November 12, 2019

Los Angeles County Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

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

FROM: Jonathan E. Sherin, M.D., Ph.D.
Director, Department of Mental Health

Christina R. Ghaly, M.D.
Director, Department of Health Services

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director, Department of Public Health

SUBJECT: **PROPOSED STRUCTURE, INITIATIVES, AND METRICS FOR HEALTH AGENCY INTEGRATION (ITEM # 14 FROM THE SEPTEMBER 10, 2019 BOARD MEETING)**

On September 10, 2019, the Board of Supervisors (Board) instructed the Directors of the Departments of Mental Health (DMH), Health Services (DHS), and Public Health (DPH) to report back to the Board in 60 days on a proposed structure, in the absence of a Health Agency Director, that would support the Departments in making substantial progress toward implementing shared projects and fostering interdepartmental integration; a list of proposed initiatives and associated metrics that will be used as accountability tools to measure the success of such a proposed structure; and to consult with labor unions, community stakeholders, other public entities and any relevant County Department on the structure and proposed initiative.

Enclosed please find the proposed structure and draft list of initiatives that were developed by DMH, DHS, and DPH in consultation with a variety of internal and external community stakeholders, Commissions, organized labor unions, and other public entities.

We look forward to receiving your input on the proposed structure, initiatives and metrics. If you have any questions or concerns, please feel free to contact us.

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Enclosures

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

THE LOS ANGELES COUNTY ALLINACE FOR HEALTH INTEGRATION: A PROPOSAL WITH SAMPLE OBJECTIVES AND METRICS

Revised 11/12/2019

PURPOSE

The Health Departments (DPH, DMH, and DHS) propose forming an Alliance for Health Integration (AHI) to improve the health and well-being of Los Angeles (LA) County residents by aligning and efficiently implementing Board-approved prevention, treatment and healing initiatives that require the collaborative contributions of the three health departments in a manner that supports our workforce, builds partnerships, promotes health equity, and respects each department's unique charge and scope.

PROPOSED AHI STRUCTURE, DECISION-MAKING AND ACCOUNTABILITY PROCESSES

The three health department directors (Directors) propose that they, as a shared governance team (consensus decision-making) working in close and ongoing collaboration with the Board, assume primary responsibility and accountability for:

- Engaging with the Board, labor partners, and community stakeholders to establish AHI priorities;
- Establishing a set of County goals for the AHI;
- Identifying and implementing specific projects to support these goals;
- Selecting key short and long-term outcome metrics for each project;
- Developing project implementation plans;
- Achieving success based on realizing desired metrics;
- Preparing reports for the Board and stakeholders to track progress and identify challenges;
- Hiring AHI staff (including Chief Operations Officer (COO), administrative support and project managers).

The Directors will annually rotate an AHI lead facilitator role; the facilitator responsibilities include:

- Facilitating AHI meetings;
- Ensuring timely responses and follow-up on action items;
- Serving as primary department director point of contact for AHI;
- Providing primary day-to-day support for AHI COO.

The Directors will strive for consensus on all decisions related to managing and supporting AHI activities. When consensus cannot be reached and there is still the desire to take a specific action on a cross-Department initiative, two directors may choose to move an action forward relying on the operations and finances of their own departments and not the dissenting department. In these situations, initiatives will be reassessed on a quarterly basis and modified when appropriate to facilitate full participation of all three departments.

PROPOSED AHI STAFFING AND FUNDING

A dedicated COO, hired by and reporting to the Directors to oversee the implementation of AHI projects, would supervise a small group of project managers with discrete skills who are tasked to facilitate effective collaboration across departments. The COO will report to the Directors with the Department Director serving as the current rotating AHI facilitator providing primary supervision and support. The COO will oversee implementation of AHI projects, maintain a focus on health policy and finance initiatives, and ensure effective planning to realize annual metrics and long-term goals. The COO will serve as the point person on integration activities and communications across the three departments.

