

Appendix VI: Principles as Approved by External Stakeholder Groups



Member Driven.

Patient Focused.

Principles for the Integration of LA County Mental Health, Health Services and Public Health

The LA County Board of Supervisors recently approved in concept the consolidation of the Departments of Health Services (DHS), Public Health (DPH) and Mental Health (DMH) under a single health agency. LA's Community Clinics and Health Centers support integration of services and improved coordination of care for our County's most vulnerable patients. While the motion to consolidate the departments aims to improve integration, it does not guarantee it. Each department plays critical functions that impact the health and safety of the communities we serve, such as direct patient care or the timely inspection and licensing of community clinic facilities. Any consolidation must do no harm to the vulnerable communities that rely on Public Health, Mental Health and Health Services.

LA's Community Clinics and Health Centers have adopted the following principles for the planning and implementation of any proposed consolidation/integration.

- **Improved Integration as Primary Goal:** Improved integration of services and coordination of care for clients of *all three departments* and their partner agencies should be the primary goal of this endeavor. Parity among the three departments must be considered throughout the process.
 - **Service Integration:** Any action to consolidate or integrate services must demonstrate that it will improve and enhance service delivery, quality of care and consumer satisfaction for all three departments.
 - **Administrative Integration:** Any action to consolidate or integrate planning, business, and administrative functions must also demonstrate that it adds clear value (meaningful savings, administrative simplification and improvement in services) to each of the departments and their partner agencies.
- **Thoughtful and Measured Approach:** Integration holds great promise, but it isn't easy. Any plan to consolidate should not be rushed to meet an artificial deadline. Further, continued implementation of health reform and other critical initiatives currently underway should not take a back seat to the consolidation/integration efforts due to time or resource constraints.
 - **Planning:** LA County should allow sufficient time to not only engage stakeholders, but to also investigate appropriate models of integration and to ensure that any legal and operational issues are sufficiently addressed prior to implementation.
 - **Implementation:** Implementation of any changes as well should not be rushed. Thoughtful planning and rollout can save the County from avoidable problems further down the line. The County should consider phasing in any proposed consolidations to ensure the smoothest transition possible.
 - **Ongoing Monitoring:** Any plan to consolidate should have clearly defined objectives, along with a plan to evaluate and monitor progress toward those objectives.
- **Transparency & Stakeholder Engagement:** Each of the three Departments plays a critical role in the lives of countless LA residents and the many types of agencies that serve them. Stakeholders can provide vital input to ensure that integration is effective for all. Therefore, any consolidation must involve a robust public stakeholder process, including community mental health agencies, community clinics and health centers and other contracted community partners. Stakeholders must remain engaged throughout planning, implementation and ongoing monitoring.

Approved February 9, 2015



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**Los Angeles County
Mental Health Commission**
"Advocacy, Accountability and Oversight in Action"

PLANNING PRINCIPLES

DEPARTMENTS OF MENTAL HEALTH, HEALTH AND PUBLIC HEALTH

Department Mission Statement/Vision Statements

➤ **DEPARTMENT OF MENTAL HEALTH**

Enriching lives through partnerships designed to strengthen the community's capacity to support hope wellness, recovery and resiliency.

➤ **DEPARTMENT OF HEALTH SERVICES**

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

➤ **DEPARTMENT OF PUBLIC HEALTH**

To protect health, prevent disease and injury, and promote health and well-being for everyone in Los Angeles County.

PLANNING PRINCIPLES

Overall planning efforts should ultimately result in 1) The best possible client care experience (including quality and satisfaction); and 2) The best possible culturally competent integrated care for clients and their families of all three systems.

- **Transparency and Stakeholder Involvement:** Discussions regarding consolidation or integration must be characterized by transparency and a meaningful process for stakeholder input into developing the recommendations to the Board of Supervisors.
- **Equity and Parity:** Public health, mental health and substance use systems must be equity partners with physical health care systems. Parity among these services must be considered at every level.
- **Autonomy:** Each Department must have an independent voice with direct access to the Board of Supervisors ensuring responsiveness to their unique constituency groups.
- **Service Integration vs. Consolidation:** Agreement regarding how best to integrate services should inform the design of any potential agency governance structure. Information technology must support integration efforts while retaining essential subject-matter expertise and required functions specific to each of the involved departments.
- **Demonstrated Value Added:** The transition to integrated services and consolidation (if necessary) must demonstrate enhanced service delivery, access, quality of care, and consumer satisfaction.
- **Existing Partnerships:** Impact on existing commitments to providers, other County Departments and other partners (including, but not limited to: law enforcement and other first responders, school districts, faith-based initiatives, etc.) must be analyzed and considered; proper balance in these commitments must be continually monitored. Population health initiatives must be maintained.
- **Quality:** Quality standards must continue to be the foundation of all clinical and recovery oriented services.

Amended and adopted by the Mental Health Commission, January 23, 2015
Adopted by Department of Mental Health System Leadership Team, January 21, 2015

Principles to Guide Discussions around the Integration of DHS, DMH and DPH Services

The Los Angeles County Board of Supervisors approved in concept the integration of DHS, DMH, and DPH services under a single health agency. The planning and implementation of this action requires the use of core principles to guide a thoughtful discussion leading to decisions that will best serve the needs of the people of Los Angeles County.

DELIVERABLES TO THE BOARD OF SUPERVISORS:

1. A structure for the "approved in concept" health agency model, uniting the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH) under a single combined LA County health agency,
2. Possible steps for implementing a health agency,
3. A timeframe for transition to the agency model,
4. The expected benefits and disadvantages of the agency model.

