SACHI A. HAMAI
Interim Chief Executive Officer

County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

"To Enrich Lives Through Effective And Caring Service"

September 29, 2015

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

14 September 29, 2015

PATRICK OGAWA
ACTING EXECUTIVE OFFICER

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

APPROVE THE STRATEGIC PRIORITIES AND OPERATIONAL FRAMEWORK FOR THE LOS ANGELES COUNTY HEALTH AGENCY

(ALL DISTRICTS)

(3 VOTES)

SUBJECT

Approval of the Strategic Priorities and Operational Framework for the Los Angeles County Health Agency (Health Agency).

IT IS RECOMMENDED THAT THE BOARD:

Approve the Strategic Priorities and Operational Framework for the Health Agency as developed by the temporary Health Agency Steering Committee.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On August 11, 2015, the Board directed the Interim Chief Executive Officer to create a temporary steering committee ("Steering Committee"), comprised of the Directors of Health Services (DHS), Mental Health (DMH), Public Health (DPH) and the Public Health Officer, to develop within 45 days, taking into account input from community stakeholders, a strategic plan and operational framework for integrating the three Departments with priorities, specific outcome measures and a preliminary associated workplan.

The Strategic Priorities and Operational Framework as developed by the Steering Committee are attached. Five public convenings were held to obtain input from community stakeholders on the draft version of these documents. Formal written comments were also accepted and were taken into account in this final report to the Board.

During the August 11, 2015 Board meeting, the Steering Committee was also asked to consider creation of a Community Prevention and Population Health Task Force (Task Force). DPH is taking the lead role in developing and supporting the Task Force. This Task Force will play a key role in promoting healthy, equitable communities by making recommendations to the Board of Supervisors, the Health Agency, and DPH on improving health equity and population health in Los Angeles County. The Task Force will oversee DPHs ongoing County-wide community health planning efforts to improve the population health for all Los Angeles County community members, with a particular focus on guiding the development and implementation of the Community Health Improvement Plan (CHIP). The CHIP is a 5-year strategic plan for DPH and community stakeholders to collectively improve the health of all residents. In addition, the Task Force will create connections between the CHIP and other key plans and initiatives in Los Angeles County with similar goals, such as the DMH's "Health Neighborhoods" initiative which aims to improve coordination of services for behavioral and personal health and address social determinants of health, such as poor housing and poverty.

A draft proposal for the Task Force was developed and shared with community stakeholders at a September 23, 2015 public meeting. The draft proposal will be revised to incorporate feedback from stakeholders and submitted to the Board of Supervisors under separate cover. The draft proposal contains recommendations for the Task Force's mission, responsibilities, size, member terms, selection process, as well as the desired qualifications of Task Force members.

Implementation of Strategic Plan Goals

The recommended action supports Goal 1 - Operational Effectiveness and Goal 3 - Integrated Services Delivery.

FISCAL IMPACT/FINANCING

None.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

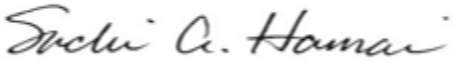
The recommended Strategic Priorities and Operational Framework take into consideration the input received from community stakeholders at the public convenings and throughout the public comment period, and reflect the Steering Committee's efforts to develop and fulfill the Health Agency's mission to improve the health and wellness of Los Angeles County residents through the provision of coordinated care and services.

The Steering Committee considers the strategic priorities to be three-year goals. Progress in each of the priorities over the next three years would yield substantial benefits to the residents of Los Angeles County and will require significant collaboration across each of the three Departments. Specific action steps and metrics, including indicators by sub-population and region/SPA where relevant, will be developed and modified over time. Overall progress in achieving these priorities will be shared in the quarterly updates to the Board on the Health Agency. Stakeholder input for specific priorities/goals will continue to be obtained over time in a manner and from groups/individuals relevant for each priority.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Your approval of this recommendation will improve access, health outcomes, and system efficiency.

Respectfully submitted,



SACHI A. HAMAI
Interim Chief Executive Officer

SAH:CRG:jp

Enclosures

c: Executive Office, Board of Supervisors
County Counsel
Auditor-Controller
Health Services
Mental Health
Public Health

Los Angeles County Health Agency Strategic Priorities
September 29, 2015

Consumer Access to and Experience with Clinical Services

Strategic Priority: Streamline access and enhance customer experience for those who need services from more than one Department, including by promoting information-sharing, registration, care management, and referral processes, training staff on cross-discipline practice, and increasing co-location of services.

