

# **THE LOS ANGELES COUNTY ALLIANCE FOR HEALTH INTEGRATION: A Proposal with Sample Objectives and Metrics**

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## **PURPOSE**

The Health Departments (DPH, DMH, DHS) propose forming an Alliance for Health Integration (Alliance) that strengthens innovation and collaboration in order to make significant improvements in health outcomes for LA county residents. The Alliance will focus on integrating funding, systems, policies, and practices across the three departments. The Alliance aims to help address the humanitarian crises in LA County by attending to the myriad health needs of our most vulnerable who are suffering from complex diseases that, alongside social and economic pressures, often lead to homelessness, incarceration and despair.

The Alliance is structured in a manner that allows the three health departments to select and implement a series of intentional, integrated actions and activities to achieve measurably improved health outcomes for county residents in most need. By aligning and efficiently implementing prevention as well as treatment and healing initiatives that compel collaborative contributions from the three health departments, the Alliance will better support our workforce, build our partnerships and promote health equity across the County while still respecting each department's unique charge and scope. With a new structure equipped for implementation, we will empower bold action, seize opportunities, address long-standing challenges, and realize results.

## **PROPOSED ALLIANCE 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 Alliance priorities;
- Establishing a set of County goals for the Alliance;
- Implementing specific actions, including innovative programs, projects, and policies, to support these goals;
- Selecting key short and long-term outcome metrics for each action;
- Developing project implementation plans, including funding sources, needed to achieve each action;
- Achieving success based on realizing desired metrics;
- Preparing reports for the Board and stakeholders to track progress and identify challenges;
- Hiring Alliance staff (including a senior-level Chief Operations Officer (COO), administrative support and project managers).

The Directors will annually rotate an Alliance chair; the chair responsibilities include:

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

The Directors will strive for consensus on all decisions related to issues that involve or impact more than one Department and on prioritizing, managing, and supporting Alliance activities. An ambitious action plan has already been drafted and agreed to by the Department Directors that describes priority focus areas, strategies and activities, and a set of metrics to measure progress. Under the direction of the Alliance COO, project teams comprised of appropriate staff from each department, will be established to integrate work efforts across the

three departments, relying on networking structures to support execution of action plans. This model has already been used to integrate IT efforts across the three departments and to establish a set of common HR priority work efforts. If, in the future, there is a need for re-structuring within a department or across the three departments to facilitate integration, the COO and the Department Directors will engage with the CEO to review and implement proposed changes. Issues that need ongoing negotiation among the three department directors related to priorities, staffing assignments and revenue allocations will be presented by the COO for consideration and adopted, using rules of consensus, by the three directors. This may require modifications of the original proposal while leading to agreement for subsequent actions by the three department directors.

### **PROPOSED ALLIANCE STAFFING AND FUNDING**

A dedicated senior-level COO (equivalent of an Alliance Chief Deputy) hired by and reporting to the three Directors will oversee and drive the implementation of Alliance projects with support from a small group of project managers who are tasked to facilitate effective interdepartmental collaboration. The COO duties will include managing and implementing Alliance projects, managing the Alliance budget unit (personnel items), integrating health policy and finance initiatives, and ensuring effective planning to realize incremental metrics and long-term goals. The COO will serve as the point person on shared activities and communications across the three departments for County and non-County stakeholders, including with organized labor with respect to Labor Management Transformation Council initiatives. The attached draft job description outlines the primary responsibilities for the COO and includes an organizational chart describing the Alliance structure.

The Directors propose to use the seven staff-level items allocated to the Agency to staff the Alliance. Given that these items already exist in a standalone 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 Alliance activities will continue to be shared among the three departments, and when appropriate, the departments will approach other departments and funders for funding. Shared Alliance staffing and core infrastructure costs will be assigned as follows: 50% DHS, 35% DMH, and 15% DPH. All other Alliance costs will be distributed based on the availability of funds within, or capacity to raise or leverage matching funds by, the three departments. Significant projects will have clearly defined budgets that leverage existing funding sources as well as potential supplemental sources of funding.

