

— WELCOME —



# Public Convening on the Proposed LA County Health Agency

*Spring 2015*

*Facilitated by*



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# Why Are We Here?

To provide **PUBLIC INPUT** on the report analyzing whether and how a unified health agency can better integrate services and improve health outcomes across the County



Now is the time to give **YOUR**  
**FEEDBACK** on the creation of  
a new health agency.

- *The final report to the Board of Supervisors will be modified based on input from this process.*

# Today's Agenda

## OPPORTUNITIES AND RISKS

- Presentation on the report
- Table discussion to hear your feedback
- Clarifying questions

## PROPOSED STRUCTURE AND IMPLEMENTATION

- Presentation on the report
- Table discussion to hear your feedback
- Clarifying questions

## CLOSING COMMENTS

# Structural Models

Current



Previous



Proposed Agency Structure



NOT under consideration



# Phases & Timeline

**JANUARY 13**

**Board of Supervisors  
approves in concept  
the creation of a  
health agency**

**MARCH 30**

**Draft report on  
benefits, drawbacks,  
structure,  
implementation steps  
and timeline released  
to the public**

**APRIL 1 – MAY 29**

**Public dialogue and  
comment period on  
draft report**

**BY JUNE 30**

**Final report to be  
submitted to the  
Board of Supervisors**

# Who have we talked to?

We have held **over 50 meetings** with **over 80 external groups** to prepare the report and respond to the draft.

Academic Institutions

Community Councils

Hospitals & Clinics

Professional Healthcare Organizations

Unions

Commissions

Public Interest Legal Services

Client Coalitions

Nonprofit Organizations

Healthcare Foundations

Advisory Boards

Community Residents

Housing Providers & Associations

Faith-Based Councils

Health Plans

Grant Organizations

Healthcare Researchers

Health Advocates

State Associations

Public Policy Organizations

Health Consortia

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# Opportunities & Risks

# Opportunities

1. Greater integration of population health and clinical service delivery.
2. Integrated services for those who need multiple types of care.
3. Better services for vulnerable populations.
4. Improved access to all services regardless of the point of entry.

# Opportunities

5. Increased access to and use of information technology and data.
6. More strategic use of facilities, including co-location.
7. More efficient pharmacy, contracting, purchasing, and HR services.
8. Additional revenue from Medi-Cal billing and reimbursements.

# Opportunities

9. Improved workforce education and training.
10. Stronger LA County influence on state and federal health policy issues.
11. Integrated effort to reduce health disparities.

# Risks

1. De-prioritization and de-funding of mental health and public health.
2. Additional layers of bureaucracy.
3. Funds taken from Department resources to pay for agency administration.
4. Departments losing focus on their distinct missions.
5. Cultural friction between departments.

# Risks

6. Medicalization of mental health; less emphasis on the recovery model.
7. Disruption of existing service models, partnerships, and client-provider relationships.
8. Distraction from ongoing work to improve and integrate services.

# Addressing Risks

An agency model and its structure can mitigate these risks:

- An agency maintains separate Departments and budgets; budgets can only be changed by the Board of Supervisors.
- The agency structure should be lean and simple, focusing on service-oriented initiatives rather than administrative restructures.
- The agency should minimize multiple reporting layers. Units should move to the agency level only if there is a clear benefit of doing so.
- The agency director should have the skills and temperament to build trust with clients, staff, and the community and should have knowledge/experience in health, mental health, and public health.
- Implementation should prioritize stakeholder engagement, indicators of progress, etc.

# Table Discussions



- Is **your perspective** reflected in the ‘Opportunities’ section? What else should be included?
- Is your perspective reflected in the ‘Risks’ section? **What else should be included?**

**The final report will be modified based on public input.**

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Write any clarifying questions on the sticky notes and post them on the chart paper. Common questions will be addressed by the presenter or included in FAQs on the website. County staff will do their best to respond individually to other questions.

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# Structure & Implementation

# What is being proposed

3 Departments Reporting to a  
Health Agency Director

Health agency



# Key Points in Structuring the Agency

- ❖ **Progress thoughtfully** to avoid disruptions and only make changes when there is a clear advantage.
- ❖ **Avoid duplication**, bureaucracy, and increases in administrative costs.
- ❖ Stay lean and **rely on existing staff**.
- ❖ **Respect departmental identity**, expertise, and culture.

# Recommended Units at the Agency Level

- Data / planning group
- Capital projects and space planning group
- Government affairs

*To be considered:*

- Workforce training
- Consumer affairs / care navigation / ombudsman

# Recommended Strategic Roles in the Agency

- IT strategy
- Revenue maximization
- Service contracting and procurement strategy
- Human Resources / Employee Relations

*To be considered:*

- Managed care strategy
- Emergency response

# Implementation Steps

If the Board of Supervisors moves forward with creating the agency:

1. County Counsel would prepare an **ordinance to create the agency** and report back to the Board within 30-60 days.
2. The **Board would appoint an agency director**, either interim or permanent, upon the effective date of the ordinance.

