

February 13, 2015

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Re: Re: Board of Supervisor's Motion to Consolidate Departments of Mental Health, Health Services and Public Health

Dr. Ghaly,

As co-chairs to Service Area 2, we are very concerned about the proposed integration of the Departments of Health Services, Public Health, and Mental Health. Our service area has many needs and to help you understand our community, we would like to give you a brief overview of our service area.

SPA 2 with a population of over 2 million is the largest of the eight service planning areas in Los Angeles County encompassing over 999 square miles and includes the San Fernando and Santa Clarita Valleys. Children (ages 0-13) comprise approximately 18.9% of the SPA 2 population. The San Fernando Valley portion of SPA2 is one of the most ethnically and racially diverse regions in Los Angeles County. According to the San Fernando Valley/Santa Clarita Valley Triennial Community Needs Assessment (2010) conducted by the Valley Care Community Consortium (VCCC), the Racial/Ethnic composition of the San Fernando Valley is Latino (41.47%), Caucasian (40.11%), Asian (10.48%), Other (4.33%), and African American (3.61%). Household income disparities exist in SPA2. 10.64% of households in the SFV reported incomes below \$15,000 and 29.83% of household reported earning less than \$35,000 annually. The three communities in the SFV that collectively had 40% of the total SFV households with annual incomes below 15,000 per year were Van Nuys, Panorama City, and North Hollywood. At the high end, 12.04% of households in the San Fernando Valley reported earning over \$150,000. In 2009, SPA 2 had a total of 405,348 uninsured residents, including 382,387 in the San Fernando Valley and 22,961 in Santa Clarita. Among the uninsured in SPA 2, 13% were under the age of 18 including 48,965 children in the San Fernando Valley and 3,401 children in the Santa Clarita Valley. In 2009, SPA 2 and SPA 6 ranked highest in percentage of Medi-Cal Population (18%). Among Medi-Cal eligible individuals in SPA 2, 48% were children age 0-15 and 11% were transitional age youth 16-25 years, 20% were adults 26-59, and 22% older adults 65 years and above.

According to the LA County Department of Public Health Key Indicators of Health by Service Planning Area (2009) report, in SPA 2, 5.7% of children are perceived by their parents to be in fair or poor health, 17.9% of children 0-17 years have special health care needs, 6.0% of children are without health insurance, 13.5% of children have difficulty accessing healthcare, 6.5% of children have no regular source of healthcare,

26.7% of children do not have dental insurance, and 11.8% of children did not obtain dental care because they could not afford it.

According to the Northridge Hospital Medical Center 2013 Community Health Needs Assessment Summary the 10 most immediate community health needs identified for SPA2 are provided below, listed from highest need to lowest need:

1. Access and consistent source of primary care
2. Dental care access (adult and youth)
3. Mental health and substance abuse
4. Diabetes management (hemoglobin A1C test)
5. Poverty rates (100% and 200% FPL)
6. Healthy eating
7. Uninsured population
8. Heart disease
9. Obesity/overweight (youth and adult)
10. Prevention & wellness

The 12 most pressing intermediate community health needs identified are provided below in alphabetical order:

- Aging issues/Alzheimer's disease/dementia
- Asthma (youth and adult)
- Cancer (breast cancer and all others)
- Caregiver support
- Care coordination
- Child abuse & domestic violence
- Education (graduation rates/no diploma)
- Hypertension management
- Lack of physical activity (adult & youth)
- Language barriers
- Teen births
- Smoking

As you can see our community has many needs and could benefit from a true integration of health, public health and mental health to more effectively meet the needs of our clients/consumers. We believe that a fair integration, where one department is not disproportionately represented would benefit SPA2. Attached, we have given you an outline of how our SAAC responded to the Department consolidation questionnaire

If you have further questions, please don't hesitate to call or email us,

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SPA 2 response to County Department consolidation questionnaire

A questionnaire was provided to SPA2-SAAC in order to obtain feedback about the proposed consolidation. The following is a summary.

Question One: What are or could be the advantages to integration of the current three health departments (DMH, DPH, and DHS) under a single umbrella agency?

- Better integration
- Better understanding of mental health for the primary care side
- Possibility of better education and understanding of each other departments functions
- Better client care on the primary care side if MH is included
- Possibility of reducing the run around between systems and more seamless services.
- Possibility of reduced stigma and increased understanding the MH is a brain disorder and not a moral lapse.
- Potential for better research if we collaborate.

Question Two: What disadvantages would you want the Board of Supervisors to be aware of related to the proposed integration? How can these be mitigated?

- Loss of autonomy for the Department of Mental Health. Make sure separate Directors, budgets and access to Board of Supervisors is protected.
- Possible loss of specialty services due to Primary care lack of understanding that this is not the same as Behavioral Health in the medical world.
- Fear of being overshadowed by the Health Services Department
- Clients might be getting psychiatric care from Health Services who aren't as familiar with care issues, don't function from the Recovery Model and don't include family systems.
- Cultures are radically different, which might lead to organizational dysfunction
- Primary Care might not be motivated to integrate.

Question Three: Other than a model of an agency director and three distinct reporting departments, what additional models should be considered?

- One that has an outside director over all departments that isn't DHS.

- One where each department has direct access to the Board of Supervisors
- Where there are stakeholder groups which provide guidance and who represent our diverse population (i.e., SAAC and SLT).
- One with an civilian oversight board which includes consumers.
- Have a psychiatric social worker at the top management level
- Have community meetings where feedback provided to

Question Four: What could be considered as the centralized administrative agency functions, and along what timeline?

- Communications: Sharing information in a more timely and effective manner.
- Centralizing HR?

Question Five: What should not be centralized administrative agency functions?

- Adding layers of oversight should be avoided.
- Budgets should be kept separate.

Question Six: Are there some service-related functions that currently occur in all three departments that should be combined? For example, Housing

- Housing is key and an important concern for our SAAC.
- Use of existing research and possibility of developing better and more inclusive studies.
- Continuous meetings between agencies both at the Director Level and also at the Service Area Level.