

Los Angeles County

Health Agency

2016-2017 Annual Report



Health Services
LOS ANGELES COUNTY



LAC DMH
LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH



COUNTY OF LOS ANGELES
Public Health



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Director of Health Services



We are proud to showcase the Health Agency's first annual report which is dedicated to the Los Angeles County residents and the 35,000 Health Agency staff, and our community and academic partners, who provide quality, client-centered services, daily through out Los Angeles County.

Message from the Director

The creation of the Los Angeles County Health Agency by the Board of Supervisors is a momentous step towards bringing together three great Los Angeles County health departments, the Departments of Health Services, Mental Health and Public Health. The vision of the Health Agency is to provide more integrated and enhanced services to Los Angeles County residents.

As a practicing physician in our Health Agency system, I care for many individuals who have physical, mental and substance use service needs in the outpatient, jail and hospital setting. I personally see the myriad of challenges that a person may face in accessing our services. What I appreciate from my conversations with patients, staff and advocates is that it is not necessarily the quality of the care that they are concerned with, but rather how services are organized and provided. For example, an individual who needs mental health, physical health and substance use services would need to register in multiple systems. Nor do providers and frontline staff understand why they are not able to share clinical information effectively and efficiently so they know who is taking care of the person and what medications the person is taking. It is clear that as a Health Agency, we need to make our system easier to access for those who need our services and narrow the gaps through which people too easily fall. By becoming one system, we can address these limitations in a systematic fashion.

We can achieve more by working together rather than in silos. A great example is the *Parks After Dark Program*, an effort to reduce violence and improve health, safety and social cohesion in communities through multi-county department and community collaboration.

In addition to improving individual and community health and well-being, my hope for the Health Agency is to better align our resources with county-wide initiatives. These include efforts to reduce and prevent homelessness and break the cycle of incarceration by providing appropriate mental health and substance abuse treatment services both inside the jail and in the community.

Central to the success of the Agency is our close collaboration with our labor partners: Local SEIU 721, AFSCME, CIR, International Brotherhood of Teamsters, and UAPD. I am grateful to them for all their efforts and our unique labor management collaboration. I also am lucky to have two great partners: Dr. Barbara Ferrer, Director of Public Health, and Dr. Jonathan E. Sherin, Director of Mental Health. We are stronger together.

My best wishes and appreciation for everyone's support and I look forward to working with all of you to make the Health Agency a success for our county residents.



Mitchell Katz

Director, Department of Public Health



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

Barbara Ferrer is a nationally-known public health leader with over 30 years of professional experience as a philanthropic strategist, public health director, educational leader, researcher, and community advocate. She has a proven track record of working collaboratively to improve population outcomes through efforts that build health and education equity.

Most recently, Dr. Ferrer served as the Chief Strategy Officer for the W.K. Kellogg Foundation, where she was responsible for developing the strategic direction for critical program-related work and providing leadership to the foundation's key program areas: Education & Learning; Family Economic Security; Food, Health & Well-Being; Racial Equity; Community Engagement; and Leadership Development.

Prior to working at the W.K. Kellogg Foundation, Dr. Ferrer served as the Executive Director of the Boston Public Health Commission, where she led a range of public health programs and built innovative partnerships to address inequities in health outcomes and support healthy communities and healthy families. During her time as Executive Director, Dr. Ferrer secured federal, state, and local funding for critical public health infrastructure and community-based programs. Under her leadership, the City of Boston saw significant improvements in health outcomes, including a decrease in the rates of childhood obesity, smoking, and infant mortality.

Dr. Ferrer has also served as Director of Health Promotion & Chronic Disease Prevention and Director of the Division of the Maternal & Child Health at the Massachusetts Department of Public Health. As a headmaster at a district high school in Boston, she led efforts to significantly improve high school graduation rates and ensure that every graduating senior was accepted to college. Dr. Ferrer received her Ph.D. in Social Welfare from Brandeis University, a Master of Arts in Public Health from Boston University, a Master of Arts in Education from the University of Massachusetts, Boston, and a Bachelor of Arts in Community Studies from the University of California, Santa Cruz.

Director, Department of Mental Health

Dr. Sherin, a psychiatrist and neurobiologist by trade with a wide range of professional experience, was appointed by the Los Angeles County Board of Supervisors as the County's Director of Mental Health effective November 1, 2016. In this role, he leads the largest county –based public mental health system in the country, serving over 250,000 clients annually in the most populous and one of the most ethnically diverse counties in the nation.

Most recently Dr. Sherin served as the chief medical officer and executive vice president of military communities for Volunteers of America. Considered a leading authority on the care of veterans struggling with trauma and reintegration challenges, Dr. Sherin has testified in Congress on veteran homelessness and suicide.

Dr. Sherin completed his undergraduate studies in neuroscience at Brown University, his graduate work at the University of Chicago and Harvard, and his postgraduate training at University of California Los Angeles (UCLA). He is a volunteer clinical professor as well as a member of the Center on Aging at the University of Miami and a volunteer clinical professor at UCLA.



