings were discussed with and the draft report was reviewed by our subject matter expert, Kenneth W. Kizer, MD, MPH, to assess the accuracy and the appropriateness of the content against the data collected. His input was incorporated into the draft report. A draft report was also provided to the CEO's office, as well as the Health Agency for review and comment. Comments, as applicable, were incorporated into the final report.

Study Limitations

The short-history of the Health Agency limited the availability of information available to review and precluded performing a comprehensive quantitative analysis. Likewise, the short duration of the study and its focused scope of work limited how far we could take the analysis. Future monitoring is needed to identify how the Agency has affected service delivery and operational efficiency across the three departments.

Key Results

HEALTH AGENCY FORMATION CONTRIBUTED TO AND CREATED KEY ADVANTAGES

Section Highlights

The formation of the Health Agency contributed to three key advantages, as identified by Agency officials, department representatives and workshop participants. First, it facilitated collaboration among workgroups representing the three departments, providing County staff access to the expertise, programs and assets of the other departments, as well as individual and organizational learning across the three departments. Second, the Health Agency formation led to efforts that consolidated and centralized some IT operations. Third, the Health Agency contributed to the expansion of existing programs and the development of new programs, improving access or providing better outreach to the community.

Another notable advantage, although not identified as a common theme, is the capability that the Health Agency provides in responding to community emergencies.

While these accomplishments may have occurred without the formation of the Health Agency, many department representatives agreed that their completion would have taken longer absent the Health Agency structure. The Health Agency formation facilitated a timelier response to existing and new Health Agency priorities because it facilitated communications and access to decision makers across the departments.

HEALTH AGENCY FORMATION CONTRIBUTED TO AND CREATED KEY ADVANTAGES

1. Improved and increased collaboration and communication

Health Agency representatives and various IAB workshop participants commonly identified improved collaboration and increased communication as a key advantage resulting from the Health Agency formation. Since formation, the Health Agency established workgroups to address each of its eight strategic priority areas. Some of these workgroups were tasked to work on existing initiatives began by the departments, and other workgroups were formed to develop new strategies for integrated care. In total, 72 cross departmental staff variously participated in the workgroups.

Health Agency representatives explained that the workgroups were formed around issues and areas that were likely to yield relatively rapid positive outcomes for the Agency. The Health Agency Director elaborated on this approach, explaining that achieving some initial, short term successes would demonstrate the viability of the Health Agency to build trust among staff that were previously opposed to its creation. For many Health Agency representatives, these workgroups opened communication across the departments, and facilitated learning about the services and programs offered by each department. The improved collaboration led the workgroups to identify areas of overlap and areas where the departments could work together. For example, the work groups found ways to provide integrated smoking cessation programs, homelessness programs, and substance abuse programs. The Health Agency has since combined their smoking cessation efforts and substances abuse programs as well as working together on a common goal to address the needs of the County's homeless population. Many Health Agency representatives reported that increased collaboration and communication have created traction to complete priorities that did not previously exist.

Various IAB Workshop participants said that although intra-departmental collaboration has occurred, more efforts are needed with community providers. There was universal agreement among workshop participants about the need for better community level communication and collaboration.

Improved and increased collaboration and communication, continued

Figure 2: Key Advantage - Improved and Increased Collaboration

Commonly Identified Advantages	Why It Was Cited	Key Actions to Date	Collective Impact
Improved and increased collaboration	<ul style="list-style-type: none"> • Collaboration developed from the new structure facilitated development of new programs and completion of existing initiatives that began prior to the Health Agency formation. • Health Agency formation allowed groups to work across previous organizational silos, and made it easier to contact the other departments. 	<ul style="list-style-type: none"> • 8 workgroups and multiple subcommittees established that included participation of all three departments. • Standardized customer satisfaction surveys. • Knowledge transfer of other department resources and services. • Identified issues that could be addressed across the departments, such as smoking cessation, homelessness and substance abuse programs. • Identified capital that could be leveraged by the Health Agency. • Agreement to implement centralized capital projects. • Use of town hall meetings. 	<ul style="list-style-type: none"> • Facilitated traction and progress in addressing the 8 priorities. • Strategic utilization of department capital. • Expansion of information sharing through centralized IT systems to 1,400 department employees.

