

Appendix V: Structure of Health-Related Services in other Counties

LA County is the largest county in the United States with a population of nearly ten million residents. It is also one of the nation’s most ethnically and socio-economically diverse counties. While no county can be put forward as a perfect comparison to LA County, it is still helpful to understand how other large counties structure their health departments, particularly those within California given the different ways that other states structure state vs. local roles and responsibilities, and also among very large counties outside of California, which are helpful comparisons due to their size and diversity.

For this report, we reviewed the structure of county health-related services in the largest California counties and also the ten largest counties outside of California. A brief summary of the structure of these comparison counties is provided below.

Fifteen largest Counties in California:

| County | Population ⁶⁷ | Sq. Miles ⁶⁸ | Organizational model ⁶⁹ | | | Brief description |
|----------------|--------------------------|-------------------------|------------------------------------|----------------------|----------|--|
| | | | Fully integrated | Partially integrated | Separate | |
| Los Angeles | 9,818,605 | 4,058 | | | ✓ | Separate departments of Health Services, Mental Health and Public Health |
| San Diego | 3,095,313 | 4,207 | ✓ [limited scope] | | | Mental health, public health and substance abuse, along with social services, report to the County’s Health and Human Services Agency. There are no public hospitals or clinics in San Diego County. |
| Orange | 3,010,232 | 791 | ✓ [limited scope] | | | Mental health, public health, and substance abuse report to the County’s Health Care Agency. There are no public hospitals or clinics in Orange County. |
| Riverside | 2,189,641 | 7,206 | ✓ | | | The Riverside Board of Supervisors voted to merge the previously separate Departments overseeing hospitals/clinics, mental health (including substance abuse), and public health in March 2015. |
| San Bernardino | 2,035,210 | 20,057 | | | ✓ | Separate mental health, public health and physical health departments. |

⁶⁷ U.S. Census Bureau, Census 2010

⁶⁸ U.S. Census Bureau, Census 2010

⁶⁹ Refers to the reporting relationship for hospitals, physical health clinics, public health, mental health, and alcohol and drug programs to County governance when such functions exist at the County level. Not all counties in California operate public hospitals or clinics; these are noted as “limited scope”. For the counties outside of California, some states delegate responsibilities for public and mental health to the state or city, rather than the county. Those geographies where the full set of responsibilities does not reside at the county level are indicated as “limited scope.” “Fully integrated” refers to a structure in which the health-related functions (those that exist in the county) report to a single individual who is responsible for health. This may indicate either an agency structure or a merged department structure. “Partially integrated” refers to a structure in which some, but not all, of the available health-related functions report to a single individual responsible for health. “Separated” means that each health-related function reports separately to County leadership.

Response to the Los Angeles County Board of Supervisors Regarding Possible Creation of a Health Agency
 June 30, 2015

| County | Population ⁶⁷ | Sq. Miles ⁶⁸ | Organizational model ⁶⁹ | | | Brief description |
|---------------|--------------------------|-------------------------|------------------------------------|---|----------------------|---|
| Santa Clara | 1,781,642 | 1,290 | ✓ | | | All components (hospitals, clinics, public health, mental health, substance abuse) report to Santa Clara County Health and Hospitals System. |
| Alameda | 1,510,271 | 739 | | ✓ | | Mental health, public health, and substance abuse, among other functions, report to the County's Health Care Services Agency. Public hospitals and clinics report to the Alameda Health System, a health authority. |
| Sacramento | 1,418,788 | 965 | ✓ [limited scope] | | | Mental health, public health, substance abuse, and clinics, along with social services, report to the County's Health and Human Services Agency. There are no public hospitals in Sacramento County. |
| Contra Costa | 1,049,025 | 716 | ✓ | | | Mental health, alcohol and drugs, public health, hospitals, and clinics, as well as other functions, report to Contra Costa Health Services. |
| Fresno | 930,450 | 5,958 | | | ✓ [limited scope] | Separate mental health and public health departments. Substance abuse is contracted out by both public health and mental health. There are no public hospitals or clinics in Fresno County. |
| Kern | 839,631 | 8,132 | | | ✓ | Separate mental health, public health and physical health departments. Kern County is in the process of creating a health authority for hospitals and clinics. |
| Ventura | 823,318 | 1,843 | ✓ | | | Mental health, alcohol and drugs, public health, hospitals, and clinics, as well as other functions, report to Ventura County Health Care Agency. |
| San Francisco | 805,235 | 47 | ✓ | | | Mental health, alcohol and drugs, public health, hospitals, and clinics, as well as other functions, report to San Francisco Department of Public Health. |
| San Mateo | 718,451 | 448 | ✓ | | | Mental health, alcohol and drugs, public health, hospitals, and clinics, as well as other functions, report to the County of San Mateo Health System. |
| San Joaquin | 685,306 | 1,391 | | ✓ | | Public health, mental health, and substance abuse report to San Joaquin Health Care Services Agency. The public hospital and clinics report separately to the County Board of Supervisors. |