Jonathan E. Sherin, M.D., Ph.D.
Director
Los Angeles County
Department of Mental Health



First Row (Left to Right):

Co-Chair Bridget Gordon (Consumer Member Representing the Commission on HIV)
Co-Chair Al Ballesteros (Member Representing the Commission on HIV)
 Catherine Clay (Consumer Member Representing the Mental Health Commission)
 Christopher Ige (Union Member Representing the Union of American Physicians and Dentists)

Second Row (Left to Right):

Claude Martinez (Member Representing the Hospital and Health Care Delivery Commission)
 Herman DeBose (Member Representing the Mental Health Commission)
 Reba Stevens (Consumer Member Representing the Commission on Alcohol and Other Drugs)
 Jean G. Champommier (Member Representing the Public Health Commission)
 Bennett W. Root (Member Representing the Commission on Alcohol and Other Drugs)
 Rex Cheng (Union Member Representing the Union of American Physicians and Dentists)
 Frances Todd (Union Member Representing the SEIU Local 721)
 Gavin Koon (Union Member Representing the International Union of Operating Engineers, Local 501)
 Theodorah McKenna (Union Member Representing the American Federation of State, County and Municipal Employees, Local 2712)
 Pat Stewart-Nolen (Union Member Representing the American Federation of State, County and Municipal Employees, Local 3511)
 Dr. Alexander Li, Deputy Director, Los Angeles County Health Agency

Third Row (Left to Right):

Phil Dao (Union Member Representing Teamsters Local 911)
 Larry Gasco (**Former** Member Representing the Mental Health Commission) **Last day with IAB was 2/21/17**
 Jack Kearney (Member Representing the Commission on Alcohol and Other Drugs)
 Jason Brown (Consumer Member Representing the Commission on HIV)
 General Jeff (Consumer Member Representing the Mental Health Commission)

Andreas Jung (Union Member Representing the American Federation of State, County and Municipal Employees, Local 119)
 Wendell Llopis (Union Member Representing the American Federation of State, County and Municipal Employees, Local 119)

IAB Members not featured in the photo include:

Aaron Fox (**Former** Member Representing the Commission on HIV) **Resigned February 2017**
 Hildy Aguinaldo (Member Representing the Hospital and Health Care Delivery Commission)
 Enrique Peralta (Consumer Member Representing the Hospital and Health Care Delivery Commission)
 Michelle Anne Bholat (Member Representing the Public Health Commission)
 June Simmons (Consumer Member Representing the Public Health Commission)
 Manal J. Aboelata (Consumer Member Representing the Public Health Commission)
 Brenda Martinez (Union Member Representing the American Federation of State, County, and Municipal Employees, Local 3511)
 Imani Williams (Union Member Representing the American Federation of State, County, and Municipal Employees, Local 1271)
 June Goeku (Union Member Representing the American Federation of State, County, and Municipal Employees, Local 1271)
 Aldys Ramos (Union Member Representing the American Federation of State, County, and Municipal Employees, 2712)
 Victor Marrero (Union Member Representing the Los Angeles/Orange counties Building & Construction Trades Council)
 Tasha Dixon (Union Member Representing the Committee of Interns and Residents/SEIU Healthcare)
 Jacob Bailey (Union Member Representing the Committee of Interns and Residents/SEIU Healthcare)
 Carolyn Watson (Union Member Representing Teamsters Local 911)

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B. New Health Agency Initiative

Whole Person Care

Health Agency & Initiatives Integration

The overall aim of the Los Angeles County Health Agency is to promote better health for residents by ensuring that there is integration and alignment of Department of Health Services, Department of Mental Health and Department of Public Health programs and services.

Our current priorities primarily focuses on these eight areas:

- Consumer access and experience
- Housing and Supportive Services for Homeless
- Overcrowding of emergency departments of individuals in psychiatric crisis
- Access to culturally and linguistically competent programs
- Diversion of corrections-involved individuals to community-based programs
- Implementation of substance use treatment services
- Services for vulnerable children and transition age youth
- Chronic disease and injury prevention

Examples of Health Agency Accomplishments

- Decreased overcrowding of DHS psychiatric emergency rooms through increase use of mental health urgent cares
- Created and established the new Office of Diversion and Re-entry, which diverted and case managed over 600 persons for FY 15-16 from jail into mental health and substance use treatment centers.
- Integrated response for residents impacted by Aliso-Canyon, Exide, and Maywood public health crisis.
- Expanded eConsult (specialty consult and diagnostic platform) to all Health Agency Providers.

Integration Timeline



Examples of 2016/2017 Goals

- Increase available short and permanent housing
- Improve care coordination and communication between Health Agency staff and providers for common patients
- Expansion of co-located sites



Promoting integration of clinic services and resources



County leadership advocating for environmental health, permanent housing, and consumer rights



Consumer Access and Experience

To ensure coordination within the Health Agency, a streamlined process has been implemented to facilitate consults and referral of patients. All Health Agency providers have access to the eConsult platform which enables providers from the three departments to communicate and share clinical information across systems. Efforts have also focused on planning and expansion of DHS's electronic health record systems to DPH operated public health clinics and opportunities to co-located services.



Strategic Priority: Streamline access and enhance customer experience for those who need services from more than one department, including 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; 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.

