

Appendix VIII: Summary of Findings from Facilitated Public Convenings



Public Convenings on the Proposed Los Angeles County Health Agency: Summary of Input and Feedback

Conducted by Community Partners®

*Submitted to the Los Angeles County Office of Health Integration
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A. BACKGROUND AND CONTEXT

On January 13, 2015, the Los Angeles County Board of Supervisors directed the Chief Executive Office (CEO), County Counsel, and the Department of Human Resources, in conjunction with the Departments of Health Services, Mental Health, and Public Health, to report back in sixty days on the benefits, drawbacks, proposed structure, implementation steps, and timeframe for the creation of a single integrated health agency. The temporary Office of Health Integration was formed by the CEO's office to lead the response to the Board's motion.

The Office of Health Integration released a draft report on March 30, 2015. This was followed by a 45-day (later extended to 60 days by the Board) public dialogue and comment period on the draft report. During this period, public convenings were conducted at different locations across the County. The Office of Health Integration contracted with Community Partners, a local nonprofit civic intermediary, to facilitate the public convenings and write a report summarizing the public input surfaced at the meetings.

March 30	Draft report from the Office of Health Integration released
March 27 – April 24	Planning period for the public convenings
April 27 – May 13	Public convenings

About the Public Convenings

Based on input from the Departments of Health Services, Public Health, and Mental Health along with requests from individual County Supervisors, we held five public convenings over a period of 17 days.

These public convenings are separate from the numerous stakeholder meetings that the Office of Health Integration has held with specific audiences, such as community councils, client coalitions, healthcare foundations, hospitals and clinics, advisory boards, Board-appointed Commissions, and more. These public convenings are also separate from the multiple labor-sponsored sessions held specifically for County employees and Department-sponsored sessions. Many of those other stakeholder meetings also resulted in formal written comments, submitted to the Board of Supervisors or the Office of Health Integration. The public was also invited to submit formal written comments. All formal written comments are available on the health integration website.

Recruitment and outreach for the convenings were handled by the three departments and the Office of Health Integration. They focused on notifying department employees and all stakeholder groups so they could share the convening notices with their members and members of the public. Please refer to the health integration website for the full list of stakeholders: priorities.lacounty.gov/health-stakeholders/.

Outreach efforts included:

- Announcements on the Office of Health Integration’s website and the DHS homepage
- Multiple emails from each of the departments to their stakeholder groups with a request to further broadly disseminate the information to their colleagues and constituents
- Emails to groups and individuals who self-identified as having an interest in the agency proposal
- In-person announcements made by DMH and DPH at various commission meetings and constituent group meetings
- Regular email updates to employees, such as the DPH Director’s weekly email to all DPH employees
- Emails sent by DHS to all of the ambulatory care clinics and hospital administrators with instructions that notices in English and Spanish were to be posted in patient areas

Convenings were held at:

April 27	Longo Toyota, El Monte
April 28	San Fernando Recreation Park, San Fernando
April 29	Martin Luther King, Jr. Outpatient Center, South Los Angeles
May 4	Exposition Park Administrative Offices for the Second District, Los Angeles
May 13	Antelope Valley Transit Authority, Lancaster

Total attendance at the public convenings was 140 people and a few participants attended more than once. We offered interpretation in multiple languages at every convening, but the service was requested only once. Some participants came as individuals representing personal views and others came on behalf of their organizations or constituents. Participants were encouraged to register in advance, but all walk-ins were accommodated. One of the convenings was video-taped and the video was posted on the health integration website for people who could not attend any of the sessions in person.

Convening Agenda

To design the convening agenda, we held multiple planning meetings with the Office of Health Integration and representatives from the Departments of Health Services, Public Health, and Mental Health selected by the department heads of their respective departments. All of the public convenings followed the same agenda. Each convening lasted two hours and staff also made themselves available to stay afterward for members of the public who wanted to share additional comments, which several did.

Agenda

- I. Welcome and Introduction**
- II. Opportunities and Risks**
 - a. Presentation summarizing these sections of the report
 - b. Table discussion to gather public input
 - i. Is your perspective reflected in the benefits and opportunities listed in the report? Do you see additional ones that should be included?
 - ii. Is your perspective reflected in the drawbacks and risks listed in the report? Do you see additional ones that should be included?
 - c. Question-and-answer period
- III. Proposed Structure and Implementation**
 - a. Presentation summarizing these sections of the report
 - b. Table discussion to gather public input
 - i. If the agency model is implemented, what needs to be in place to make it most effective?
 - ii. How would you like to see an ongoing stakeholder engagement process structured?
 - c. Question-and-answer period
- IV. Closing Comments**

The convenings were facilitated by staff members of Community Partners and the presentation was led by a staff member of the Office of Health Integration. Members of the public were seated at tables, where representatives of Community Partners facilitated and took notes on each discussion. We decided on the tabletop format to help ensure that every participant would have multiple opportunities to discuss the issues and so we could cover all of the sections of the report. Staff of the Office of Health Integration did not participate in these tabletop discussions in order to help encourage open and honest feedback from the public. Community Partners served as a neutral party to gather and reflect the public's feedback and did not advocate for any particular position or opinion regarding the health agency proposal.

