

MOTION BY SUPERVISOR LINDSEY P. HORVATH

October 20, 2026

Improving Health Departmental Integration

Individuals have unique health care needs that span across the three Los Angeles County health departments: Los Angeles Health Services (LAHS), Department of Mental Health (DMH), and Department of Public Health (DPH). To ensure improved access and delivery of healthcare, over the last few years, the Los Angeles County Board and the three health departments have explored how to better collaborate and integrate.

On August 11, 2015, the Board adopted a [motion](#) to develop the Health Agency to create an overarching structure focused on health integration while preserving the distinct functions of the three health departments. The Health Agency model included the creation of a budget unit, director, and staff, as well as noting the relationship between LAHS, DMH, and DPH, with each department maintaining separate status as County departments. The Health Agency structure was formally approved by the Board on September 29, 2015, via adoption of a corresponding ordinance in the County code.

In the absence of a Health Agency Director, on February 18, 2020, the Board adopted a [motion](#) to transition the Health Agency via a pilot, to the Alliance for Health Integration (AHI). AHI was established as a shared governance team with funding from

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the three health departments. It was tasked with supporting the health department's workforce, building partnerships, and promoting health care access across the County while still respecting each of the department's unique charge and scope. AHI was charged with the following priorities: 1) Integrate and develop prevention, treatment, and healing services; 2) Improve access to health care; and 3) Improve organizational effectiveness. While the Board transitioned from the Health Agency to AHI, the County Code was not amended to formally establish AHI. As a result, the Health Agency remains the entity codified in the County Code, and the positions and budget structure supporting AHI continue to reside within the framework originally established for the Health Agency.

On March 1, 2023, AHI's 6.0 staff were transitioned to DMH to address urgent operational needs. As AHI was no longer generating expenses, each department redirected the funding within their respective departments to fund other existing needs. AHI, as an organization unit has remained with no funding or positions. Board action is required to delete the Health Agency/AHI budget unit from the County Ordinance to zero out the budget.

On May 21, 2024, the Board adopted the [motion](#), "Next Steps for the Alliance for Health Integration", directing the Chief Executive Office (CEO), in collaboration with the health departments to retain a consultant to conduct an evaluation of AHI and provide recommended options for Board consideration. The recommendations would support the collaboration between the three health departments to improve access to comprehensive health care. The report prepared by TurningWest Inc. (Consultant) was included in the CEO's [report back](#) to the Board on March 11, 2025.

The Consultant facilitated 39 individual and group interviews with the Board's health deputies; former AHI staff; LAHS, DMH, and DPH leadership and staff; other County departments; and external stakeholders, including representatives from labor and community-based organizations. This discovery process found that:

- AHI was challenged by organizational limitations;
- There was misalignment between the collaboration needs of health departments and the task of AHI;
- A perception gap exists in how much "collaboration" is occurring; and
- Effective collaboration requires both formal and informal structures.

The Consultant developed comprehensive criteria for analyzing eight organizational design options. The options fell across a continuum from the least restrictive to the most formal structure and were scored using a Decision Matrix Scale (ranging from 0 – 20 points). The options consisted of the following:

1. Implement No Change (7 points)
2. Increase Communication (16 points)
3. Create Collaborative Forum (18 points)
4. Establish Collaborative Units within the Health Depts (11 points)
5. Reinstate AHI as Independent Unit (10 points)
6. Reinstate AHI Reporting to the CEO (9 points)
7. Create Supra-Ordinate Structure Over the Health Depts (9 points)
8. Merge the Health Departments (10 points)

The report recommends that, in lieu of a formal AHI structure, the three health departments establish a collaborative forum, where the three health department directors

and key staff come together monthly. Since the publishing of the report the three health department Directors have increased communication, which transitioned to collaborating closely on several important issues. It is unclear how effective increased communication has been, or if a formal structure is needed to ensure that the three health departments are better leveraging programming, resources and funding, and ensuring that there is no wrong door to access services across the three departments.

During these uncertain financial times, it is critical that collaboration among the three health departments and other departments is strengthened to better leverage existing resources so that we may better provide healthcare for vulnerable populations. Individuals' unique healthcare needs can only be fully addressed if comprehensive care is available and accessible.

I, THEREFORE MOVE that the Board of Supervisors direct:

1. County Counsel to, in the next 180 days, amend the County Code to repeal Chapters 2.73 and 6.83, Los Angeles County Health Agency, and any other amendments to the County Code necessary to effectuate that change, and return to the Board for any additional authorities required; and
2. The Chief Executive Office to, in the next 180 days, take all administrative and budgetary steps necessary to close the Health Agency in a future budget phase.

I, FURTHER MOVE that the Board of Supervisors direct Los Angeles Health Services (LAHS), the Department of Mental Health (DMH), and the Department of Public Health (DPH) to report back verbally in Health Cluster and in writing to the Board in 60 days on the extent and effectiveness of existing increased communication among the three health departments on efforts to coordinate services, programs, policies, funding,

data, and operations for populations and priorities that cross departmental responsibilities. The report should include, but not be limited to the following:

1. Identify how the three health department Directors and staff are collaborating, and the frequency.
2. A summary of significant collaborative projects.
3. A framework for continued regular engagement among the three department heads and report to the Board in writing biannually on the status of significant collaborative efforts, including successes and barriers. The report should include but is not limited to notable collaboration with the Department of Homeless Services and Housing (HSH), as well as other county departments whose responsibilities intersect with health-related funding, populations, services or outcomes.

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