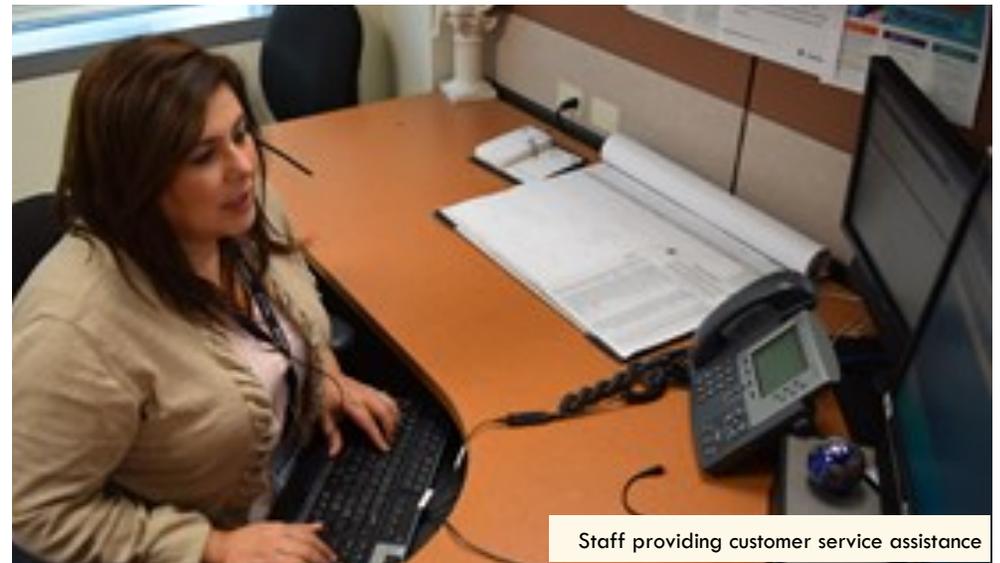
Goal 6: Determine best short- and long-term course of action with respect to the secure sharing of personal health information, in a manner consistent with all applicable state/federal privacy and security regulations, on clients shared between DMH and DHS/DPH, including consideration of a Cerner Hub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



DMH staff and family supporting the National Alliance on Mental Illness Awareness Walk



Supporting Healthy Eating



Staff providing customer service assistance

Examples of Consumer Access and Experience FY 15-16 Accomplishments

- Rolled out a set of standardized consumer experience surveys across 3 Health Agency Departments
- Expanded eConsult (specialty consult and diagnostic platform) to all Health Agency Providers to improve access to services
- Provided new customer service training to over 10,000 Health Agency staff
 - Expanded (co-location of services) primary care at Curtis Tucker and Torrance Public Health Centers



Supporting mental health awareness and NAMI walk

Housing and Supportive Services for Homeless Consumers

The Health Agency housing and supportive services staff are working together to meet the housing, health and social needs of individuals who are homeless. One of the first homeless initiative strategic tasks was to develop a formal collaboration between the Health Agency departments as well as with Department of Children and Family Services, Public and Social Services and Probation. The aim is to create integrated solutions for the homeless individual. Another key task is to further expand the available short and long term transition with treatment and permanent housing resources. For example, a new and exciting project that we are proud of through our collaboration with LA City and community stakeholders for 2016, is opening the first Los Angeles County sobering center in Downtown LA.



Grand opening of the first LA County Sobering Center in Downtown LA on December 16, 2016

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, housing and homeless services within the Agency and Departments to facilitate improved outcomes for homeless clients, 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 homeless-

ness, currently served across the three Departments for the purpose of identifying priority clients who are determined to likely 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 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 for homeless individuals with complex health conditions in high density neighborhoods

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



Providing street-based engagement with homeless individuals on Skid Row

Examples of Housing and Supportive Services FY 15-16 Accomplishments

- Placed over 1,000 individuals in permanent supportive housing for FY 15-16
- Initiated the County+City+Community (C3) outreach program in downtown Los Angeles Skid Row neighborhood
- Opened the MLK Recuperative Center
- Opened Los Angeles County's first sobering center (David L. Murphy)

Goal 7: Obtain Medi-Cal coverage, when possible, and successfully link individuals, where clinically appropriate, to comprehensive, integrated health services that are 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, and stable housing stock within LA County.



Working with stakeholders to end homelessness

Overcrowding of Psychiatric Emergency Departments

Strategic Priority:

This workgroup's goal is to reduce overcrowding of County Psychiatric Emergency Services (PES) and private hospital Emergency Departments (EDs) by children and adults in psychiatric crisis through staff input of a variety of system re-designs and innovations.

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 or 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 Institution for Mental Disease (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 and developing mechanisms to take advantage of changes in the IMD exclusion).



Examples of FY 2015-16 Accomplishments

- Provided on-going Mental Health First Aid training for Health Agency and County staff
- Opened four Psych Urgent Care Centers across LA County
- Reduced overcrowding of DHS psychiatric emergency services over the last 24 months
- Completed preliminary plan to open four new Psychiatric Urgent Cares in the Antelope Valley, San Gabriel Valley, and Long Beach area. This will bring the total number of urgent care centers in LAC to eight.
- Expanded the Crisis Residential Treatment Programs (CRTPs) to provide 326 additional beds for the clients.
- Engaged with the State and private hospitals to increase the stock of private hospital psychiatric beds.



Crisis averted by patients seeking urgent care services

Culturally Competency and Linguistic Access

This work group aims to ensure access to culturally competent and linguistically appropriate services and programs serves as a means of improving service quality, enhancing customer experience and helping to reduce health disparities. Working together as a unified Health Agency, we are working towards implementing a common set of basic registration demographic information (i.e. race, ethnicity, language, sexual orientation and homelessness), moving forward with a standardized survey tool to assess consumer experience with cultural and linguistic services and expanding our five community based programs (i.e. peer support, promotores, community health workers, health promoters, navigators).



Promotores preparing to door knock in the Exide (battery smelting plant) impacted neighborhood.

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, immi-

grant/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.