The Directors propose to use the seven staff-level items allocated to the Agency to staff the AHI. Given that these items already exist in a budget unit, they would be used as currently allocated, with the name of the budget unit being changed in a future budget adjustment/phase.

Financing AHI activities will continue to be shared among the three departments, and when appropriate, the departments will approach other departments and funders for funding. Shared AHI staffing and core infrastructure costs will be assigned as follows: 50% DHS, 35% DMH, and 15% DPH. All other AHI costs will be distributed based on the availability of funds within, or capacity to raise or leverage matching funds by, the three departments.

AHI PRIORITIES AND OBJECTIVES

The following proposed priorities and objectives have been shared among various stakeholders, including department leadership teams, union partners (LMTC), all health-affiliated County Commissioners, and various community stakeholders. Attached are possible strategies and metrics aligned with each priority.

Priority 1: Integration and Development of Prevention, Treatment and Healing Services

1.1 Provide comprehensive services across the care continuum to those in most need of County and County-funded health services; this includes people struggling with homelessness, housing insecurity, mental illness, substance use disorders, and/or incarceration and re-entry.
1.2 Optimize access to prevention and health promotion/education services.
1.3 Ensure all children, adolescents, and families engaged with the Department of Children and Family Services (DCFS) have timely access to integrated mental health, substance use, and physical health services.
1.4 Optimize use of clinical resources to promote health, improve outcomes, efficiently use scarce resources, and allow all individuals to be cared for in the least-restrictive, most clinically appropriate setting.

Priority 2: Reduction of Health Inequities.

2.1 Reduce racial/ethnic gaps in birth outcomes by offering appropriate home-based support, ensuring reproductive health services, integrating mental health, tobacco and substance use prevention and treatment services, aligning systems and policies, and investing in community-based organizations addressing root causes of health inequities.
2.2 Reduce STIs/HIV through policy and system change; enhanced provider trainings; improved collaborations with health plans, community-based organizations and residents; increased culturally appropriate services; and support for integrated sexual and mental health services for adults and youth.
2.3 Reduce threats to health and well-being from exposures to violence, trauma, and environmental hazards through expanded prevention and healing efforts; partner with communities to address root causes of violence and to eliminate exposures to environmental hazards.
2.4 Deliver culturally and linguistically appropriate care to all patients, clients, customers and community members.

Priority 3: Improvement of Organizational Effectiveness

3.1 Fully implement Just Culture in partnership with labor to identify and address challenges and identify solutions that strengthen our collective capacity to do our best work.
3.2 Partner with labor in efforts to improve employee engagement at all levels of each Department's organization to ensure high quality services, employee retention and job satisfaction.
3.3. Redesign and/or streamline contracting, contract monitoring, billing, IT, data integration, and HR processes on an as-needed basis to enhance other cross-Departmental integration efforts and reduce burdens on contracted agencies.

PROPOSED ALLIANCE FOR HEALTH INTEGRATION PRIORITIES AND STRATEGIES

Revised 11/12/2019

Priorities	Objectives	Strategies	Metrics
1. Integration and Development of Prevention, Treatment and Healing Services.	1.1 Provide comprehensive services across the care continuum to those in most need of County and County-funded health services; this includes people struggling with homelessness, housing insecurity, mental illness, Substance Use Disorders (SUD), and/or incarceration and re-entry.	1.1.1 Establish Restorative Care Villages at County health campuses.	1.1.1.1 Open Behavioral Health Center on the Martin Luther King (MLK) Campus according to current Department of Public Works (DPW) schedule. 1.1.1.2 By June 2020, establish timelines/plans to develop and open facilities on other County Campuses.
		1.1.2 Provide our clients, including the uninsured, with seamless access to integrated health services through County directly operated and County-funded programs.	1.1.2.1 By June 2021, increase the number of My Health LA (MHLA) participants receiving SUD treatment services by 50% (from 570 to 855). 1.1.2.2 By June 2020, create and implement a supplemental capitated rate, funded by DMH, for uninsured clients served at MHLA and DHS sites to support the provision of prevention and prolonged engagement mental health services. 1.1.2.3 By June 2020, increase by at least 50% the number of DHS patients per month who a) complete the American Society of Addiction Medicine (ASAM) SUD assessment, b) receive DMC-billable