Goal 1: Implement staff workflow processes and technical infrastructure necessary to ensure clients can access services in another Department without having to duplicate registration, financial screening, and eligibility/determination processes; where prudent, align Departments' financial policies governing eligibility and payment for services from self-pay individuals.

Goal 2: Develop joint care management plans for individuals served by more than one Department.

Goal 3: Implement Agency-wide referral processes and technical infrastructure and train staff on protocols through which clients can be identified and referred directly to services in or funded by another Department.

Goal 4: Expand number of directly-operated and contracted clinical sites at which individuals can receive co-located physical, mental, substance use, and public health services; train staff to effectively work within co-located sites.

Goal 5: Successfully implement DHS' Electronic Health Record (EHR) "ORCHID" at all DPH sites that deliver health care services suitable for ORCHID implementation.

Goal 6: Determine best short- and long-term course of action with respect to the secure sharing of personal health information, in a manner consistent with all applicable state/federal privacy and security regulations, on clients shared between DMH and DHS/DPH, including consideration of a Cerner Hub approach vs. potential shift to a single EHR with appropriate interfaces to contracted partners as needed to ensure efficient billing mechanisms.

Proposed outcome metrics:

- Number of DPH sites that have completed ORCHID implementation
- Board-approval of short- and long-term method for sharing clinical information between DMH and DHS/DPH
- Adoption of common registration, financial screening, and eligibility processes
- Increased number of staff cross-trained to properly identify and manage and/or refer individuals needing care within another domain
- Increased number of referrals between Departments that are appropriately dispositioned using a streamlined referral process; wait time to access services/programs post-referral
- Increased number of individuals with care plans incorporating more than one system
- Increased number of staff trained on effective care management practices within co-located clinical sites
- Increased number of individuals provided with multi-departmental services (directly operated and as contracted via the County) within co-located sites
- Enhanced customer experience as measured by surveys or other standard tools

Major organizational next steps:

- Map scheduling, registration, financial clearance/screening, and referral processes in each Department; convene a work group from the three Departments to determine how best to harmonize differences.
- Convene Health Agency IT Leadership Council comprised of technical and business leadership from each Department to ensure IT-related strategy and decisions made within each Department balance Agency-wide and Department-specific interests.
- Hire external consultant to perform a detailed, objective assessment of the best way to share information across the three Departments, understanding the needs of community partners and the complexity of financial/billing functions and responsibilities, including consideration of a health information exchange, interfacing existing applications, and implementation of an enterprise, single EHR for clinical functions.
- Convene a Health IT Task Force, including representation from DHS, DMH, DPH, Probation, Sheriff, CIO, and CEO, to assist consultants in the above evaluation, providing open access to their specific Department's resources and IT infrastructure, to ensure the outcome of the consultant's report outlines clear recommendations, to be delivered to the Board of Supervisors (BOS), regarding best short-and long-term strategy with respect to sharing/accessing clinical information; other County Departments (e.g., DCFS) should be consulted and involved as needed.
- Assess availability of space at all directly-operated clinical sites, including potential for space swaps.
- Evaluate and, where appropriate, develop mechanisms to align existing processes for obtaining input from clients/consumers/patients on service/program quality and customer experience, (e.g., surveys, complaints and grievances).

Housing and Supportive Services for Homeless Consumers

Strategic Priority: Develop a consistent method for identifying and engaging homeless clients, and those at risk for homelessness, across the three Departments, linking them with integrated health services, housing them, and providing ongoing community and other supports required for recovery.

Goal 1: Evaluate and reconfigure, as needed, housing and homeless services within the Agency and Departments to facilitate improved outcomes for homeless clients, including but not limited to the reduction/elimination of eligibility barriers and greater sharing of Departmental resources, to ensure that resources are available to homeless clients regardless of where they present.

Goal 2: Develop an accurate way to identify homeless clients, and those at risk of homelessness, currently served across the three Departments (e.g., development of a real-time unduplicated database, flag within shared client record) for the purpose of identifying priority clients who are determined to be likely to benefit from services from multiple Departments to regain health and residential stability.

Goal 3: Develop and implement shared standards and practices for ensuring a full range of housing, health, and prevention services are able to be delivered to clients based on client-specific needs.

Goal 4: Improve and expand upon multidisciplinary street engagement teams capable of effectively engaging homeless people living outdoors throughout the County with the express goal of securing interim and permanent housing.