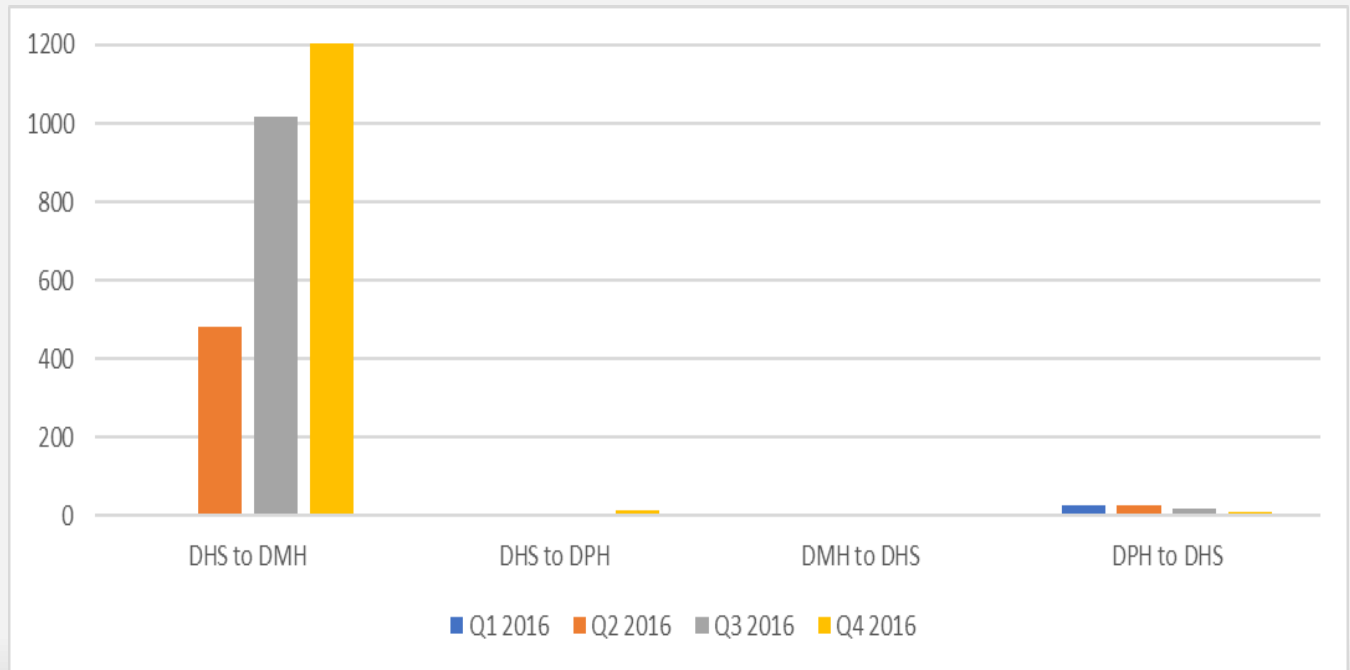


HEALTH AGENCY FORMATION CONTRIBUTED TO AND CREATED KEY ADVANTAGES

2. Integration of information technology

Health Agency representatives identified integration of information technology as another key advantage, highlighting its benefits and other potential advantages offered by the eConsult system and the electronic records system ORCHID. The eConsult system is a referral system that allows physicians to request referrals on specialized cases for their patients. As shown in Figure 3, DHS has increasingly referred patients to DMH for specialty services in 2016.