DMH Promotores graduation

FY 15-16 Examples of Accomplishments

- Identified basic registration demographic information to be exchanged between the Health Agency's electronic health systems
- Standardized a common set of survey questions to assess consumer experience for cultural and linguistic services delivered.
- Organized existing Health Agency community based health worker, promotora and health navigator programs
- Mobilized promotores to assist with community health emergencies (i.e. Exide crisis, Maywood Fire)



Example of Health Agency Linguistic Access and Services: Bilingual Staff by Department

Health Agency	DHS	DPH	DMH
Total # of Certified Bilingual Staff	3,128	234	735
# of Languages	15+	9	16

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

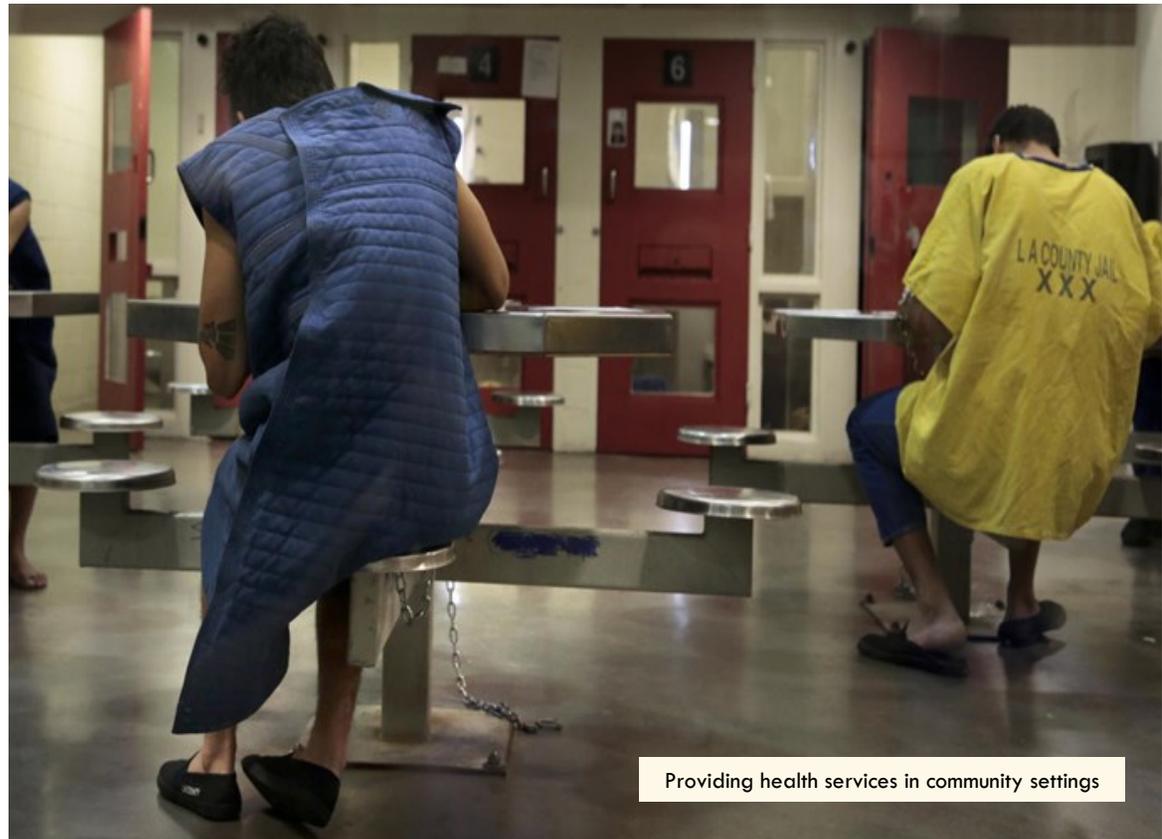
The LA County Board of Supervisors created the Office of Diversity & Reentry program in August 2015. This program seeks to reduce the population of county jail inmates who suffer from mental illness or a serious substance use disorder. Retired judge Peter Espinosa was hired to create, implement and build the appropriate support programs intended to divert this population from custody to community based treatment programs.

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

Strategic Priority: 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 com-



Providing health services in community settings

prehensive 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.

Example of Key ODR programs include:

- **Mentally Incompetent to Stand Trial Community Based Restoration Program (MIST CBR)** The MIST CBR moves inmates who have been declared incompetent to stand trial by the court, from the county jail services and places them into community based treatment programs (244 served as of January 2017).
- **ODR Housing Program** The ODR Housing Program is a felony pretrial diversion program structured in collaboration with the Department of Probation and the Superior Court. The goal of the program is to place mentally ill or homeless inmates charged with felonies in permanent supportive housing and provide access to appropriate clinical services (121 released from jail to housing).
- **The Women's Integrated Services Pilot (WISP)** is a comprehensive management program for incarcerated women at the Century Regional Detention Center, a LA County's women's jail facility. The target population is women who suffer from a substance use disorder and who have had multiple incarcerations. WISP provides case planning and discharge— planning services from the time a woman is booked into jail and after they leave jail. The services focus on linking individuals to housing, clinical and social service programs

Examples of ODR Housing Programs Accomplishments for FY 15-16

- Piloted diversion programs with the court systems
- 1000 units for individuals identified in the ODR who are in need of supportive housing
- Develop the appropriate tool needed to integrate correctional, health and social service data, to assist in the OPD program
- Provided Crisis Intervention training to over 2,000 first responders

