Appendix IV: History of DHS, DMH, and DPH Organizational Structure

The Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH) were initially created as separate entities. In 1972, DMH and DPH were merged with hospitals (and veterinary services) to create a single Department of Health Services in response to the findings of the Board-established Health Services Planning Committee that found having multiple departments resulted in service fragmentation, duplication of effort, and difficulties in coordinating health programs. Many stakeholders have also pointed out that the move to combine mental and physical health also stemmed from the availability of new funding in the mental health arena and the desire from some to use that funding more flexibly to address gaps in hospital budgets.

The next six tumultuous years were characterized by unstable leadership in mental health, competing geographic program structures, de-prioritization of mental health services that were overshadowed by hospital issues, inadequate attention to the ongoing de-institutionalization of mental health care that was a major theme at the time, and diversion of mental health funding to address physical health service needs. In response, the Board adopted an ordinance in 1978 establishing an independent DMH which held responsibility for all mental health services functions except for inpatient and emergency psychiatric treatment which continued to be provided at DHS facilities with DMH responsible for the cost of this DHS-provided care. In addition to hospitals, DHS retained duties associated with public health and the County Health Officer; alcohol and drug programs; and the County veterinarian services. At that time, all physical health clinics were a function of the DHS division of public health. In the early 1990s ambulatory clinics, except twelve public health clinics, were aligned with the hospital facilities and became today's Comprehensive Health Centers and Health Centers.

That structure remained until 2006 when the Board created a separate Department of Public Health. While a variety of factors influenced the Board's decision, five primary stated concerns supported the need for separate a Department:[65] 1) Anticipated budget reductions for public health activities as a result of projected deficits in DHS hospitals and clinics, a tension amplified by public health being a general fund unit whereas health services operates as an independent enterprise fund.[66] 2) Different missions – DHS being that of care to low income individuals while DPH has a broader population mission – and the risk that DHS problems and larger size would lead to the de-prioritization of public health activities. 3) Perceived greater ability of public health to advocate for its interests before the Board and greater ability for DHS' director to focus attention on "critical indigent health issues and long-term funding problems." 4) Anticipated growth in size and scope of public health activities and roles. 5) The need for an experienced public health physician leader to act as the County's Public Health Officer. At that time, the possibility of DHS hospitals shifting to an alternative governance structure under a Health Authority model also appears to be a factor in the decision. While recommending the split, Mr. David Janssen, the County CAO at the time, wrote of the need to "continue to integrate prevention activities into the personal health care system" a fact which would require a "strong agreement" between the two departments to guide such activities. In expressing concern with the split, DHS Director Dr. Thomas Garthwaite, expressed concern that continued collaboration would suffer, depending entirely on the "will of leadership" and "not assured or promoted by the structure."

This separation resulted in hospitals, ambulatory clinics (except those specific to public health services only), and other services (e.g., managed care, juvenile court health, and emergency medical services) making up DHS. By ordinance, DPH included public health services, AIDS programs, alcohol and drugs programs (SAPC) and children's services. Over the subsequent three years, the County briefly considered moving select functions, such as Alcohol and Drug Program Administration, Children's Medical Services, the Office of Women's Health, and Emergency Medical Services but opted to retain the existing reporting relationships. This general division of departmental responsibilities remains in place today.

[65] Based on a memo from David Janssen, Chief Administrative Officer, to the Board on June 9, 2005.
[66] A government's general fund is a pool of cash raised from taxes and can be spent wherever the government needs it. In contrast, an enterprise fund can only be spent on a specific purpose with most of the funding coming from revenue related to the fund's mission.