Goal 5: Develop and open a range of "bridge" residential services that provide low-barrier, welcoming programs (e.g., sobering centers; day centers with showers, meals, and health services; recuperative care; detox centers; stabilization housing; congregate supervised living; and other effective bridges to permanent housing) for homeless individuals with complex health conditions in high density neighborhoods (e.g., Skid Row, Hollywood, Venice) and in unincorporated areas of LA County.

Goal 6: Maintain a real-time inventory of available residential slots, funded and usable by all three Departments, that facilitate immediate placement of homeless clients into available interim and permanent residential options appropriately matched to various need indicators (e.g., accessibility, level of on-site services, neighborhood, age).

Goal 7: Obtain Medi-Cal coverage, when possible, and successfully link individuals, where clinically appropriate, to comprehensive, integrated health services that are delivered in a way that is tailored for the unique needs of homeless individuals.

Goal 8: Develop screening questions for those conditions that lead to homelessness that could be incorporated into the practices of all three Departments along with methods and plans to link individuals to needed supports and services as part of the delivery of health care, mental health and public health services.

Goal 9: Engage in policy development and technical assistance activities to enhance the availability of high-quality, affordable, stable housing stock within LA County.

Proposed outcome metrics:

- Increased number of families at risk for homelessness that are provided support services to prevent homelessness

- Decreased number of emergency department visits and ambulance transports of homeless individuals for non-emergency services
- Decreased rate of incarceration for non-violent offenses related to being homeless
- Increased number of homeless individuals newly placed in Permanent Supportive Housing (PSH), including breakdown by geography (e.g., Skid Row, unincorporated areas)
- Increased percent of individuals housed by the Departments who remain housed two years after initial placement
- Increased number of individuals incarcerated in LA County jails who are housed upon community re-entry (among those who otherwise would have been homeless upon release)
- Increased number of homeless clients able to be placed in interim or permanent housing on the same day they have been identified as willing to move into housing and/or receive services
- Among homeless individuals assigned to a DHS or community partner medical home, increased number with at least one primary care visit in the past 12 months
- Increased number of homeless individuals who are linked to physical, mental, and/or substance use services
- Increased number of homeless individuals assisted via street outreach efforts in areas of the County experiencing high concentrations of people living outdoors

Major organizational next steps:

- Analyze housing/homeless-specific services and current program eligibility criteria in each Department to determine what level of further integration/consolidation would be useful toward achieving improved outcomes for homeless people, how these efforts interact with non-health related efforts, how eligibility criteria can be aligned Agency-wide, and any areas of additional funding needed to expand services.
- Explore with IT and other appropriate parties the most effective way to develop and maintain a real-time database/log of shared clients who are homeless.
- In partnership with other County Departments and non-County community partners, develop a priority list of types of residential programs that are most in need and develop a specific timeline for bringing them online.
- Work closely with CEO Homeless initiative coordinator to ensure other County departments (e.g., Sheriff, Probation, CDC, Fire, DPSS, DCFS) are working together to build a County-wide service system for homeless individuals.
- Work with DPSS and Community and Senior Services to create necessary program linkages and supports.

Overcrowding of Emergency Departments by Individuals in Psychiatric Crisis

Strategic Priority: Reduce overcrowding of County Psychiatric Emergency Services (PES) and private hospital Emergency Departments (EDs) by children and adults in psychiatric crisis.

Goal 1: Increase alternatives to PESs and private EDs across all regions of LA County by establishing additional psychiatric urgent care centers and crisis residential services, augmenting the spectrum of lower levels of care to include psychiatric recuperative care and additional crisis stabilization capacity, expanding access to structured outpatient services accessible to those at/before a time of crisis, and fully implementing the Alcohol and Drug Medicaid benefit.

Goal 2: Improve the utilization of inpatient services by ensuring that individuals who can be managed in a less restrictive setting are dispositioned appropriately and that those who are admitted to inpatient units are discharged as soon as clinically appropriate.

Goal 3: Maximize federal funds available for the purchase of services or placements to support care to individuals in or recently in crisis.

Goal 4: Assess and redesign existing processes to improve audits of IMD utilization in order to reduce length of stay and thus reduce wait times for those in public and private inpatient psychiatric units.

Goal 5: Ensure law enforcement and community-based mental health assessment teams are adequately trained on the wide array of outpatient service, programmatic (e.g., case management) and placement options available to individuals in psychiatric crisis.

Goal 6: Evaluate options to increase the stock of private psychiatric inpatient beds (e.g., increasing rates, developing mechanisms to take advantage of changes in the IMD exclusion).