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Priorities	Objectives	Strategies	Metrics
			SUD counseling, and c) receive medications for opioid and/or alcohol use disorders. 1.1.2.4 By June 2021, execute contracts and/or MOU's to allow DHS primary care clinics to provide and receive payment for provision of mild, moderate, and serious mental health services and SUD services. 1.1.2.5 By June 2020, identify space where physical health services (primary care and/or urgent care) can be delivered in existing directly operated DMH outpatient clinics. 1.1.2.6 By March 2021, establish direct electronic referral and appointment pathways between DPH, DMH and DHS clinical services; train staff on new processes; and establish a monthly report to track the number of referrals through this new process and consult/appointment turnaround times. 1.1.2.7 By June 2021, create a single phone number that routes callers to key services and programs provided by all three Departments.
		1.1.3 Aid in healing and community reintegration by expanding and coordinating a network of community-based services for our most vulnerable populations who are struggling with mental	1.1.3.1 By December 2020, complete landscape assessment of SUD diversion programs nationwide; develop and begin implementation of LA County SUD diversion program.

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Priorities	Objectives	Strategies	Metrics
		illness, addictions, and chronic health problems as well as co-morbid social conditions including justice involvement and homelessness.	1.1.3.2 By June 2020, define a set of strategies to maximize external funding, including but not limited to Medicaid reimbursement, for diversion initiatives. 1.1.3.3 By December 2020, increase Full Service Partnership (FSP) and/or clinic-based services sufficient to accommodate referrals for Board-approved Hub expansion locations (estimated 100 new clients/month) and MIST-CBR program (estimated 250 new clients/year). 1.1.3.4 By December 2020, offer SUD and mental health services onsite to patients in interim housing settings, including assessment of clients' needs, provision of onsite services, and transition of clients to community-based providers once they exit interim housing. 1.1.3.5 By December 2020, expand real-time residential SUD treatment to unsheltered clients and those in interim or permanent housing sites by at least 10%.
		1.1.4 Simplify the process for obtaining access to coverage as well as County-organized or County-run health programs.	1.1.4.1 By June 2020, catalog and train cross-departmental registration staff on existing coverage options and programs available for uninsured individuals and the services covered by each. 1.1.4.2 By December 2020, identify options to align programs for the uninsured that

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Priorities	Objectives	Strategies	Metrics
			are within the County's discretion, including the Ability to Pay (ATP) and MHLA programs.
	1.2 Optimize access to prevention and health promotion/education services	1.2.1 Design Community Wellness Complexes at existing clinics that offer a set of clinical services, a Healing and Trauma Prevention Center, a Connecting to Opportunities for Recovery and Engagement Center, along with an array of health education and promotion initiatives.	1.2.1.1 By June 2021, open at least one Community Wellness Complex in each Supervisorial District.
		1.2.2 Enhance health promotion offerings to patients/clients seen in County facilities.	1.2.2.1 By June 2020, expand use DMH, DHS, and DPH's patient portal health education and patient engagement functionality to 20% of eligible patients.
		1.2.3 Implement rollout of consistent process for addressing social determinants of health and for intervention/referral for needed services and support.	1.2.3.1 By June 2021, implement a platform/system across all three Departments that can serve as a common and comprehensive database for organizing and facilitating access to community resources.
	1.3 Ensure all children, adolescents, and families engaged with DCFS have timely access to integrated mental health, substance use, and physical health services	1.3.1 Increase capacity and capabilities of Medical Hubs	1.3.1.1 By June 2020, fill at least 75% of the newly allocated Medical Hub positions. 1.3.1.2 By December 2020, in partnership with other County stakeholders, implement joint training in trauma-informed care for staff working in the Medical Hubs. 1.3.1.3 By December 2020, in partnership with other County stakeholders, develop roles and responsibilities for all co-located DPH, DMH, and DHS staff working in Medical Hubs, including

