

May 28, 2015

Sachi A. Hamai
Interim Chief Executive Officer
Chief Executive Office – Office of Integration
County of Los Angeles
Kenneth Hahn Hall of Administration
500 W. Temple Street, Room 726
Los Angeles, CA 90012

Dear Ms. Hamai,

The Hospital Association of Southern California (HASC) which represents over 85 hospitals in Los Angeles County wishes to provide comment on the document titled: **Response to the Los Angeles County Board of Supervisors Regarding Creation of a Health Agency**. HASC wishes to express its appreciation to the Los Angeles County - Office of Integration for meeting with key stakeholders and incorporating those initial comments into the draft plan.

A plan to integrate Health Services, Mental Health and Public Health is a significant undertaking that requires careful analysis on its anticipated impact on County beneficiaries / clients; countywide residents; and underserved populations served by private hospitals. The breadth of services offered by Health Services, Mental Health and Public Health require that risks be properly mitigated before moving forward on a proposal that will impact as many as 10 million residents.

The plan cites a need to co-locate services and development of a consistent referral and financial screening process as reasons to pursue an integrated model. However, the report did not clearly highlight specific gaps in the transitions of care and associated metrics for how success will be measured. It is also unclear how Mental Health and Public Health programs and services provided directly to private hospitals (non-county) will be impacted. HASC, with hospital input, identified the following issues that must be addressed in the final report.

Mental Health: Areas of Concern

- **Identified Gap:** A need to fully identify within the continuum of care specific gaps that necessitate integration with clear metrics for measuring, monitoring and reporting success.
- **Psychiatric Mobile Response Teams (PMRT):** Private non-LPS hospitals rely on PMRT to perform psychiatric assessments of individuals placed on a 5150-Hold. The report does

not address how this resource will be affected under a health agency model as it pertains to private non-LPS hospitals.

- **Institutions for Mental Disease (IMD) Beds:** IMD access and placement is exclusively managed by the Department of Mental Health for county and non-county hospitals. The report is silent on whether IMD access by private hospitals will change under a health care agency. Patient referral to an IMD must be managed without regard to whether a patient is from a county or a non-county hospital. The current wait-time for an IMD bed is estimated to be about 14-months.
- **Specialty Mental Health:** Mental health carve-out requires that the Department of Mental Health continue to provide specialty mental health access and treatment to adults with serious and persistent mental illness. Also, the plan needs to address how services for children and adolescents for whom inpatient placement is very limited will be improved.
- **Appointment Access:** Need to preserve the 15-day appointment standard for mental health outpatient appointments regardless of whether a patient is discharged from a County or non-County hospital.

Public Health: Areas of Concern

- **Identified Gap:** A need to identify within the continuum of care specific gaps that necessitate integration with clear metrics for measuring, monitoring and reporting success.
- **Surveillance and Control:** Concern that integration could detract from Public Health's core mission and undermine countywide prevention efforts, community health initiatives and disease surveillance. Steps must be taken to preserve staffing associated with the division of Emergency Preparedness & Response and Public Health Laboratory. Finally, mission driven services and staff expertise can be lost to clinical demands that potentially undermine unique partnerships with local, state and federal agencies.
- **Role of Health Officer:** Report notes that the Health Officer will have a dotted reporting relation to the Board of Supervisors - this preserves the Health Officer's visibility and credibility on emergent issues. However, it is unclear in the report if the Health Officer will continue to lead a countywide disaster coordination and response effort, as well as issue health officer orders that are timely and independent.
- **External Countywide Needs vs. Internal County Needs:** A need to ensure that health initiative prioritization reflects countywide needs due to competing priorities outside the public health arena. There must be continued focus on addressing underlying social determinants of health, addressing health disparities, and protecting the general public from outbreaks and communicable diseases.

- **Nimble, Timely and Effective:** The plan does not offer metrics related to improving the County's response to public health threats; and does not address the role of private providers / county partners within the integrated model. Also, need to preserve the Hospital Outreach Unit which allows Public Health and private hospitals to partner together on initiatives that include rapid disease and outbreak reporting.
- **Licensing and Certification:** It is unclear how the process will change given net-county costs and ongoing negotiations between the State and the County.

Moving Forward

In the absence of clear objectives and corresponding metrics it remains unclear whether a health agency that integrates Health Services, Mental Health and Public Health will improve coordination and efficiency across the continuum of care. HASC, while it remains neutral on the issue of integration, encourages the County to continue its stakeholder engagement in order to properly mitigate concerns and unintended consequences. This recommendation is necessitated by the complexity, size and unique scope of service that each department provides. More importantly, this process will enable the County to build on the unique successes that its stand-alone departments achieved.

HASC appreciates the opportunity to provide comment and looks forward to continuing its dialogue with the Office of Integration on addressing the above concerns.

Sincerely,



JAIME GARCIA

Regional Vice President – Los Angeles Region