Proposed outcome metrics:

- Decreased average morning census of children and adults on involuntary holds in County PESs and private EDs
- Decreased administrative days as a percent of inpatient psychiatric days in public and private hospitals
- Increased number of visits to urgent care centers by individuals on involuntary holds and ultimate disposition type (e.g., home, PES/ED, inpatient admission, community-based placement)
- Decreased average length of stay in public and private EDs by those on involuntary psychiatric holds
- Increased number of new urgent care centers opened
- Increased number of individuals in psychiatric crisis in public and private EDs who are discharged to non-locked settings with medication and outpatient follow-up plans
- Increased number of alcohol and drug residential and detox service placements/slots available
- Increased number of crisis residential beds available
- Recidivism rate among those visiting County PESs (and private EDs to the extent data is available)

Major organizational next steps:

- Assess current and anticipated future financial allocations from each Department toward individuals in psychiatric crisis, especially those on involuntary holds, so that resources can be maximally aligned toward services and placements most capable of responding to the needs of the target population.
- Assess and align, where indicated, DHS, DMH, and DPH clinical, programmatic, and housing services to create novel placements for individuals who could be diverted from EDs or inpatient units.

- Open additional 24/7 LPS-designated psychiatric urgent care centers, including at sites near Olive View-UCLA Medical Center, in the Antelope Valley, in the Long Beach area, in the East San Gabriel Valley, and in association with Harbor-UCLA Medical Center.
- Assess utilization of inpatient psychiatric units and IMDs to identify opportunities to improve flow.

Access to Culturally and Linguistically Competent Programs and Services

Strategic Priority: Ensure access to culturally competent and linguistically appropriate services and programs as a means of improving service quality, enhancing customer experience, and helping to reduce health disparities.

Goal 1: Implement mechanism to systematically collect and analyze Race, Ethnicity and Language (REAL) data and data for other culturally relevant factors (e.g., LGBTQ, physical disability) among consumers; use data to identify and report relevant health-related disparities and inform ongoing program design.

Goal 2: Systematically survey and publicly report client satisfaction with Department activities and services from a cultural perspective.

Goal 3: Design, establish, and implement core competencies for new employees and regularly train existing County workforce on providing culturally relevant care and customer service, including attention to the needs of specific race/ethnic groups, the disabled, veterans, LGBTQ, immigrant/refugees, the elderly, and other vulnerable groups within local communities.

Goal 4: Ensure clinical sites are able to provide real-time professional interpreter/translation services when required or requested by the client through building both in-person and technology-based (e.g., telephone, video-conferencing) resources; ensure clients are proactively made aware of their right to receive and the availability of such services.

Goal 5: Ensure clinical sites have signage and written client materials available in the preferred primary languages of their local communities.

Goal 6: Share and coordinate existing culturally appropriate efforts and staffing models across Departments that have been proven effective in reducing disparities, enhancing care coordination, and increasing community awareness of health issues and that have demonstrated positive health outcomes.

Proposed outcome metrics:

- Disparities according to REAL and other relevant cohorts
- Results from clients/consumers/patients surveys
- Evaluation of impact and effectiveness of training programs related to cultural competency; number of individuals who have completed training
- Percent of total clinical sites that can provide real-time access to translation/interpreter services
- Percent of sites that have completed self-assessments and enhancements of signage and written materials that met the cultural and linguistic needs of communities served

Major organizational next steps:

- Convene and/or evaluate existing Department-, program-, and/or facility-level cultural competency committees, comprised of consumers, their families, and front-line staff, to provide input on how to continually enhance cultural competency of existing programs.
- Perform cultural competency assessment of directly-operated and contracted sites using an externally validated tool appropriate to the size and diversity of the County.
- Create mechanism to formally survey clients/consumers/patients on cultural competency of services and programmatic offerings.
- Engage organized labor on ways to formally enhance delivery of culturally competent care/services.

- Conduct inventory of currently available translation/interpreter resources/infrastructure, signage, and written client materials within clinical sites.
- Assess the ability of specific programs/facilities to care for special populations (e.g., use of peers/those with lived experience, family involvement) and take advantage of the strengths of each Department.

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

Strategic Priority: Successfully divert corrections-involved persons with mental illness and addiction who may otherwise have spent time in County jail or State prison by placing them into structured, comprehensive, health programming and permanent housing, as tailored to the individual's unique situation and needs.