### **ALLIANCE 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, incarceration and re-entry, Veterans, and/or other vulnerable populations.
- 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.

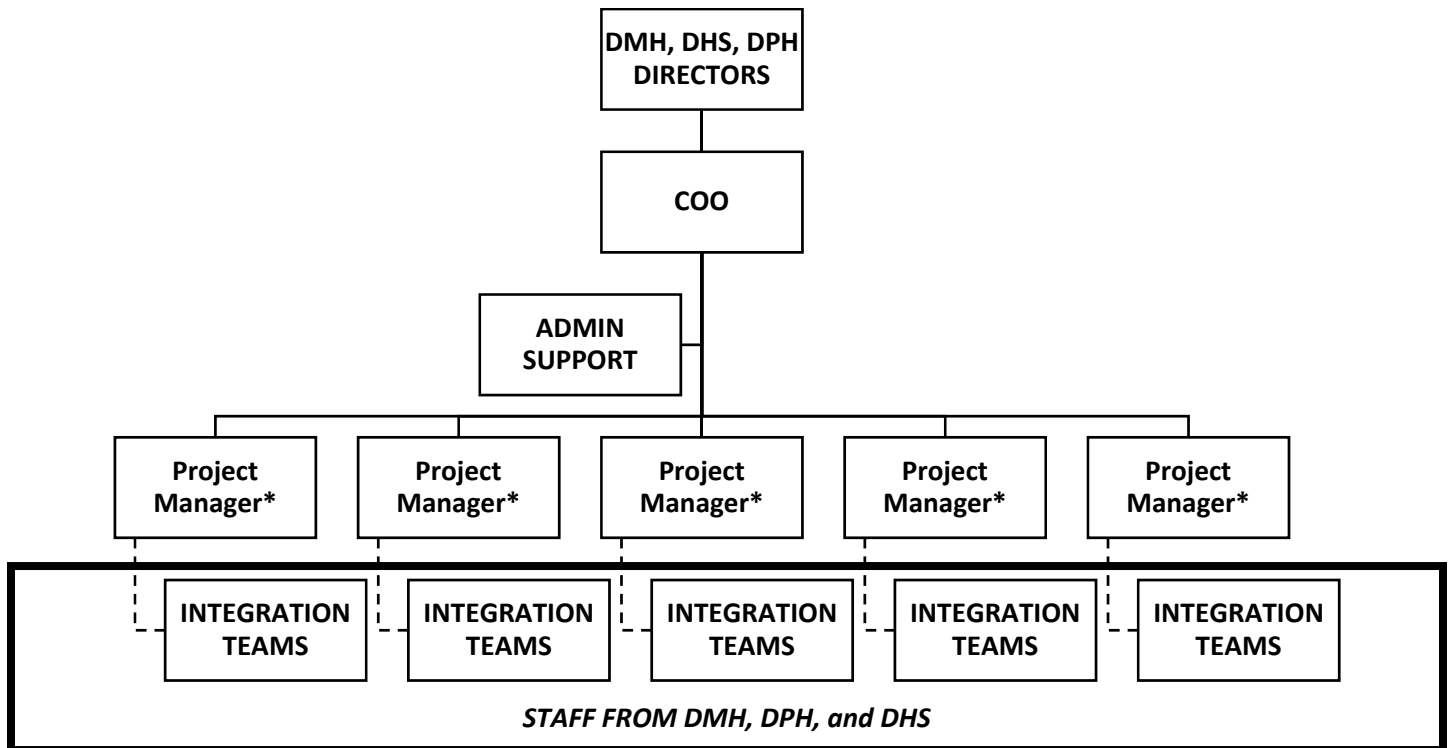
**Priority 3: Improvement of Organizational Effectiveness**

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.

**ALLIANCE ORGANIZATIONAL CHART**



\*PMs facilitate integration teams