

Date: May 28, 2015

To: Office of Health Integration

From: Asian Pacific Policy and Planning Council (A3PCON), Mental Health Committee

Regarding: Input to the Response to the Los Angeles County Board of Supervisors regarding the possible creation of a health agency

I. **Overview:**

A3PCON supports the need for service integration of health and behavioral services on selective fronts. We do not feel that the health agency model is the most effective way to achieve the needed levels of integration. The draft report (dated 3/30/15) continues to clearly subsume the entirety of DMH, DPH and DHS under the Health Agency and a hierarchical bureaucratic organizational structure that is to be directed by the current director of DHS. This as we noted in our meeting is unacceptable since the bias of DHS in setting health agency priorities is virtually unavoidable.

As we had noted in our meeting with Dr. Ghaly, we proposed a model of collaboration, equity and accountability among the three entities to define and execute shared integration goals. At the same time we support a model that maintains the independent operational responsibilities and budgetary authority of DMH, DPH and DHS and their direct reporting authority to the Board of Supervisors.

The draft report (dated 3/30/15) points out a number of areas where the opportunity for service integration exists but the proposed model does not take into account the many areas where services are working well and should be left alone. The draft report in our view simply “brainstorms” all possible ideas of integration initiatives yet fails to assess what is realistically possible given the enormity of the challenges facing each department separately. What is clearly necessary as a next step is the creation of a strategic plan that balances the separate work of each department with the collaborative work that is necessary to achieve the shared integration goals.

To insure that the distinctive work of each of the departments can occur unimpeded we disagree with Dr. Ghaly that it is necessary for each entity to be subsumed under the health agency. In our meeting with Dr. Ghaly (4/15/15) we proposed a model where each department carries a dual role as ordered by the Board of Supervisors: independently responsible to the Board for their respective separate missions, budgets and operations and through a CEO level office of healthcare enhancement, responsible for collaboratively creating and executing a strategic plan for healthcare integration activities.

A3PCON feels that the work of advocating, creating and delivering community based culturally competent services will be adversely affected by the Health Agency. Our work is an example of the many non-health services and health and behavioral health integration programs of DMH of which is grounded in a unique community based, stakeholder and consumer driven process. We have been particularly

effective in addressing mental health disparities in our communities. The draft report does not include any planning for this essential principle of operation. The need for outreach, engagement and education to overcome disparity for underserved communities is not treated as a requirement but instead identified as one of many well intentioned priorities. Cultural competency has to be woven into the fabric of any agency and we are proud of our work to imbed it into the culture of DMH. It is not just linguistic access; it is sensitivity to the diversity of the ethnic and cultural communities in Los Angeles and focusing on approaches and strategies that address these individually.

II. Specific Concerns:

1. We are particularly struck that concerns from community based agencies and consumers about an inclusive approach if under a health agency model is labeled as a “general anxiety” about new leadership and change in your report. Our concerns are real, based on past experiences.
2. The clash in organizational cultures between the three entities (DMH, DPH, DHS) is extraordinary as we noted in our meeting with Dr. Ghaly (4/15/15) and that subsuming DMH in particular under a health agency significantly threatens to mute or de-prioritize our work amidst a multitude of competing priorities. We noted for example the real possibility of DMH being eclipsed by DHS. We think that can be avoided by a model that maintains the continued independent operating authority of DMH while at the same time establishing a Board ordered CEO level Office of Healthcare Enhancement that is ordered to create and execute a strategic plan for healthcare integration. Dr. Ghaly’s critique that this alternative would not have sufficient authority to execute is misplaced. In the County of Los Angeles the Board of Supervisors is the ultimate authority who can in-turn delegate executive level authority to CEO level executives and department directors. In this instance the chain of command is straightforward: the Board of Supervisors directs/orders the CEO level director and the three department heads to collaboratively create and execute a strategic plan for integration. This is how historically the “hands-on” County Board of Supervisors has managed successfully.
3. The draft report does not adequately reflect the many areas mandated by public funding that cannot be integrated nor a clear value added benefit for consumers achieved through integration. There is no justification why such areas should be placed under the control of the health agency and its director unless the ultimate intent of this proposal is to ultimately control the direction and resources of all three entities.
4. Many services do not have a need for service integration and the draft report does not explore these. These are principally areas that are not health-focused and or successful programs where integration is indeed working as your report acknowledges. While the draft report continues to state that the new health agency would not focus on these areas where there is no benefit we question why it is necessary that all these efforts be placed under the health agency. What is achieved by this added level of bureaucracy? In our opinion, the creation of a health agency as

proposed will add another layer of bureaucracy that will further prevent those in need from accessing needed behavioral health services.

5. The draft report does not adequately take into account the level of disruption that will occur when an under-resourced and understaffed integration plan is implemented without needs assessment, stakeholder input to determine priorities and a well thought out timeline. There is not a clear assessment of how a health agency will be balanced against the current workload of each department.
6. We strongly believe in the continued independence of DMH to pursue its mission and to be able to directly report to the Board of Supervisors.
 - The integrity of the Department’s internal decision-making process should be left alone.
 - The integrity of the stakeholder process used so effectively by DMH should not be lessened in any degree. If there is a new structure for integration of services, it must include such a model to set priorities for the integration of services.
 - DMH should be held directly accountable to the Board for its distinctive mission, goals and services.

III. Our Support for an alternative Model of Health Care Enhancement.

We are disappointed that after two lengthy meetings with you (UREP and A3PCON) that our extensive comments and recommendations have made little more impact than a mere recording of stakeholder comments and concerns. We are troubled that an extensive process of stakeholder involvement that has been carried out over the past three months has had no impact on the proposed structural realignment of the Health Agency that subsumes the entirety of DMH, DPH and DHS under this umbrella.

We believe the public health, health and mental health system can do much better than propose an outdated hierarchical model to solve challenging contemporary problems of integrated services. As concerned stakeholders we have joined with over 135 agencies, consumer groups and community leaders representing mental health, public health and health to propose an alternative plan for healthcare enhancement. This 31-page plan for an “**Office of Healthcare Enhancement**” has been formally submitted on 5/19/15 to the Board of Supervisors and widely distributed. Our model embraces leadership through collaboration to define and achieve shared integrative goals. This Board ordered model holds the executive leadership of all three departments equally accountable to achieve specific integrative goals which would be developed collaboratively with the new CEO level Director (also Board authorized). In addition our model maintains each department as independently accountable for their separate department based goals and requires direct access to the Board. In so doing this model will result in better integrated care while maintaining the autonomy of each department and ensuring that mental health and public health continue to be equity partners with physical health.