Goal 1: Establish the Office of Diversion and Re-entry with the capability to coordinate diversion efforts across Departments, create placements appropriate for the wide array of individuals who might be diverted and develop programs that support the recovery and improved health of these diverted individuals. The Office will provide contracting, technical and evaluation support, and expansion of current evidence-based diversion programs run by DHS, DMH, and DPH necessary for a successful County-wide intervention.

Goal 2: Establish placement opportunities and comprehensive health programs (i.e., physical health, mental health, public health, and substance use case management and clinical services) to address the needs of individuals deemed eligible for diversion.

Goal 3: Work with Court 95 and the LA County District Attorney's Office to establish sufficient community placements to meet the relevant demand among Misdemeanants Incompetent to Stand Trial (MIST) deemed eligible by law enforcement for diversion.

Goal 4: Build the necessary administrative infrastructure necessary to rapidly place potential diversion candidates into housing (e.g., possible creation of a Diversion Connection Access line with extended hour capabilities).

Goal 5: Develop diversion education and awareness campaign to heighten awareness of diversion opportunities and programs among County courts, prosecuting and defense attorneys, law enforcement and custody staff as well as mental health, substance use, and other relevant clinical staff.

Proposed outcome metrics:

- Increased number of individuals diverted from jail, by intercept and offender category (e.g., MIST)
- Percent of diverted individuals who successfully complete diversion plan
- Percent of diverted individuals who have not re-offended within one year following completion of their diversion plan
- Average time spent in custody after diversion plan is approved
- Increased number of diversion programs and housing units available to diversion clients
- Increased number of cases where diversion programs are the recommendation of the Courts

Major organizational next steps:

- Establish the organizational structure and key leadership positions within the Office of Diversion and Re-entry.
- Hire an Office Director and team with a sufficient leadership structure to interface with the courts and custody as well as develop and identify providers for required housing, placements, and programming.
- Build multi-department diversion stakeholder group to guide Office priorities.
- Continue to build relationship with District Attorney's ongoing diversion effort.
- Determine how DMH and Substance Abuse Prevention and Control (SAPC) programs and resources interact with and support a broad County diversion program.
- Align program metrics across each Department's current diversion programs.

Implementation of the Expanded Substance Use Disorder Benefit

Strategic priority: Maximize opportunities available under the recently approved Drug Medi-Cal waiver to integrate Substance Use Disorder (SUD) treatment services for both adults and youth into LA County's mental and physical health care delivery system.

Goal 1: Transition homeless and criminal justice-involved individuals receiving SUD residential treatment into appropriate Department housing programs as part of the SUD continuum of care.

Goal 2: Develop knowledge and skills of clinical staff in Departments' directly-operated and contracted primary and specialty care facilities on the American Society of Addiction Medicine's (ASAM) levels of care based on medical necessity, including the interaction of SUDs with physical health and mental health conditions, and how to appropriately screen and link individuals with SUDs into appropriate levels of care.

Goal 3: Advocate with the State Legislature and the Department of Health Care Services (DHCS) to place all drug treatment medications approved by the federal Food and Drug Administration (FDA) on the Drug Medi-Cal (DMC) formulary; expand the use of these medications by both mental and physical health practitioners within LA County's health care delivery system.

Goal 4: Increase the number of Departments' directly-operated and contracted providers that are DMC-certified.

Goal 5: Implement SUD Screening, Brief Intervention and Referral to Treatment (SBIRT) protocol in Departments' directly-operated and contracted clinics and programs.

Proposed outcome metrics:

- Increased number of eligible homeless and criminal justice-involved individuals referred to DHS and DMH housing programs upon completion of their SUD treatment
- Increased number of SUD homeless and criminal justice-involved patients with co-occurring SUD mental health and/or physical health conditions housed in DHS and DMH programs
- Increased number of clinical personnel in directly-operated and contracted County clinics trained to accurately identify SUDs, provide Medical Assisted Therapy (MAT), and make referrals for SUD treatment based on medical necessity as determined by ASAM criteria
- Addition, by California DHCS, of all FDA-approved addiction treatment medications to the DMC formulary without a TAR requirement
- Increased number of Departments' directly-operated and contracted facilities that are DMC certified
- Increased number of Departments' directly-operated and contracted clinical personnel trained in SBIRT
- Increased percentage of Departments' clients in directly-operated and contracted clinics receiving an annual screening for substance use in the past year

Major organizational next steps:

- Prepare and submit the DMC Organized Delivery System (ODS) implementation plan required under the 1115 Waiver's DMC ODS Special Terms and Conditions to obtain BOS approval to opt into the Waiver.
- Upon BOS approval, submit the DMC ODS implementation plan to DHCS and Centers Medicaid and Medicare (CMS) for approval as required under the STCs.
- Establish workgroups comprised of DHS, DMH, DPH, other County departments, and key external stakeholders to execute the DMC ODS Waiver implementation plan once approved by DHCS and CMS.