Figure 3: Intra-Agency eConsult Utilization for Specialty Referrals (excludes substance abuse treatment referrals)



Integration of information technology, continued

DPH began implementing the ORCHID system in April 2017, and will start using the system when it goes live at the end of 2017. Staff reported this as a major accomplishment of the Health Agency with the potential to significantly improve physician decision-making for patients and clients through sharing of patient records. The Health Agency also consolidated 280 disparate IT applications into 30, with each sharing information with ORCHID. IAB workshop participants who are also end-users of health services have reported improvements in services through the integration of electronic health records across departments, describing better transparency of patient appointment and prescriptions. Health Agency representatives explained that regulatory constraints limit full sharing of all patient information to other departments, but the Health Agency is working on activities to streamline permissions for access to patient records.

The information technology efforts have facilitated the development of a dashboard of information about the Health Agency's progress with the Board of Supervisors. Other accomplishments include centralizing the Help Desk function across the departments. In total, the Health Agency has identified 18 information technology-related projects having synergistic opportunities for the Health Agency. About 16 of these projects are projected to have reduced operating and administrative costs, but the Health Agency has not yet developed mechanisms to track these savings.

Integration of information technology, continued

Figure 4: Key Advantage - Integration of Information Technology

Commonly Identified Advantages	Why It Was Cited	Key Actions to Date	Collective Impact
Integration of Information Technology	<ul style="list-style-type: none"> eConsult allows Health Agency patients to receive electronic consults, via their provider, with a specialist to improve access to specialty care, improve health outcomes with earlier specialist intervention, and reduce wait times for specialty visits. The electronic records system, ORCHID, represents a significant start in sharing client/patient information. 	<ul style="list-style-type: none"> Centralized help desk. Consolidated 280 systems to 30. Development of referral system for specialty services. Development of dashboard of metrics. DPH started implementation of the ORCHID system. 	<ul style="list-style-type: none"> Capacity to report dashboard of results to the Board of Supervisors. Information sharing facilitates informed decision-making. Provides the capability to monitor Health Agency progress if metrics are well-defined.

HEALTH AGENCY FORMATION CONTRIBUTED TO AND CREATED KEY ADVANTAGES

3. Integration of services with new program development or expansion of services within existing programs

Health Agency representatives, IAB participants and community provider workshop participants agreed that the formation of the Health Agency has led to developing new programs and expansion of existing programs. The program most frequently identified among the participants was the Health Agency's substance abuse prevention and treatment program, also known as SAPC. Each department previously had some type of substance abuse treatment and/or prevention activity, but through Medi-Cal expansion and through the Affordable Care Act, low-income persons and uninsured residents have improved access to receive treatment through the Health Agency's clinics and community providers. The new substance abuse treatment and prevention program combines the resources available from each of the departments around a newly developed program strategy that offers end-to-end services for affected individuals, from providing transportation to appointments to residential support services. The goals of the program, which began in July 2017, are to reduce dependency, provide recovery services, and improve the individual's ability to function successfully in society. The program will be available to over 3 million eligible County residents.

A key feature of the SAPC program was it was developed with the participation of community providers. Workshop participants suggested that including community providers in program development should happen more frequently. Our experience evaluating programs in other public agencies has found that strategic planning and program development that includes broad participation of community providers is a success factor because agencies and providers collectively agree on the best approach to address key sub-populations.

Integration of services with new program development or expansion of services within existing programs, continued

Another program frequently cited by Health Agency participants as a key advantage resulting from the Health Agency was the expansion of the Parks after Dark program from eight County parks to 21 County parks, due to one-time funding provided by DHS. The program is designed to strengthen community relationships with the County Sheriff's department and provide linkages to Health Agency services. At the time of our review, it was not known whether DHS funding would continue.

Health Agency representatives frequently reported that formation of the Health Agency provided traction to complete these programs. Although many explained that various Health Agency departments have long histories of implementing integrated programs, past experience also suggested that accomplishing program development and expansion may have taken much longer in the absence of the new Agency structure. Nearly all agreed that the formation of the Health Agency has facilitated leveraging of resources to support initiatives.