Ten largest US Counties outside of California

| County | Population ⁷⁰ | Square Miles ⁷¹ | Organizational model ⁷² | | | Brief description |
|-----------------------|--------------------------|----------------------------|------------------------------------|----------------------|----------------------|---|
| | | | Fully integrated | Partially integrated | Separate | |
| Cook County, IL | 5,194,675 | 945 | ✓ [limited scope] | | | Hospitals, clinics, jail services and suburban public health are integrated under the Cook County Health and Hospitals System. Chicago has a separate public health department. Mental health is a state / city function in IL. |
| Harris County, TX | 4,092,459 | 1,703 | | | ✓ [limited scope] | County public hospitals and clinics (Harris County Health System) report separately than public health. Mental health is a state function in TX. |
| Maricopa County, AZ | 3,817,117 | 9,200 | | | ✓ [limited scope] | Maricopa Integrated Health System is a health authority with hospitals & clinics. The county runs a separate Department of Public Health. Mental health is a state function in AZ. |
| Miami-Dade County, FL | 2,496,435 | 1,898 | | ✓ [limited scope] | | Hospitals, clinics, mental health, and substance abuse are integrated under the Jackson Health System. Public health is a state function in FL. |
| Kings County, NY | 2,504,700 | 71 | | ✓ | | Health-related services in the counties that comprise New York City are managed by the City. Mental health, public health, and substance abuse are merged within the NY City Department of Health and Mental Hygiene. NY Health and Hospital's Corporation operates NYC's public hospitals and public health clinics separately under an authority model. |
| Dallas County, TX | 2,368,139 | 871 | | | ✓ [limited scope] | County public hospitals and clinics report separately (to Parkland Health System) than public health. Mental health is a state function in TX. |
| Queens County, NY | 2,230,722 | 109 | | ✓ | | Same as Kings County, NY, above. |
| Clark County, NV | 1,951,269 | 7,891 | | | ✓ [limited scope] | County public hospitals and clinics report separately than public health. Mental health is a state function in NV. |
| King County, WA | 1,931,262 | 2,116 | | | ✓ | County public hospitals and clinics, mental health, and public health report separately. |
| Tarrant County, TX | 1,809,034 | 864 | | | ✓ [limited scope] | County public hospitals and clinics report separately than public health. Mental health is a state function in TX. |

⁷⁰ U.S. Census Bureau, Census 2010

⁷¹ U.S. Census Bureau, Census 2010

⁷² See explanations of organizational model in footnotes to California table above.