- Provide technical assistance, training and infrastructure investments for the three Departments and their provider networks to build administrative, clinical, and workforce capabilities and capacity to meet the increased demand for SUD services under the DMC ODS Waiver.

Vulnerable Children and Transitional Age Youth

Strategic Priority: Improve the County's ability to link vulnerable children, including those currently in foster care, and Transitional Age Youth (TAY) to comprehensive health services (i.e., physical health, mental health, public health, and SUD services).

Goal 1: Develop comprehensive individualized treatment plans, including temporary and permanent placements able to provide integrated mental health, substance use, and physical health services, for children in foster care that are "difficult-to-place" due to health-related issues.

Goal 2: Develop and implement new approaches to community outreach and engagement to high-risk children/youth and TAY (e.g., those with HIV/STDs, homeless youth, LGBTQ, unaccompanied minors).

Goal 3: Continue to develop and evolve a comprehensive health services package (i.e., physical health, mental health, substance use, public health) available to Commercially Sexually Exploited Children (CSEC) in LA County.

Goal 4: Develop a package of comprehensive aftercare services, including mechanisms for appropriate referral and linkage available immediately upon release, for youth in Probation Camps and Juvenile Halls and TAYs in the adult corrections system.

Goal 5: Create or adopt an externally available mobile tracking and communication tool usable by TAY to help them gain access to educational and service information.

Proposed outcome metrics:

- Increased percent of "difficult-to-place" youth in DCFS system that are successfully linked with comprehensive treatment services and receive timely, appropriate residential placement in a home-like setting where feasible
- Decreased number of children/youth with physical and/or mental health challenges who experience placement disruptions
- Increased number of high-risk TAY newly linked to and receiving mental health and/or SUD services
- Increased number of CSEC youth using services from an agency Department
- Increased number of youth and TAY leaving the correctional system with an aftercare plan addressing mental health, substance use, and/or physical health needs
- Increased number of youth/TAY with full implementation of their aftercare plan
- Increased number of TAY who use an electronic tool to "stay in touch" with service providers, DCFS social workers, Probation officers or other parts of their community

Major organizational next steps:

- Establish a working partnership between the Agency, the County's Office of Child Protection, relevant County Departments (e.g., DCFS, Probation), and community-based entities (e.g., school districts).
- Evaluate current models of integrated treatment teams (e.g., Child and Family Teams implemented by DCFS and DMH) and determine their applicability and potential scalability for improving management of target populations.
- In partnership with DCFS, clearly define "difficult to place" youth appropriate for Goal 1 interventions.
- Convene workgroup, involving entities outside the Agency as needed, to develop a mechanism (e.g., utilize a common data collection system) to ensure that all Department programs that may interact with CSEC have a way to identify individuals and employ consistent methods to capture relevant information.

- Convene an agency-level CSEC workgroup to enhance Department collaboration on health-related issues; participate in County-wide CSEC workgroups as appropriate.
- Identify funding to create and/or implement the mobile tracking and communication tool.

Chronic Disease and Injury Prevention

Strategic Priority: Align and integrate population health with personal health strategies by creating healthy community environments and strengthening linkages between community resources and clinical services.

Goal 1: Expand access to chronic disease prevention programs (e.g., National Diabetes Prevention Program (NDPP)) for priority populations.

Goal 2: Scale and spread the use of team-based care approaches in Los Angeles (e.g., Community Health Worker (CHW), pharmacist-led Medication Therapy Management (MTM) programs) for persons with chronic health conditions.

Goal 3: Expand access to evidence-based tobacco cessation treatment for priority populations.

Goal 4: Reduce youth violence through strategies targeted at the community-level and broader social determinants of health. Example tactics to be pursued include building on the Parks After Dark (PAD) model to expand gang intervention and safe passage programs, integrating DHS, DMH and DPH services and outreach into community-based youth violence efforts, and promoting a school climate that ensures adequate access to high-quality and coordinated social, medical, and behavioral health services for students and families (e.g., a coordinated school health model).

Goal 5: Encourage and assist high-risk populations (e.g., those prescribed atypical anti-psychotics) to engage in exercise and movement and to access healthy food/nutrition options.