A key measure to assess progress at integrating services is to examine the number of persons receiving services from one department only. The Health Agency has established an analytics units that is working on developing the reports needed to assess the effectiveness of services. At the time of review, we could not conclusively determine if the Health Agency formation had led patients for one department to receive services from other Health Agency departments.

Integration of services with new program development or expansion of services within existing programs, continued

Figure 7: Key Advantage - Integration of Some Services

Commonly Identified Advantages	Why It Was Cited	Key Actions to Date	Collective Impact
Integration of services with new program development or expansion of services within existing programs	<ul style="list-style-type: none"> • The new substance abuse prevention and treatment program, SAPC, provides an example of what Health Agency could accomplish with integrated services. • Prior to Health Agency formation, departments focused on developing and implementing their own innovative programs. 	<ul style="list-style-type: none"> • Development of integrated substance abuse prevention and treatment services under the SAPC program. • Expansion of the Parks after Dark program from 8 to 21. • New Felony Pre-Trial Program. • Opened first sobering center on Skid Row. • Added ER psych room to DHS facility that has helped reduce overcrowding. 	<ul style="list-style-type: none"> • Improved access to services for sub-populations of County residents. • Increased community cohesion to prevent violence. • Potential cost savings through reduction in ER visits and incarceration. • Continued decline of overcrowding in ER psych rooms. • 295 persons diverted from the County jail into housing and supportive services programs.

HEALTH AGENCY FORMATION CONTRIBUTED TO AND CREATED KEY ADVANTAGES

Another Advantage - Collective Crisis Response

How the Health Agency now responds to community emergencies was not frequently identified as a key advantage of the Health Agency, but executive department staff reported that it was a key advantage. For example, during the Aliso Canyon Natural Gas Incident, DMH was able to provide relief and other support to DPH employees, who worked long hours providing outreach and other services to area residents. To support the Health Agency's response to emergencies, DMH plans to expand its community outreach program that provides door-to-door communication and linkage to services to other departments.

Figure 8: Key Advantage - Collective Crisis Response

Other Identified Advantage	Why It Was Cited	Key Actions to Date	Collective Impact
Collective crisis response	<ul style="list-style-type: none"> Health Agency was able to add available resources from other departments to address community emergencies. 	<ul style="list-style-type: none"> Leveraged Agency resources to support DPH efforts to conduct community outreach. 	<ul style="list-style-type: none"> Prevented gaps in community outreach to the crisis.

HEALTH AGENCY FORMATION CONTRIBUTED TO AND CREATED KEY ADVANTAGES

Fiscal Impacts Were Not Yet Identified as a Key Advantage

Health Agency representatives did not identify fiscal impacts as a key advantage resulting from the Health Agency formation because the new Agency has not yet had enough time to realize any financial benefits. However, early estimates by the Health Agency show \$6.5 million in potential savings from integration of information technology, although it is not clear if these estimates were offset by other added costs of system maintenance, licensing, upgrades, and new staff positions. As the Health Agency matures, measuring and tracking financial performance of the changes completed by the Health Agency will be imperative.

Key Results

HEALTH AGENCY FORMATION OFFERS POTENTIAL OPPORTUNITIES

Section Highlights

Consensus occurred among Health Agency representatives about the potential opportunities offered by the formation of the Health Agency. The opportunity most often cited is the potential to streamline business processes, including capital planning, and centralize key aspects of human resources management and procurement activities. Another potential opportunity cited by study participants is maximizing and leveraging funding resources for reimbursement by leveraging the Agency's size and expertise to address Medi-Cal funding requirements. A third opportunity is expanding primary health, mental health and public health service integration.

Community provider workshop participants agreed that if implemented effectively, the Health Agency concept could comprehensively change how services are delivered. Health Agency representatives, various IAB workshop participants, and community provider participants cautioned that long-term success depends on the Agency's future strategic planning, the recognition of past and current department successes, the ability for the Health Agency to remain flexible in meeting the needs of its employees, and the need to better engage service providers.