CORE PRINCIPLES

1. **Clarity of Purpose.** Clearly define objectives that will be achieved by changes in organizational structure or processes. Develop a plan and evaluate it to measure benefits and impacts to each department.
2. **Transparent Decision-Making.** Act with integrity and transparency in decision-making to build trust with employees and community stakeholders. Use a consensus-based approach whenever possible.
3. **Autonomy.** Each Department must be empowered to carry out its mission with appropriate authority to manage key matters, including priority setting, budget, operational planning, resource allocation, and equal access to the Board of Supervisors.
4. **Mutual Respect.** During the process of planning integrated services, act in ways that demonstrate respect for each Department's unique contributions to achieving shared goals.
5. **Synergistic Opportunities.** Identify synergistic opportunities for integration that will protect population, personal, and mental health, prevent disease and injury, and promote overall health and well-being for everyone in Los Angeles County.
6. **Safe and Open Communication.** Promote an environment to fully discuss the advantages and drawbacks to the proposed agency structure and commit to clearly articulating the process by which key decisions are being made.
7. **Essential and Legally Mandated Services.** Preserve and expand the programs and services that have the greatest impact on population health and elimination of health disparities, and promote health care access. Ensure that levels of resources, including dedicated funding streams, which are providing essential and/or legally mandated public health services, are continued in at least current levels in order to maintain access and quality.
8. **Sustained Leadership.** Ensure each Department retains a strong leadership team and the ongoing ability to attract and retain high-quality leaders who are capable of leading challenging initiatives in personal, mental and public health. Preserve a broad set of classifications and positions designated to assess, plan, implement and evaluate essential public health functions at multiple levels throughout each Department.
9. **Partnership and Collaboration.** Maintain and nurture existing key partnerships, both with internal County partners and external stakeholders and service providers, to pursue shared goals and outcomes. Each department has carefully cultivated community relationships that are unique and integration should not interrupt those partnerships but seek to leverage them for improved service delivery for everyone in Los Angeles County.
10. **Commitment to Efficiency.** Consider consolidating key planning, business, and administrative services only when such consolidation adds clear value and leads to meaningful savings and improvement in services, while assuring that access to these services is guaranteed for each Department at a level that is at least equal to what was available before the integration.
11. **Empowered Workforce.** Empower staff through approaches that support learning and growth, encourage innovations that facilitate change, and reward success. Promote cross-Department team-building.

Amended and adopted by the Public Health Commission, January 27, 2015
Adopted by the Department of Public Health Executive Team, January 22, 2015



SEIU 721 HEALTH INTEGRATION PLANNING PRINCIPLES

As the largest union representing healthcare workers in LA County, SEIU 721 members are instrumental to implementing delivery system change. Success of the integrated health agency will only be possible with the participation and input of our members.

Front-line workers must be involved in the design, implementation and ongoing evaluation of any LA County Health Agency model formed.

As the backbone of the county healthcare systems SEIU 721 members hold that:

- *Communities, patients, and clients first:* Integration first and foremost must 'do no harm.' It should only happen if it strengthens the safety net and facilitates timely access to appropriate, culturally-competent care of utmost quality.
- *Fiscal savings re-invested in healthcare services:* Any cost savings or revenue identified from efficiencies or restructuring must be reinvested in services. Integration must translate into service levels being maintained, but also the continuum of services must be expanded. System financing and budgets must be transparent (and intelligible) and responsible with taxpayer's dollars.
- *Culturally competent care:* County health clients, patients, and communities are exceptionally diverse as are their healthcare needs and understanding of wellbeing. Whether care is received in a "behavioral home" or "medical" home, it must address that cultural diversity.
- *Cohesive services:* A seamless continuum of care pivots around a cohesive delivery system. Integration must eliminate excessive outsourcing which undermines care cohesion and requires clients, patients, and communities to work harder to obtain services
- *Integrated services go beyond merely co-located services:* Clinicians, technicians, financial service workers and others require tools and processes that facilitate timely referrals and information sharing
- *Mutual respect:* The important missions of the three health departments cannot be diluted. Respect for institutional knowledge and organizational expertise is paramount. Integration must foster collaboration and equity among departments.
- *Transparency:* CEO, Health Agency, and Department leadership must fully comply with the Brown Act. Any new structure must not result in an erosion of the public's access to policy decisions, information, and resources.
- *Process:* Integration must focus principally on breaking down the barriers inhibiting access to quality care. Operational barriers need to be identified prior to focusing on efficiencies or cost-saving efforts that provide little to no patient benefit.
- *Incorporate best practices, ongoing assessment and evaluation.* Planning needs to be grounded in health care best practices. Stakeholder involvement needs to be expanded to include defining metrics of success.

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

Planning Principles

DHS-DMH-DPH

Department Mission/Vision Statements

DHS: Our mission is to ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

DMH: Partnering with clients, families and communities to create hope, wellness and recovery.

DPH: To protect health, prevent disease and injury, and promote health and well-being for everyone in Los Angeles County.

Planning Principles: Overall planning efforts should ultimately result in 1) The best possible client care experience (including quality and satisfaction); and 2) The best possible culturally competent integrated care for clients and their families of all three systems.

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- **Demonstrated Value Added:** The transition to integrated services and consolidation (if necessary) must demonstrate enhanced service delivery, quality of care and consumer satisfaction.
- **Existing Partnerships:** Impact on existing commitments to providers, other County Departments and other partners (e.g., faith-based initiatives, school districts, LAHSA, etc.) must be analyzed and considered; proper balance in these commitments must be continually monitored. Population health initiatives must be maintained.
- **Quality:** Quality standards must continue to be the foundation of all clinical services.

Adopted by the DMH System Leadership Team
January 21, 2015 V7