In compiling this report, a number of leaders in California county health departments/agencies were interviewed about their county's structure for health functions and the impact of this structure on the ability to integrate care and maximize benefits to county residents. Numerous stakeholders inquired about the availability of objective data from counties with an agency department model as to the impact of the organizational structure on integration activities. Inquiries were made to agency counties in response to this request; however, data was not available for several reasons. First, in many cases, the agency (or in some cases merged) model in "fully integrated" counties, has been in place for decades and thus it is not possible to compare pre- vs. post- agency implementation. Second, while counties could cite successes related to integration, it is not possible to definitively state that these successes are as a result of the organizational structure without an objective assessment aimed at making this determination, a study that has not been performed. Finally, even in counties that may be perceived as having achieved more success in integration, numerous arguments could be made as to why LA County is different, due to its size (population and land mass), cultural diversity, social challenges, etc. While anecdotal perspectives are not meant to be a substitute for an objective, third party assessment, they are still helpful in understanding the breadth of perspective by those in positions of leadership within county health departments/agencies. Themes raised in these conversations, and representative quotations, are included below.

A change to organizational structure, including development of an agency, is helpful but not sufficient for achieving integration goals: Those within an agency structure were almost unanimously supportive of it, even when speaking with those in charge of specific areas, such as mental health, public health, and clinics. In some cases, individuals in counties that separated their health-related departments had an interest in the agency model. Several people commented on how separating health functions into different departments reflected outdated practices. At the same time, those interviewed offered words of caution as to how completely or quickly benefits could be achieved.

- "If you were to design a new health system from scratch in 2015, there's no chance anyone would design it as three separate departments. That may have been necessary in the past when people didn't recognize mental illness or appreciate the value of population health activities. But doing it today is a recipe for non-action."
- "People are not their diagnoses. [LA County] has institutionalized its fragmentation."
- "Technically, you could integrate without an agency. But in practice, it will never happen. All of the forces, including financing very slowly, are moving toward integration. If you aren't organizationally structured to do it, you won't make progress at the rate you should."
- "It's insane that we have allowed ourselves to create a system where these services are separated. People are whole people, not separate body parts and organ systems."
- "Of course they should be together. But hopefully no one is fooling themselves that it will be a panacea. No real progress of any size and scope will be made without it, but it won't solve everything either. Organizational structure is a prerequisite; it's necessary but not sufficient."
- "The structure can help the County make progress on priorities. That said, everything can't be a priority all at the same time. You have to make tough choices about what to push forward."
- "Our system is unfortunately very fragmented and does not serve the population well. If an agency could help with that, I'd be interested."
- "In light of the ACA, the whole country is looking at how to better integrate health delivery systems."

Considerations of how LA County's size should impact decisions on agency structure: Many people commented on LA County's size and its uniqueness and complexity as a result. Despite these comments, people did not have firm opinions as to what this size should mean with respect to organizational structure.

- "I'm not sure if it's the biggest reason to do the agency or it's the biggest reason not to. LA County is huge: the size of the agency would be immense, with all of the problems that can bring. But at the same time, LA County is huge: there's no way progress can be made at scale without hardwiring it into the structure of the organization."

- “We [small county] can integrate care without reorganizing ourselves because we all know everyone in the county by name. LA can’t do that. Maybe that’s a reason why the agency is needed there.”

Importance of maintaining vigilance regarding budgets, spectrum of services, and service levels: Several county leaders agreed with the Board’s proposal of an agency rather than a merged structure, because of the impact on maintaining separate budget appropriations and the greater confidence that separate departments would be able to maintain existing services. Two individuals, however, felt the budget separation, while necessary, would detract from the benefit of the agency.

- “Given LA’s sordid history, there’s no way this should be pursued unless there are firm safeguards around separate department budgets. It would be a shame to see happen again what happened to public health in the 2000s.”
- “The advantages of an agency are obvious but the difficulties are practical; can you ensure clients who the system works for now can still get the care they need.”
- “I imagine you have to make sure there’s a steel firewall between the budgets, but really it is very limiting. You can’t maximize available federal and state reimbursement unless you allow yourself the ability to move funds around between units.”
- “The challenge will be making sure public health concerns don’t get crushed under the weight of clinical delivery system crises. It can be done, but you have to be intentional.”
- “It works for us because we have an agency director who cares deeply and is knowledgeable about all of the areas.”
- “It’s a missed opportunity to pass up the merger. All of the money to support population health and social determinants is in the delivery system. Public health should be clambering for a chance to merge funding with the clinical delivery system.”