HEALTH AGENCY FORMATION OFFERS POTENTIAL OPPORTUNITIES

1. Additional streamlining of business processes and infrastructure

One of the Board's expected benefits from creating the Health Agency was to improve the efficiency of health care delivery in the County through eliminating duplicative functions and streamlining operations to realize savings. The Health Agency has taken steps to integrate its information technology function across the three departments under an Agency Chief Information Officer, but Health Agency representatives suggested there were additional opportunities for streamlining business processes. At the time of our study, the Chief Deputy Directors of Administration for each of the three departments began to meet regularly to identify areas for potential integration and/or to leverage best practices and expertise.

Capital Planning

One area where the Health Agency has taken some initial steps is to centralize its capital planning efforts. As the Health Agency moves to a model of co-locating its services to accomplish integrated care, re-design of existing space and development of other new facilities are needed. Over the past year, there has been an increase in the number of clinics that offer both general and mental health services as well as clinics that offer both public health and general health services. Health Agency representatives explained that centralizing capital planning activities would ensure appropriate development of existing or new facilities that would physically support the integration of health services.

Additional streamlining of business processes and infrastructure, continued

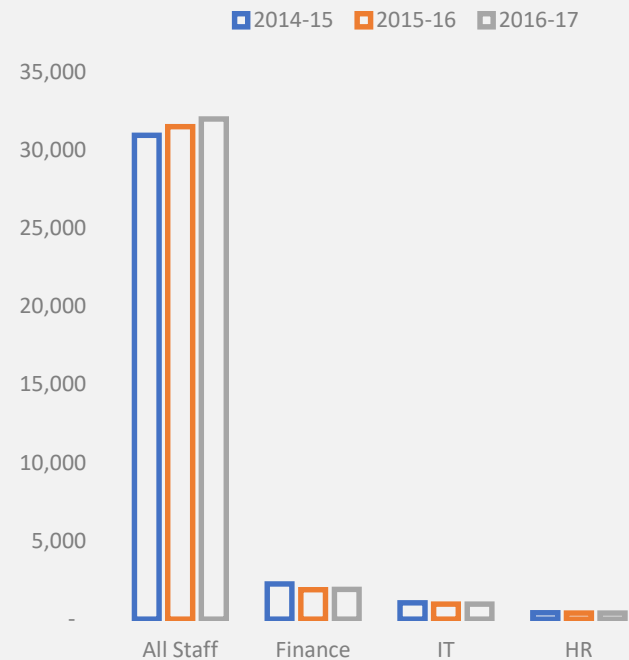
Human Resources

Other areas that Health Agency representatives suggested could offer potential opportunities for further collaboration and centralization include workforce planning, recruitment, and hiring. To date, limited human resources management integration has occurred, although representatives from each department have agreed to meet monthly to discuss areas for potential collaboration.

Challenges that prevent full integration of human resources management include: (1) differences in County position descriptions and classifications for comparable work, (2) separate department budgets with different funding codes for comparable positions, and (3) specialized recruiting expertise required for some positions.

Additionally, Health Agency representatives noted limited opportunities to reduce the number of positions. Our analysis of staffing levels from FY 2014 to FY 2017 show that the total positions for the Health Agency have increased, but administrative support positions in the three departments have declined slightly, as shown in Figure 9.

Figure 9: Staffing analysis, FY 2014 to FY 2016-17



Additional streamlining of business processes and infrastructure, continued

Procurement and Contracting

The areas of procurement and contracting were also identified by Health Agency representatives as potential areas to integrate or consolidate functions, suggesting the Health Agency could create better strategies. For example, contracting requirements can be streamlined rather than having each department use different contracts with each containing its own rules and requirements. In addition, DHS’ extensive experience in contracting for IT system implementations should be leveraged by the other departments. Finally, DPH has considerable expertise in grant-writing, which can be used to obtain grants for the other departments. Nearly all Health Agency representatives discussed the complexity of County policies and rules that could hamper Health Agency efforts to streamline and consolidate operations.