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Priorities	Objectives	Strategies	Metrics
			integration of public health nursing team into care management workflows.
	1.4 Optimize use of clinical resources to promote health, improve outcomes, efficiently use scarce resources, and allow all individuals to be cared for in the least-restrictive, most clinically appropriate setting.	1.4.1 Enhance and expand community-based behavioral health systems of care.	1.4.1.1 By December 2021, open an additional 200 units of open residential and 200 locked sub-acute mental health treatment beds.
		1.4.2 Develop cross-departmental expected clinical practices for screening and management of acute communicable diseases, including measles and tuberculosis.	1.4.2.1 By December 2020, develop expected practice protocols in three clinical areas that overlap between DPH, DMH, and DHS.
		1.4.3 Improve transition of care for patients with physical and/or behavioral health conditions, in between departments and levels of care including acute, sub-acute, post-acute care, and community-based mental health and SUD beds and services.	1.4.3.1 By December 2020, reduce total number of days patients in DHS acute psychiatric hospitals are awaiting lower level of psychiatric care by 25%. 1.4.3.2 By December 2021, reduce total number of days patients in DHS acute psychiatric hospitals are awaiting lower level of psychiatric care by 50%.
2. Reduction of Health Inequities.	2.1 Reduce racial/ethnic gaps in birth outcomes by offering appropriate home-based support, ensuring reproductive health services, integrating mental	2.1.1 Provide training and technical assistance on screening and referral pathways to community partner providers that may encounter pregnant women with mental health and SUD needs.	2.1.1.1 By September 2020, implement a flexible home visiting program to support 50 pregnant women struggling with SUDs and mental health illness.

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Priorities	Objectives	Strategies	Metrics
	health, tobacco and substance use prevention and treatment services, aligning systems and policies, and investing in community-based organizations addressing root causes of health inequities.		
		2.1.2 Increase the use of screening for reproductive preferences (e.g., One Key Question) and provision of contraception when an unmet need is identified.	2.1.2.1 By June 2020, pilot screening of reproductive health preferences at 10 sites where women receive SUD, mental health, and primary care services.
	2.2 Reduce STIs/HIV through policy and system change; enhanced provider trainings; improved collaborations with health plans, community-based organizations and residents; increased culturally appropriate services; and support for integrated sexual and mental health services for adults and youth.	2.2.1 Provide students at every Student Wellbeing Center (SWC) with health education, prevention tools, sexual health services, and information on youth diversion and re-entry programs.	2.2.1.1 By June 2021, ensure 75% of students at each school participate in SWC activities. 2.2.1.2 By June 2022, all students requesting additional support receive appropriate referrals and connections to requested services. 2.2.1.3 By June 2023, achieve 15% decrease in chlamydia rates at SWC sites.
	2.3 Reduce threats to health and well-being from exposures to violence, trauma, and	2.3.1 Healing and Trauma Prevention Centers are established in each district by 2021 offering integrated clinical and emotional	2.3.1.1 By June 2021, open one healing center in each district that is partnered with at least five community-organizations to guide and support programming.