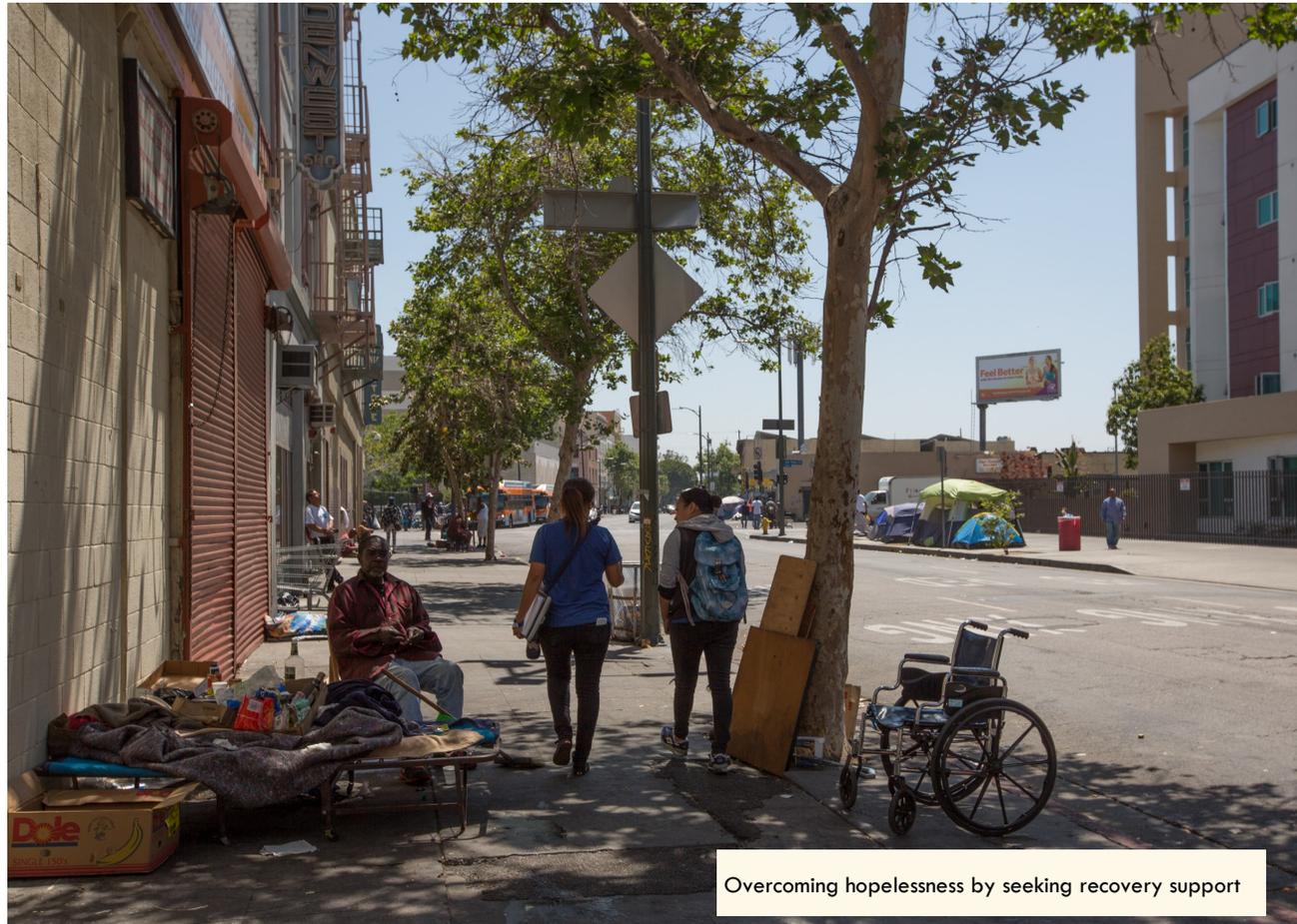


Celebrating the first participant to receive permanent housing through diversion program

Expanded Substance Use Disorder Benefit

The Substance Abuse Prevention and Control (SAPC) program focuses on prevention, treatment and recovery services to reduce substance abuse in Los Angeles County. SAPC collaborates with contracted organizations to provide technical and substance abuse services

Currently Health Agency representatives from DPH, DMH, and DHS are working together to integrate Substance Use Disorder (SUD) treatment services for both adults and youth into LA County's mental and physical health care delivery systems. By working together, the workgroup intends to maximize prevention and treatment opportunities for Health Agency clients and community providers which are now available under the new Medi-Cal waiver.



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.



Inspiring artwork created by women in the substance use program at the Antelope Valley Rehabilitation Center

Examples of FY 2015-16 Accomplishments and Next Steps

- Expanding Screening, Brief Intervention, and Referral to treatment (SBIRT) training to Health Agency providers. As part of the effort to expand the use of SBIRT, DHS will be integrating the SBIRT tool and intervention into primary care public health center clinical settings
- Expanding the network of drug Medi-Cal certified substance use providers within and outside the Health Agency.
- Providing on-going technical training and support for Health Agency and community-based private providers

Vulnerable Children and Transition Age Youth

The goal of the Vulnerable Children and Transition Age Youth Workgroup is to improve access to health, mental health, and substance abuse services with a focus on Foster Youth, Commercially Sexually Exploited Children and Youth (CSECY), and youth exiting the probation system.

Workgroup membership includes representation from the Department of Mental Health (DMH), the Department of Health (DHS), the Department of Public Health (DPH), the Department of Children and Family Services (DCFS), the Office of Child Protection, (OCP) and a Parent Advocate.

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.



Dr. Astrid Heger and friends at Violence Intervention Program (VIP) Clinic

Health Agency Medical Hubs

Medical Hubs serve as a main entry point for high need youth, Transitional Age Youth (TAY), Commercially Sexually Exploited Children (CSEC). These Medical Hubs can be both a medical home or a referral site for at risk children and youth.