Figure 10: Potential Opportunities – Added Streamlining of Business Processes

Potential Opportunity	Why It Was Identified	Potential Collective Impact
Added streamlining of business processes	<ul style="list-style-type: none">Improved capital planning will provide a benefit.Streamlining budgeting process can reduce its complexity.Centralizing workforce planning activities can offer better information to plan for all hiring and retirements.	<ul style="list-style-type: none">Centralization and/or sharing of best practices can increase efficiency.Capital planning and investments can support Health Agency priorities for integration through co-location, shared spaces, and development of new facilities.Increased flexibility of how positions are classified.

HEALTH AGENCY FORMATION OFFERS POTENTIAL OPPORTUNITIES

2. Achieving positive fiscal impacts

One of the key expectations placed on the Health Agency is to accomplish savings through consolidation and integration of operations. While Health Agency representatives agreed that streamlining of business processes could result in some savings, the Health Agency has another significant opportunity to leverage its size to maximize revenue enhancement. The Health Agency could exert its potential influence to facilitate easing of Medi-Cal funding requirements that would maximize reimbursements for services. The Health Agency has already taken some action to maximize reimbursement within existing rules by braiding various funding sources to provide integrated care, as well as claim reimbursement for public health services that had not been previously reimbursed, but it has not developed advocacy strategies to ease state and federal regulations that restrict Medi-Cal and other grant funding flexibility.

Figure 11: Potential Opportunities – Fiscal Impacts

Potential Opportunity	Why It Was Identified	Potential Collection Impact
Fiscal impacts	<ul style="list-style-type: none"> • Potential to maximize and leverage funding sources. • Health Agency size and expertise can be leveraged to ease Medi-Cal funding requirements. • Potential to accomplish more with less. 	<ul style="list-style-type: none"> • Maximize reimbursements to increase revenue. • Cost savings in operations.

HEALTH AGENCY FORMATION OFFERS POTENTIAL OPPORTUNITIES

3. Improving delivery of services through integrating care

There was nearly universal agreement about the need to provide comprehensive integrated care to improve outcomes for County residents, although differences of opinion exist about the strategies required to accomplish this goal. Efforts to date have included the co-location of health services in some clinics, utilization of the Medi-Cal waiver that will allow substance use treatment to be covered as a medical benefit, the health and mental health services provided to persons who have been diverted from incarceration, the intensive case management services provided through the Housing for Health program, and the Whole Person Care grant recently received by the Agency. These are all viewed as positive steps in the direction of providing integrated care.

Health Agency representations and workshop participants suggested either continuing to focus on initiatives that provide quick returns on investment, or implementing formal and systematic strategic planning and engagement that includes Health Agency staff and community providers to advance efforts to build a system-wide integrated care model. Some IAB members also expressed the need for the Health Agency to have a comprehensive integration plan so progress can be measured. The tension that exists with how the Health Agency is planning for the long-term may be resolved now that the DPH and DMH have permanent Department Directors in place to assist the Health Agency Director in organizational planning and development activities. However, some Health Agency representatives identified the need for the executive management to obtain, utilize and build on successful organizational and change management guidance. While change agents are present within the Health Agency, few if any, have implemented large scale integration of program services and operations. To date, the Health Agency has leveraged the expertise of professional IT consultants to support system integration and consolidation planning.

Improving delivery of services through integrating care, continued

A key measure to assess progress in providing integrated services is to examine the number of individuals that receive services by more than one department. While the Health Agency Director explained that only about nine percent of all Health Agency clients and patients were seen by more than one of the three departments, this represents a substantial opportunity to further integrate services, a theme also voiced at both workshops that we conducted and by Health Agency representatives. However, none of the study's participants could describe the plan for this to happen, although some explained that with the hiring of the DPH and DMH department directors, strategic discussions are likely to occur.