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Priorities	Objectives	Strategies	Metrics
	environmental hazards through expanded prevention and healing efforts; partner with communities to address root causes of violence and to eliminate exposures to environmental hazards.	support for survivors and prevention-oriented activities for community members.	
		2.3.2 Reduced exposure to lead for children under six and pregnant women through increased screening and mitigation of lead exposures.	2.3.2.1 By December 2021, achieve 5% increase in lead screenings (and treatment when appropriate) for children living in communities with significant exposure to lead. 2.3.2.2 By December 2022, 500 homes occupied by low-income residents with young children have had the lead paint abated.
	2.4 Deliver culturally and linguistically appropriate care to all patients, clients, customers and community members.	2.4.1 Develop and implement uniform policies, protocols, and contracts that support provision of high-quality translation and interpretation services.	2.4.1.1 By June 2020, improve Electronic Health Record documentation of interpretation preferences to at least 90% of active patients. 2.4.1.2 By June 2021, re-assess all active non-English language patients to ensure proper identification of the need for interpretation services. 2.4.1.3 By June 2022, achieve a 20% increase in the percent of non-English-speaking individuals who indicated a preference for interpretation services who are documented to having received it.

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Priorities	Objectives	Strategies	Metrics
3. Improvement of Organizational Effectiveness.	3.1 Fully implement Just Culture in partnership with labor to identify and address challenges and identify solutions that strengthen our collective capacity to do our best work.	3.1.1 Enhance and promote ongoing compliance with Just Culture training.	3.1.1.1 On an on-going basis, ensure 95% of all active supervisors and managers are trained in Just Culture principles and appropriately using the Just Culture algorithm. 3.1.1.2 On an ongoing basis, ensure 95% of all active employees complete the online Just Culture training.
		3.1.2 Develop a Fiscal Year (FY)19-21 strategic plan with Labor Management Transformation Council (LMTC) labor partners for Just Culture implementation.	3.1.2.1 By June 2020, complete LMTC strategic plan for implementation of Just Culture.
		3.1.3 Review and align top 10 Department-specific policies, procedures, and forms relating to Just Culture policy.	3.3.3.1 By June 2021, revise departmental policies and suggest revisions to departmental discipline guidelines to be consistent with Just Culture principles.
	3.2 Partner with labor in efforts to improve employee engagement at all levels of each Department's organization to ensure high quality services, employee retention and job satisfaction.	3.2.1 Administer an employee engagement/satisfaction survey tool(s) across all three departments by June 2020 that measures engagement at all levels of the organization.	3.2.1.1 By June 2020, complete employee engagement survey.
		3.2.2 Through the LMTC, convene a sub-committee with labor partners to develop a marketing/communication plan to maximize employee interest/participation in the	3.2.2.1 By December 2020, launch improvement projects based on opportunities identified in employee engagement survey.

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Priorities	Objectives	Strategies	Metrics
		survey, review survey results as compared to benchmarks, communicate results to front-line staff, and identify a project(s) across the departments to improve workforce engagement as one component of each Department's improvement efforts.	
	3.3 Redesign and/or streamline contracting, contract monitoring, billing, IT, data integration, and Human Resources (HR) processes on an as-needed basis to enhance other cross-Departmental integration efforts and reduce burdens on contracted agencies.	3.3.1 Convene an HR Subject Matter Expert workgroup to identify the top three shared Health Department classifications where class specification revisions are most critical and collaboratively engage the Chief Executive Office (CEO) to develop the necessary revisions.	3.3.1.1 By June 2020, submit recommendations for class-spec revisions to CEO.
		3.3.2 Streamlined process for executing contracts with vendors shared by two or three of the health departments.	3.3.2.1 By June 2020, streamline process for executing contracts shared by more than one department.
		3.3.3 Develop a proposal to provide to the Department of Human Resources and Board on modifying the County's mandatory County training rules and adapting them for a health-related environment.	3.3.3.1 By December 2020, submit recommendations on revising mandatory County training rules to the CEO, DHS, and Board.

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Priorities	Objectives	Strategies	Metrics
		3.3.4 Enhance the efficiency and cost-effectiveness of IT operations at the three health departments through the implementation and use of shared technology platforms.	3.3.4.1 By December 2020, implement at least three shared platforms.
		3.3.5 Investigate feasibility and cost-effectiveness of shifting to virtual data center in support of three health departments and aligned with County strategy.	3.3.5.1 By June 2021, complete feasibility and impact analysis for shift to virtual data center.

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