1. LAC+USC VIP Hub
2. East San Gabriel Valley Hub
3. MLK Hub
4. Harbor-UCLA Hub
5. Olive View-UCLA Hub
6. High Desert Hub
7. Children's Hospital LA Hub



Example of FY 2015-16 Accomplishments and Next Steps

- Improve inter-departmental planning (DCFS, DHS, DMH, and DPH), coordination and data sharing for common clients
- Standardize key metrics to ensure children and youth referred to the integrated service hubs receive mental health, health and substance abuse screenings in a timely manner
- Develop inter-departmental and disciplinary referral workflows to streamline access to services

Key Stats

- >31,000 DCFS referrals seen at the HUB for CY 2016
- 12,000 foster care clients served by DHM per month
- 50,000 foster children case managed by DPH nurses



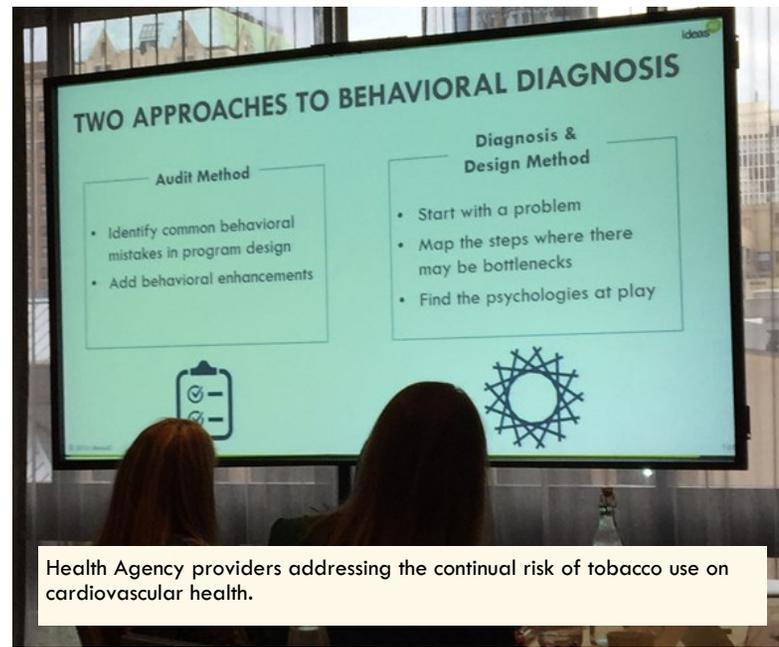
Chronic Disease and Injury Prevention

The integration of the Departments of Health Services, Mental Health, and Public Health into the LA Health Agency offers an unprecedented opportunity to coordinate services delivery and health programming for Los Angeles County's most vulnerable residents. Among the Agency's top public health priorities are to reduce the smoking rate (tobacco use) among all Angelenos, especially those at risk for cardiovascular disease.

While the general smoking prevalence in Los Angeles County has been declining (~13% currently), this has not been the case for a number of underserved populations (e.g., high utilizers of health services; patients with multiple, concurrent chronic conditions and those with mental health and/or substance use disorders).

Through inter-departmental strategic planning, the Chronic Disease and Injury Prevention Workgroup is developing standardized pathways and expected practices to aid Health Agency staff to better support tobacco users in quitting smoking.

With the implementation of the Los Angeles County Parks After Dark (PAD) program in 2010, along with chronic disease prevention, there has been a tremendous improvement in the health and well-being of the County's most vulnerable communities with increased physical activity, social cohesion and decreased violent crime. PAD is one of our key programs that focuses on injury prevention and has significantly reduced violence related crimes at our community parks.



Health Agency providers addressing the continual risk of tobacco use on cardiovascular health.

Key Stats

- **94%** of Park After Dark participants would attend again
- **95%** of participants agreed that PAD improved relationships between community and law enforcement
- Launched in Fall of 2015 to improve access to community resources, the LA Public Health Healthline has provided more than **1,100** unique community based referrals for nearly 500 individuals

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.

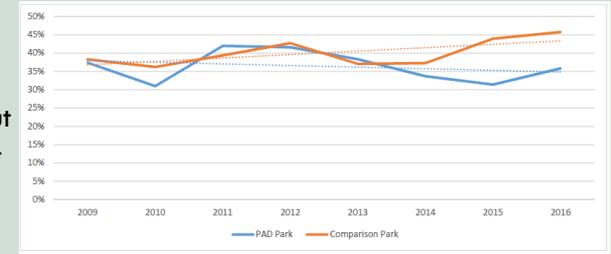
Goal 4: Reduce youth violence through strategies targeted at the community-level and broader social determinants of health. Example tactics to be pursued include building on the Parks After Dark (PAD) model to expand gang intervention and safe passage programs, integrating DHS, DMH and DPH services and 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.



Parks After Dark Expansion

PAD began with just three parks in 2010, and in 2016 PAD was expanded to a total of 21 parks throughout the county, prioritizing communities with high economic hardship, assault rates and obesity prevalence. During the summer season, PAD programs take place for approximately eight weeks, Thursday-Saturday, from 6-10 pm. PAD offers a variety of free activities for people of all ages, including sports, exercise classes, swimming, movies, concerts, arts and education classes along with health and social service resource fairs. Deputy Sheriffs patrol the parks during PAD and participate in activities with kids and adults. PAD provides an opportunity for community members and law enforcement to build positive relationships.