Figure 12: Potential Opportunity – Improved Service Delivery

Potential Opportunity	Why Improved Service Was Identified as an Agency Opportunity	Potential Collective Impact
Improved service delivery	<ul style="list-style-type: none">• Can advance how integrated care is provided.• Long-term impact could improve population health.• Added co-location for integrated health services delivery.	<ul style="list-style-type: none">• Improve client and patient outcomes.• Increase Medi-Cal funding.• Improve health outcomes from intensive case management.• Reduce costs for emergency treatment by early treatment of high risk populations.

Key Results

HEALTH AGENCY FORMATION HAS STRUCTURAL & STRATEGY RELATED CHALLENGES

Section Highlights

Along with the many identified advantages of creating the Health Agency, its formation also contributed to three commonly identified challenges. The most commonly identified challenge was the need to provide greater clarity between Health Agency and department roles and responsibilities. There also was consensus on two other challenges: the absence of a core agency budget, and the need for better and more effective communication across the departments.

Department representatives explained that these challenges have affected their progress in accomplishing goals related to the Health Agency. All three of these identified challenges should be able to be addressed by applying best practices in change management. These practices include effective strategic planning to reach desired goals, providing clarity in roles and responsibilities for accomplishing the established goals, providing clear and frequent communication within the organization and with external stakeholders about reasons for change, and ensuring sufficient resources are dedicated to support change.

HEALTH AGENCY FORMATION HAS STRUCTURAL & STRATEGY RELATED CHALLENGES

1. Need for more clarity on roles and responsibilities

Health Agency staff generally agreed that a key challenge was the absence of formalized roles or clarity in staff roles and responsibilities, including reporting relationships between and among the Health Agency and the three departments. The need for clarity was expressed among some staff representing the eight workgroups who noted concerns about the level of attention they should provide to Health Agency versus department priorities. The need for clarity is also evidenced among IT support staff who report to the Health Agency CIO while trying to be responsive to departmental priorities. The Health Agency Director expects staff to avoid forming boundaries that delineate between Health Agency and department efforts.

Figure 13: Key Challenge – Need for Greater Clarity with Governance

Commonly Identified Challenge	Why it was Identified	Collective Impact	Actions Taken to Date
Need for greater clarity on Agency and department roles and responsibilities	<ul style="list-style-type: none"> Confusion by others over roles and responsibilities of Health Agency staff with dual roles at DSH. Reporting relationships between the Board, the Health Agency, the departments, and some workgroups are unclear. Some strategic priority workgroups chairs are uncertain about the level of attention they should provide to department or to Health Agency priorities. 	<ul style="list-style-type: none"> Staff are unsure who is responsible for assignments that impact their ability to complete work. The Health Agency as currently administered does not provide clear lines of authority and accountability in all areas. 	<ul style="list-style-type: none"> Health Agency roles have been created, by moving DSH staff under the Health Agency. Reporting relationships have changed, such as with IT and capital planning. Strategic priority workgroups have developed metrics to help guide their work.



HEALTH AGENCY FORMATION HAS STRUCTURAL & STRATEGY RELATED CHALLENGES

2. Need for assigned core staff and budget for the Health Agency

Another key challenge identified among Health Agency representatives was the need to assign core staff and establish a dedicated budget for the Health Agency. While some functions have moved to the Health Agency, including IT, capital planning, data analytics, and the Office of Diversion and ReEntry, these functions are supported by the DHS budget with DHS staff, most of which also have responsibilities with DHS. This arrangement has left many staff in the position of filling two roles, with many explaining that it has left them with insufficient time to work on daily job responsibilities. It has also created the appearance that DHS is the Health Agency, as its staff and budget are being used to lead Health Agency activities. Recent agreement, however, was made by the Department Directors to assume responsibilities for Health Agency initiatives based on which department has the most expertise in the matter.

At the time the Health Agency was formed, it was believed that establishing a separate budget and hiring additional staff would be viewed unfavorably and would add an unneeded level of bureaucracy. While this approach may have worked initially, study participants noted that it is not sustainable over the long term. Study participants noted that the addition of core staff at the Health Agency level and a budget to support these staff would provide the resources and dedicated staff needed to focus on specific strategic initiatives. It would also help establish the Health Agency as its own entity with its own unique identity and shared organizational culture.

