

Appendix II: Brief Overview of Process for Developing this Response to the Board

In preparing to respond to the Board’s January 13, 2015 motion, a concerted effort was made to obtain input from a broad range of internal and external stakeholders. This included outreach to external entities, including Commissions, advocacy groups, non-profits, and other groups identified by the Departments, with opportunity for presentation and discussion of the Board motion. Over 35 stakeholder meetings were held prior to release of the draft report. A full list of these stakeholders is provided below. Letters received from stakeholders are posted on the health integration website (priorities.lacounty.gov/health), along with other information and documents on the health integration process. Labor unions with members in one or more of the affected Departments were briefed on the issue and offered an opportunity to raise questions or concerns. Each labor union then established their own process for additional engagement with their membership. Finally, executives in large California counties outside of Los Angeles were also interviewed, as were individuals with knowledge of the structure of major US Counties outside of California.

<i>External Stakeholders</i>	
AFL-CIO	Los Angeles County Client Coalition
AFSCME	Los Angeles County Coalition for Women and Health Reform
Alzheimer’s Association	Los Angeles Housing + Community Investment Department Maternal & Child Health Access
Ambulatory Care Network Advisory Board	Mental Health Advocacy/Legal Advocates
American Heart Association	Mental Health Consortium – Congresswoman Napolitano, 32 nd District
American Indian Community Council	MHS Oversight & Accountability Commission
American Lung Association	National Alliance on Mental Illness
Antelope Valley Partners for Health	National Alliance on Mental Illness Urban LA
Asian Client Coalition	Neighborhood Legal Services of Los Angeles County
Asian Pacific Policy & Planning Council	ONEgeneration
Association Community Human Services Agency	Operating Engineers and Building Trades
Black Los Angeles County Client Coalition	Pacific Clinics
Blue Shield California Foundation	Prevention Institute
California Alliance of Information and Referral Services	Project Return Peer Support Network
California Association of Alcohol and Drug Program Executives	Public Health Alliance of Southern California
California Center for Public Health Advocacy	Roybal Institute/USC
California Community Foundation	Service Area Advisory Committee Chairs (plus 8 Service Areas)
California Endowment	SEIU Local 721
Children’s Systems of Care / Transitional Age Youth	Southern California Association of Non-Profit Housing
Committee on Interns and Residents	Southern California Public Health Association
Community Clinic Association	System Leadership Team (SLT)
Community Health Councils	Teamsters Local 911
Community Partners in Care	The Wall Las Memorias Project
Cooperation for Supportive Housing	Union of American Physicians and Dentists
DMH Faith-Based Advocacy Council	UCLA, Fielding School of Public Health
Economic Roundtable	Under-Represented Ethnic Population
Eldorado Community Service Center	UniHealth Foundation
Empowerment Congress	U.S. Department of Health and Human Services Promotoras Initiative Steering Committee
Greater LA Black Infant Health Consortium	USC, Environmental HS Department
Harbor Area Counseling Services Inc.	Western Center on Law & Poverty
Hospital Association of Southern California	
Housing Trust Advisory Group	
Housing Works	<u>Commissions</u>
Inner City Industry, Inc.	Commission for Children and Families
Insure the Uninsured Project	Commission on Alcohol and Other Drugs
International Union of Operating Engineers	Commission on HIV
LA Care Health Plan	Commission on the Status of Women
LA Homeless Service Authority	Hospital and Health Delivery Commission
Latino Client Coalition	Mental Health Commission
Local 1083, 36, 2712, 3511 & 1921	Public Health Commission
Long Beach Public Health	

Input was also obtained from County staff through a number of different mechanisms. This included the development of seventeen workgroups (see list of workgroups below) focused on a wide set of clinical, programmatic, and administrative topics, who met to discuss the responses to the Board motion from the vantage point of their content expertise.

<i>Interdepartmental workgroups</i>
Facilities / Space Planning
Finance / Revenue Generation
Housing
Human Resources
IT and Data
Managed Care Contracting
Pharmacy/340B Reimbursement
Purchasing/Contracting
Service Integration: Ancillary Services
Service Integration: Care for Individuals Requiring Physical, Behavioral and Public Health Services
Service Integration: Community-based Interventions, Population Health, and Personal Care
Service Integration: Contracted Clinical Services
Service Integration: Foster Children and Transitional Age Youth
Service Integration: HIV
Service Integration: Re-entry Populations
Service Integration: Response to Public Health Threats
Service Integration: Streaming Access to Care

An initial draft report was prepared by staff from CEO and County Counsel. Leadership from the County CEO (including Employee Relations, Compensation, Budget/Finance, etc.), County Counsel, Department of Human Resources, DPH, DHS, and DMH were each asked to review and directly edit the initial draft for both factual accuracy and also to ensure the full set of perspectives and points were reflected. All efforts were made to ensure their input was fully taken into account. Detail on Department input that was not incorporated in the initial draft is included in the “Process” appendix to draft report.

Following submission of the draft report, the CEO held a 60-day public comment period which closed May 29, 2015. Public input during this public comment period was accepted in several ways. First written comments were accepted if submitted through the Health Integration website or if sent (or copied) directly to its staff. Written comments received by May 29th are included in full as Appendix VII, with identifying information redacted when requested by the submitting individual/entity. Verbal comment/input was obtained at a variety of stakeholder meetings (over 40 meetings took place during the open comment period), per the request of the stakeholder group, and at five public convenings, each facilitated by Community Partners, held throughout the County. Details related to public convenings were agreed to with Community Partners staff, a represented from each Department as appointed by the Department head, and staff from the CEO’s Office of Health Integration. Individuals attending public convenings had access to translation services if requested in advance. A video of the presentation at one of the convenings was posted on the health integration website. Community Partners’ summary of the public convenings is available in Appendix VIII.

The totality of input from stakeholder meetings, written comments, public convenings, and input from County staff was taken into account in revising the draft document to generate this final report. A vast majority (>95%) of the direct edits received from DHS, DMH, and DPH were accepted and incorporated into the report. Edits were not accepted if they were factually incorrect or if they altered a view expressed by stakeholders. Additional edits that were not accommodated include requests by DPH to remove text related to the following:

- The agency or Departments’ ability to address health disparities.

- How an agency could help promote unified leadership, priority-setting, vision of broad health system issues, etc.
- How DPH could use EHRs within DHS and DMH to monitor, study, and learn about diseases in vulnerable populations.
- Opportunity to integrate and coordinate services for those using community-based needle exchange sites.
- That some believed that efforts to streamline access to care and create a unique identifier wouldn't be realistically possible without an agency.
- Examples of potential joint policy/legislative activities that pertain to public health.

Quotations included in this report are actual statements made during the stakeholder process; in certain cases, they were edited for the sake of brevity. Quotes are included from both internal County staff and external stakeholders and are only included if they represented the general perspective raised by more than one individual. Identifying information is intentionally withheld, even in those cases where the speaker may have been willing to be identified since not all individuals were willing to be quoted and since such information would not add to the quality of the narrative.