Decrease in crime at PAD parks makes the community safer

Examples of Accomplishments

- Expanded and made easily accessible the California Smoker's Helpline (1-800-NO-BUTTS), programs by allowing a greater variety of health agency providers – physicians, nurses, pharmacists, medical assistants, community health workers – from across Health Services, Mental Health and Public Health to refer patients through the smoker's helpline or eConsult
- Worked collaboratively to develop Health Agency clinical pathway protocols to screen and treat tobacco use addiction during routine patient encounters.
- Helped expand (from 3-21 parks) and evaluated the LA County Parks After Dark (PAD) program, which seeks to improve community engagement and safety. Over 460,000 visits have been recorded for 2106.



Information regarding mental health, substance abuse, and financial assistance programs provided at health fair.

New Health Agency Initiative

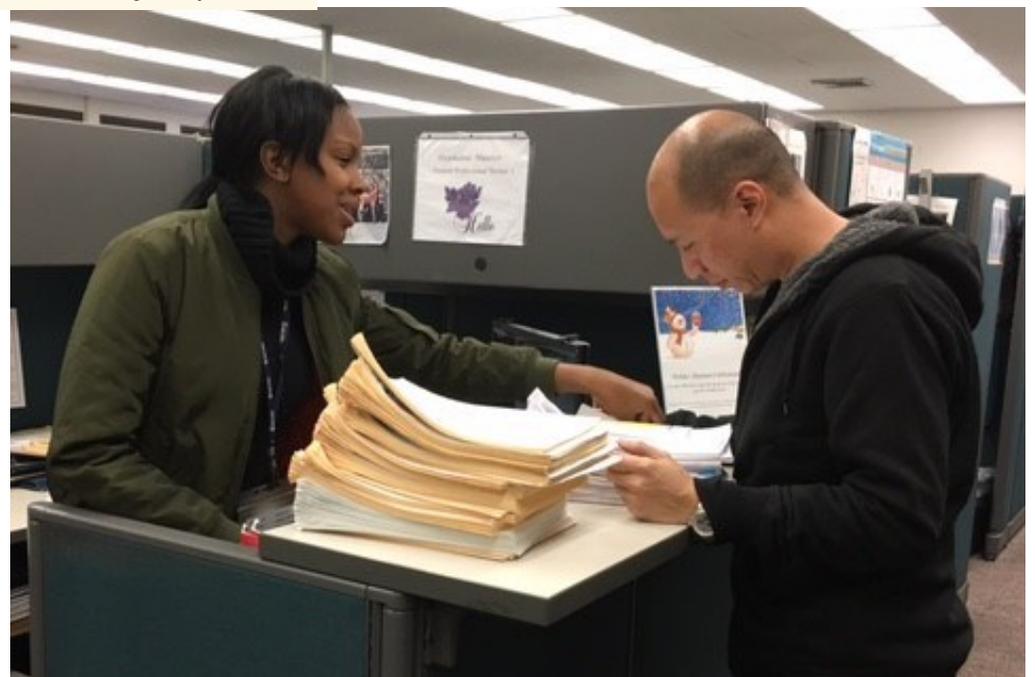
Whole Person Care (WPC) – The Whole Person Care initiative is a new federally approved waiver that acknowledges the best way to care for people with complex medical and social challenges is to coordinate their medical, behavioral, and socio-economic needs in an integrated manner. This waiver seeks to enhance a person’s self management skills, providing the necessary support to improve health behaviors and health and social service utilization thereby improving their health and well-being in the community setting. This is a five year pilot program and involves the Health Agency and a number of county departments and community stakeholders. The program is expected to begin in Spring 2017 and focuses on five target populations (homeless, criminal justice involved, mental health, substance use and medical high risk individuals).

- **LA County Health Agency**
- **LA County Sheriff Department**
- **LA County Probation Department**
- **Managed Care Med-Cal Health Plans (LA Care and Health Net)**
- **LA County and City Housing Authority**
- **UCLA**
- **> 50 Community Partners and Supporters**