Leading strategy practices also suggest that providing resources needed to sustain a change signals to stakeholders the importance of the change and long-term commitment to the change. Resources include providing adequate staff, space, equipment, and funding to ensure that quality services are provided to beneficiaries.

HEALTH AGENCY FORMATION HAS STRUCTURAL & STRATEGY RELATED CHALLENGES

Need for assigned core staff and budget for the Health Agency, continued

Figure 14: Key Challenge– Need for Core Staff and Budget

Commonly Identified Challenge	Why it was Identified	Collective Impact	Actions Taken to Date
Need for more core staff and a budget for the Health Agency	<ul style="list-style-type: none"> Health Agency initiatives could accelerate with core staff supported by a core budget that focused on developing and implementing strategies to foster collaboration and increase service integration. Use of DHS staff to fill Agency roles requires them to administer dual roles, limiting their capacity to focus on Health Agency work. Frequent use of DHS staff to fill Agency roles create the perception that DHS is the Health Agency. 	<ul style="list-style-type: none"> Dedicated core staff would allow for in-depth focus on priorities. Health Agency being supported by its own budget and staff fosters development of a Health Agency identity and shared organizational culture. 	<ul style="list-style-type: none"> Key DHS staff have been placed in key Health Agency positions in the areas of Director, information technology, data analytics, capital planning, diversion, and program integration. Health Agency staff are supported by DHS and department budgets.

HEALTH AGENCY FORMATION HAS STRUCTURAL & STRATEGY RELATED CHALLENGES

3. Need for more effective communication about the Health Agency

A key challenge emerged about the need for more effective communication regarding the Health Agency. Health Agency representatives and workshop participants explained that information gaps are present on the Health Agency's future structure, its goals, roles and responsibilities, and strategies on how it will integrate services and operations. Participants described the uncertainty that has been created among staff and community providers by the limited communication on these issues.

Leading practices in strategy implementation suggest that communication sets the tone and the direction for change. Consistent and frequent communication preserves and reinforces key messages about the vision and goals of the change. Although, the Health Agency had provided staff with some information through newsletters, town hall meetings, the Labor Management Transformation Committee, and department-level communications, these efforts have not been viewed as adequate to answer Health Agency-wide questions about its long-term vision. Study participants consistently stated, however, they were hopeful that communication would improve with the recent hiring of new Directors for the Departments of Mental Health and Public Health. Other participants said the development of a Health Agency website, which was recently completed, could broaden outreach.

HEALTH AGENCY FORMATION HAS STRUCTURAL & STRATEGY RELATED CHALLENGES

Need for more effective communication about the Health Agency, continued

Figure 15: Key Challenge - Need for Better Communication

Commonly Identified Challenge	Why it was Identified	Collective Impact	Actions Taken to Date
Need for more communication about the Agency to department-level managers and staff	<ul style="list-style-type: none"> • Uncertainty about what the Health Agency is, how it will integrate services and operations, and how it will impact their work. • Perceived need for additional and more effective communication to engage staff that may not have fully embraced changes. 	<ul style="list-style-type: none"> • Staff are resistant to change if they do not understand or see the value of the change. • Building staff understanding of the mission of the Health Agency fosters collaboration and breaks down department silos. • Staff engagement allows for innovations that can help further improve service integration. 	<ul style="list-style-type: none"> • Hiring of DPH and DMH Department Directors. • Communication about the Agency is currently provided through newsletters, Town Hall Meetings, Labor Management Transformation Committee meetings, and department-level communication with staff. • Recent contest to design a Health Agency logo was noted as a great start towards developing an Agency identity and culture.

Study Contributors

The key authors of this study were Denise Callahan, Susan Hoffman and Kenneth W. Kizer, MD, MPH. We provide a brief profile of their background.

Greg Matayoshi and Kate Kousser assisted with the implementation of the study.

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