Proposed outcome metrics:

- Increased number of at-risk persons enrolled in chronic disease prevention programs (e.g., NDPP)
- Increased number of at-risk persons with well-controlled chronic conditions (e.g., heart failure, diabetes, hypertension)
- Increased number and level of satisfaction of clients reached with CHW and MTM programs
- Increased number of healthcare providers trained in the provision of evidence-based tobacco treatment interventions
- Decreased prevalence of tobacco use among adult LA County residents
- Increased number of schools with wellness policies that adopt and integrate elements of a coordinated school health model
- Increased number of PAD parks in communities with high rates of violence that include co-located social, physical, behavioral, and public health services
- Decreased number of serious and violent crimes and gang-related crimes in PAD park communities relatives to comparison sites
- Decreased number of trauma-related ED visits and hospitalizations

Major organizational next steps:

- Develop assessment tools/methods for collecting needed baseline and ongoing performance/progress data for above initiatives.
- Perform baseline inventory and assessment of existing CDC-recognized NDPP providers in Los Angeles; develop and implement outreach and provider engagement strategy to promote and support broader provider participation.

- Perform baseline inventory and assessment of select existing team-based care models (e.g., community pharmacies screening programs, MTM programs); develop and provide technical assistance to agencies and providers interested in expanding participation.
- Establish standards of care for the delivery of evidence-based tobacco interventions; revise or update standards to address the assessment and treatment of tobacco dependence.
- Develop necessary education objectives, curricula, evaluation tools, and training schedules to enhance tobacco cessation efforts; train providers to deliver evidence-based tobacco cessation treatment.
- Analyze trauma-related data to better tailor and target prevention interventions.
- Conduct baseline inventory and assessment of existing violence prevention, social service, health and behavioral health resources in PAD park communities with a goal to develop a cross-referral system; convene key partners to develop and implement targeted strategies to facilitate referrals and coordination between organizations, provide technical assistance, and evaluate impact of initiatives.
- Analyze available data and assess impact of current programs targeted at social determinants of youth violence (e.g., diversion programs, Teen Court programs) to understand gaps and priority opportunities for future intervention.

Los Angeles County Health Agency Operational Framework

September 29, 2015

The mission of the Los Angeles (LA) County Health Agency ("Agency") is to improve the health and wellness of LA County residents through provision of integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities. This will be achieved through the aligned efforts of the Departments of Health Services, Mental Health, and Public Health ("Departments") and in partnership with our clients and their families and communities, LA County residents, organized labor, faith-based organizations, community providers and agencies, health plans, academia, and other stakeholders.

In pursuing their missions, the Agency and Departments shall adhere to the following operational framework, abiding by key values of clarity of purpose, transparent decision-making, mutual respect, and open communication with those inside and outside the County.

1. **The Agency shall address Board-supported priorities relevant to health and well-being.** The Agency shall work to implement Board-supported priorities related to the health and well-being of LA County residents. The Agency shall guide the strategic, operational, and administrative alignment of activities, decisions, and external advocacy agendas within and among the three Departments in support of these aims and will include an explicit focus on change management practices that may support and reinforce necessary modifications of County practices/structures. The Agency shall publicly report on progress made toward achievement of specific goals related to these priorities.
2. **Departments shall maintain the full breadth of their mission and scope of activities.** Each Department has a critical mission in supporting the health and well-being of LA County residents; such missions should be maintained and supported in a way that respects each Department as equal partners in achieving the County's health-related goals. Departments shall continue to establish Department-specific priorities distinct from Agency-level priorities and initiatives and shall lead and participate in a full spectrum and scope of activities consistent with these priorities. Departments shall continue to enter into external contracts, grant agreements, and operational agreements with external entities (e.g., community-based organizations, private providers, health plans) in a manner consistent with Agency priorities.
3. **Departments shall be supported in fulfilling all legal responsibilities and mandates.** Departments shall be empowered and supported in delivering essential and legally-mandated services and in fulfilling their mandate to administer cross-departmental oversight and auditing processes. The Agency and Departments shall develop protocols to eliminate any conflict of interest that may arise during the course of a Department carrying out its regulatory and auditing responsibilities.
4. **Departments shall maintain independent and direct relationships with the Board of Supervisors.** Each Department should be expected to directly and regularly communicate with Board members in private and in public regarding Department-specific issues and concerns related to the Agency.
5. **Department budgets shall remain separate.** The budgets of the three Departments shall remain as separate appropriations within the County and shall not be merged within a single Agency budget. Services, budgets, and staffing for Department activities shall not be cut and financing streams shall not be redirected because of a transition to the Agency model. Over time, Department activities, services, and programs may be altered, integrated, and/or realigned between or among the Departments if such moves would demonstrably benefit the populations served by the County, with internal and external stakeholder input, and with approval of the Board. Current grant-funded activities shall not be redirected. Departments' risk management responsibilities shall be maintained separately; incidents of potential liability, claims, and lawsuits shall continue to be financially addressed by the relevant