Health Agency staff working for you



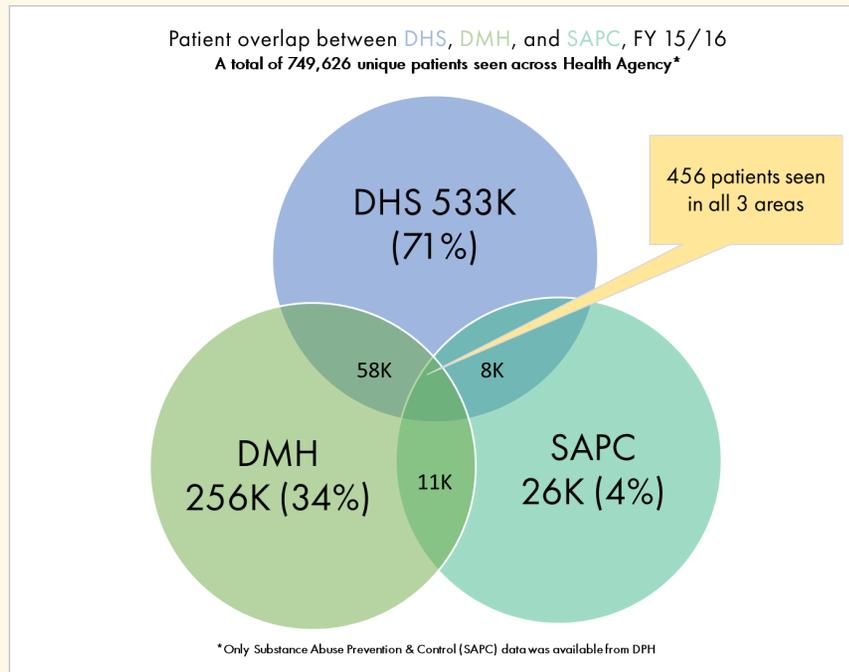
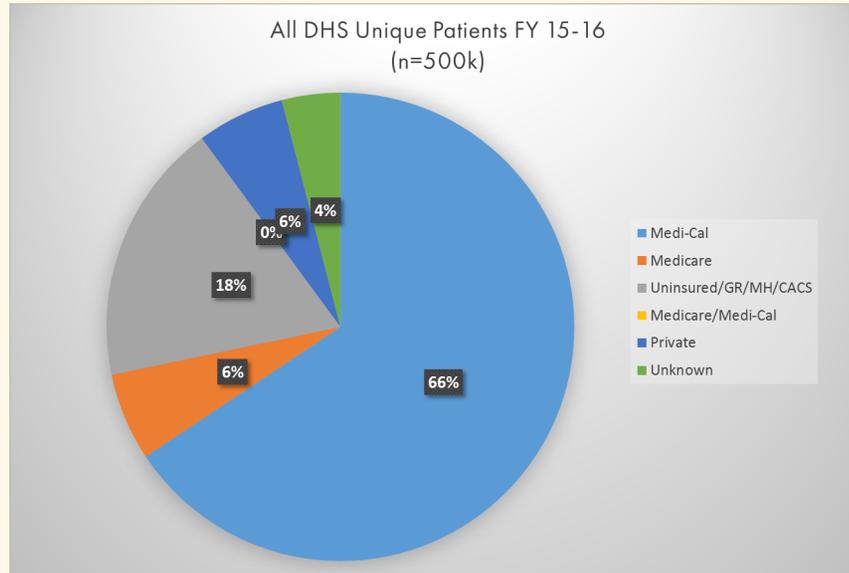
Health Agency Key Stats

- Approximately 750,000 patients/clients are seen across departments within the Health Agency
- More than 225 directly operated and affiliated community health centers for primary and specialty care services
- Approximately 600 directly operated and contracted mental health provider sites
- Greater than 30 public and private HIV/STD health centers
- Five 24/7 days a week psychiatric urgent cares
- First LA County sobering center in Downtown LA
- More than 380 contracted substance use service providers
- Four public hospitals (2 level 1 designated trauma hospitals and 1 Acute Care/Rehab Hospital)
- Nearly 2,300 individuals are permanently housed by the Housing for Health program since 2012

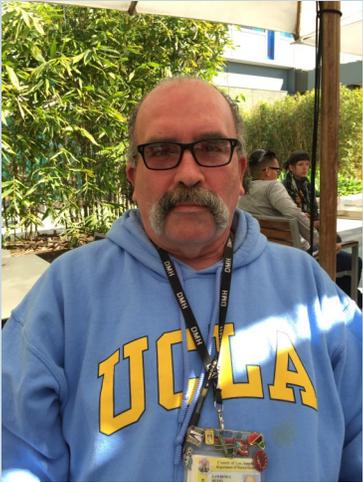


Plan — Improving health is our ultimate aim

Consumer Access & Experience



Testimony of endurance and perseverance from Health Agency Staff



I would humbly like to share with you my life experiences and the joy of working at DMH. I come from a very poor Puerto Rican family and grew up in the slums of Brooklyn. After being clean and sober for 34 years and living a life of recovery from drugs and alcohol and receiving treatment for my mental health, my life has changed. Working for DMH has provided me with a sense of purpose enabling me to fulfill my passion to work with those who are homeless or with a history of mental illness or of addiction. I love my work. Today my family is completely supportive of my work which is unlike when I was in the clutches of addiction and untreated for my mental health. My family no longer has to

worry that I will call them from a drunk tank or from a psychiatric hospital. While the experiences of my life were difficult and painful at times, it taught me to live with hope and spiritual faith in justice, peace and love for all humanity.

— Lawrence Reyes

My name is Maribel Castillon and I am a Public Health Nurse (PHN) for the Child Health and Disability Prevention (CHDP) Program in DPH. One of my responsibilities is to ensure that people that we serve receive quality health care services.

In the summer of 2016, I handled a case involving a four year-old boy near the now closed Exide smelting plant. He was diagnosed with an elevated lead level and anemia. Luckily he was cared for at DHS's Roybal Health Center. Before I knew that he was cared for at Roybal, I was very worried for the child because he lived within a two mile radius of the Exide plant. Instead, I found the staff at Roybal to be responsive and thorough.

I am inspired and comforted to know that many Los Angeles County Health Agency employees possess skills, talents and the devotion that allow our county residents to have access to greater health services. I am grateful to be a front line worker and for the opportunity to work and participate in our Health Agency integration process to make services more obtainable.

— Maribel Castillon



As a new employee with Woman's Community Reintegration Services, I often wondered how we would outreach to the ladies that were being released from jail to provide services to them. Our program can serve up to 500 clients but we only had less than 200 clients. The linkage part of our program had severed their connection with the jails so we were not receiving any referrals. By being a part of the Health Agency, we were able to reconnect with the jails and we are now receiving more referrals and are working inside the jails to assess women with mental health needs before being released. We have gone a step further and are now collaborating with the Correctional department which means we will soon be receiving referrals from the courts as well. This has allowed us to increase services to the women our program was designed to help.

— Grace Santillano



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