# Implementation Steps

3. The agency director, in collaboration with Department heads and external stakeholders, develops and reports back to the Board on:
  - ✓ Agency **mission and vision**
  - ✓ Mechanism for **ensuring meaningful and ongoing dialogue** with external stakeholders
  - ✓ Set of indicators to be tracked and reported to the Board to **gauge agency impact**
  - ✓ Plans to **shift units or individuals to agency-level roles** and any accompanying costs
  - ✓ Initial **prioritization of integration** initiatives

# Implementation Steps

4. Create a forum for **ongoing stakeholder engagement** to ensure community participation and input, provide feedback, help create metrics, and build trust and learn from one another.
5. Establish **regular public meetings** for a minimum of 18 months in which the agency director and Department heads report on priorities, activities, and whether opportunities and risks are being realized. Community stakeholders should be encouraged to attend and speak.

# Table Discussions

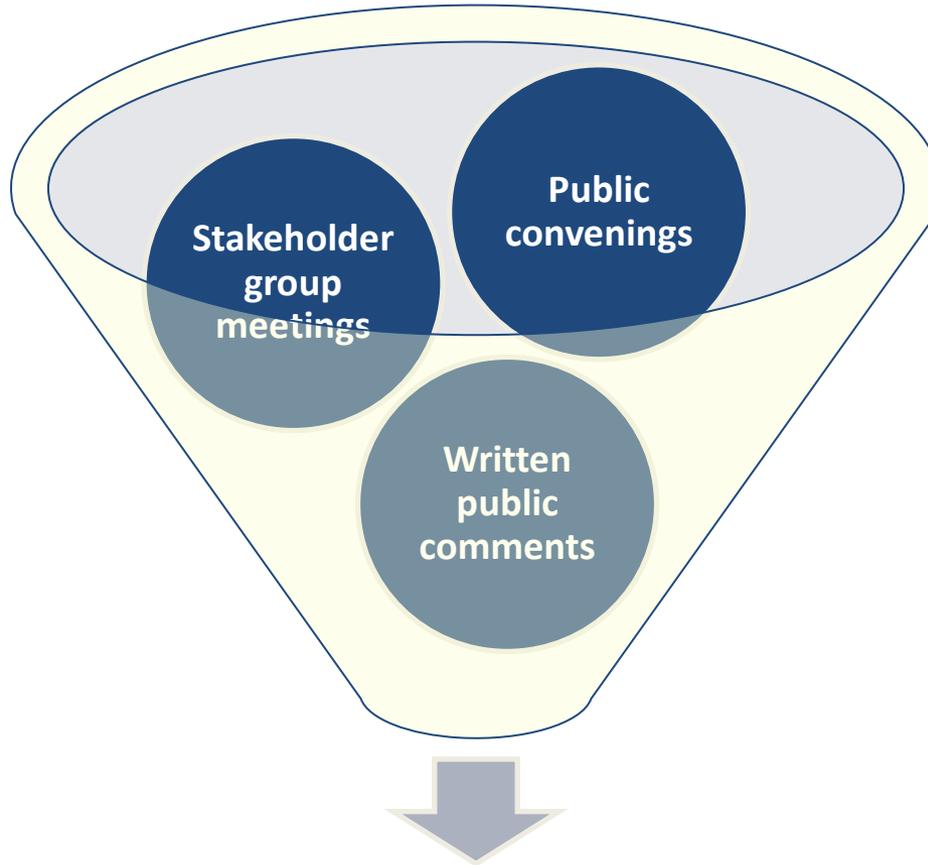
A FEW  
QUESTIONS  
TO ASK

- If the agency model is implemented, **what needs to be in place** to make it most effective?
- How would you like to see an **ongoing stakeholder engagement** process structured?

**The final report will be modified based on public input.**

Write any clarifying questions on the sticky notes and post them on the chart paper. Common questions will be addressed by the presenter or included in FAQs on the website. County staff will do their best to respond individually to other questions.

# Next Steps



Final report to the Board of Supervisors – June 30th

# Additional Comments or Questions?



Please submit written comments  
by **May 29<sup>th</sup>** to:

Office of Health Integration  
Kenneth Hahn Hall of Administration  
500 W Temple Street, Room 726  
Los Angeles, CA 90012  
[healthintegration@lacounty.gov](mailto:healthintegration@lacounty.gov)

If you would like to speak to someone or need  
assistance in another language, call 213-974-4017.



For more info and to download the report:  
[priorities.lacounty.gov/health](http://priorities.lacounty.gov/health)

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**THANK YOU  
FOR  
COMING!**