Department. The Agency shall conduct strategic review of Department budgets to facilitate appropriate alignment with both Agency and Department-specific Board-supported priorities. Only the Board of Supervisors, pursuant to applicable laws and regulations, and not the Agency Director, has authority to change and/or reallocate Departments' appropriations and expenditures.

6. **The Agency shall support Departments in creating effective organizational structures.** The Agency Director shall interact with the Department Heads with the goal of creating organizational structures that meet the needs of Departmental and Agency mission, vision, and scope of work.
7. **The Agency shall avoid unnecessary bureaucratic processes.** The Agency shall operate in such a way as to ensure strategic alignment of operational and administrative activities within and between Departments in pursuit of Board-supported priorities. Bureaucratic processes that may unnecessarily extend Departmental tasks and operations (e.g., Agency-level signatures required for routine operations such as grant applications, supply chain purchases, and personnel action requests) shall not be implemented.
8. **Functions shall shift to being conducted and/or coordinated Agency-wide to the extent this enhances integration and/or when doing so is of strategic value to the County.** Agency-wide functions shall be implemented when doing so would produce a clear added value to clients, the Departments, and the County, taking into consideration the operational requirements of achieving specific priorities and administrative inefficiencies and/or redundancies. Regardless of placement, core administrative functions (e.g., information technology, service and managed care contracting, purchasing, finance, human resources) shall be planned, led, and executed in a manner that supports both Agency and Department priorities.
9. **The Agency shall lead labor-management partnership activities to reduce duplication and enhance the level of County partnership with organized labor.** Department leadership, or specific subject-matter experts, should be active participants in all relevant labor/management meetings and initiatives.
10. **The Agency shall respect current Department relationships and commitments.** Existing relationships and contracts with external entities shall be respected and maintained. Departments shall continue to maintain and nurture current internal and external partnerships in pursuit of Department-specific and shared Agency goals and efforts.
11. **Both the Agency and Departments shall maintain mechanisms to engage a broad set of internal and external stakeholders.** Department-specific mechanisms and forums for engaging County-employed workforce and external stakeholders shall be maintained and supported. The Agency shall establish complementary mechanisms to build transparent and meaningful partnerships with relevant stakeholders. The Agency shall proactively invite input from individuals and organizations with a variety of different perspectives and areas of expertise, including staff, clients/consumers/patients, and community-based organizations, in the design, implementation, and evaluation of programmatic and policy initiatives. The Agency shall transparently and clearly communicate with and report to the public on Agency activities and plans.
12. **The 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.** Services and programs shall reflect an appropriate balance of clinical, recovery, community-based, and policy-related preventive and population health initiatives able to optimize health outcomes. Services and programs should be designed and implemented within the context of local communities, in a culturally competent manner, and utilizing evidence-based practices where feasible.
13. **The roles and responsibilities of Board-appointed Commissions shall remain unchanged.** The creation of the Agency does not alter the roles and responsibilities of existing County Commissions. Each

Commission should continue to advise Departments and the Board on issues related to their areas of interest and expertise. As is the current practice within Departments, Commission input shall be given significant weight and consideration in Agency decision-making.

14. **The Agency shall not alter or interfere with the duties and responsibilities of the County Health Officer.** Should a Health Officer Order impact any operations within the Agency, the Agency Director shall assure compliance to protect the health and safety of all residents.
15. **The Agency shall support public health emergency response activities and other time-limited, high-priority County preparedness initiatives.** The Agency shall respond to emergencies or crisis-level activities through development and implementation of effective plans, trainings and exercises to assure integrated service delivery and unified communication. Departments shall retain their respective roles, responsibilities, and legal authorities during emergencies.
16. **The Agency Director shall administer Department Head performance evaluations.** Department Head performance evaluations shall be drafted by the Agency Director for review and input by the County Chief Executive Officer. The Board of Supervisors shall maintain the ultimate authority over any individual Department Head's final performance evaluation and associated merit pay.