Following the tabletop discussions was a question-and-answer period during which participants were invited to submit written questions for a staff member of the Office of Health Integration to respond to. All questions received were read aloud and addressed, with a range of 6-30 questions being received per convening.

We provided printed copies of the agenda and the presentation, as well as the executive summary of the report and comment forms in case people preferred to write their feedback rather than verbalize it in the discussion. Participants were also directed to the website to access additional materials, including the full draft report, public comment letters submitted to the Office, the Board meeting transcript and motion, notices of the public convenings, and a list of stakeholders.

About this Report

The purpose of this report is to summarize and reflect the input provided by attendees of the public convenings. All of the information in this report is drawn from the discussions that took place at the public convenings. Some participants provided comments in writing at the convenings and those are included as well. All participants were informed that their comments would be summarized and presented in this report in aggregate and without attribution. We did not attempt to assess the accuracy of the input provided, the efficacy of their suggestions, or the motivations of the people providing it.

The participants had varying levels of familiarity and experience with the County and spanned a variety of roles and relationships with the affected departments. This variety of perspectives sometimes affected the terminology used by the participants at the convenings, such as the use of the word “physician” to denote someone who is a health expert. This was most pronounced when referring to people who receive clinical, behavioral, or population health services from the County. While we mainly used the terms “clients” and “consumers” in the report and mean them to be inclusive of all those receiving services, there are times that we use the term “patient” to accurately reflect a participants’ comment.

Most input summarized here came from multiple individuals, although feedback provided by just one person was also included when relevant and is indicated as such. Please note that some participants came representing a larger organization or constituency, so even when a comment is noted as being stated by one person, it does not necessarily mean that others do not hold the same point of view. Some people stated that they were attending the convening in order to learn more about the agency proposal, as opposed to giving feedback, while others attended because they had particular perspectives they wished to share. Some comments contradict each other, as the participants often held varying opinions on certain issues, and there was not complete agreement on any one point.

B. OPPORTUNITIES

Overall, people were largely supportive of service integration. Of the minority who did not support service integration via any structure, their main concern was a disruption in services, programs, and provider continuity for consumers. It is important to note that most people had not fully read the draft report and were basing their information on the verbal presentation. Some people felt that the opportunities listed in the report were comprehensive, but discussion of the opportunities mostly centered on specific issues that individual participants wanted to prioritize, rather than the entirety of opportunities presented in the report. Some felt that the opportunities were overstated, oversimplified, and overly optimistic. Several people also want to use the restructuring as an opportunity to address long-standing issues with the County.

Theme #1: A number of integration opportunities were desired and supported.

People were most interested in improving care for vulnerable populations and integrating departments to increase effectiveness.

Streamlining and integrating services for vulnerable populations

People were most excited about the opportunity to better serve consumers who need to access services across the three departments. Service integration is seen as a way to treat consumers as whole individuals, to offer a single point of entry, to be able to offer services under one trusted roof, to reduce time navigating separate structures, and to have more streamlined processes. Some commented that greater integration would be particularly beneficial for the homeless, those who are incarcerated, and those recently released, as they often cross all three departments.

Making departments more integrated and effective

Multiple providers and County employees looked forward to sharing information among departments and integrating health records, having an easier time identifying gaps in services, sharing innovations among departments, and having joint workforce development to broaden career opportunities. People were excited by the idea that shared data could result in better care and quicker access to services by presenting a more comprehensive picture of each client's needs and condition, by not putting the burden of reporting medical history on the client, and by eliminating duplicative paperwork.

Additional opportunities

Additional opportunities and desires mentioned include:

- Creation of shared standards and practices for procedures and training across the departments, resulting in more consistency in services offered and standards of care
- Cross-departmental training and education of employees to facilitate integration

“We talk in our separate silos but those conversations don’t go anywhere. This is an opportunity to really talk about what we need.”

-- Participant

- Integrated requirements across licensing boards to make it easier for graduates in the health field to work in different departments
- A research department that would be responsible for researching client needs, sharing data across departments, and creating a single data set for all three departments
- Inclusion of consumer and client feedback on performance evaluations for department employees and more effective ways to handle those who are under-performing
- Greater transparency in how contracted providers are chosen
- Re-thinking the billable hours threshold for County mental health employees and contract providers as well as inclusion of important tasks that are not currently billable
- Creation of an integrated, user-friendly referral list of agencies, services, and outside organizations
- Increasing the level of stakeholder participation in departments on an ongoing basis
- Making all of the affected departments more culturally competent and sensitive
- Better services for families and inter-generational integration
- More integration between mental health and substance abuse and their different cultures, as some feel that substance abuse doesn't get sufficient funding and attention
- Having a unified voice across the departments in the case of a disaster or emergency

C. RISKS

Even though people were largely supportive of service integration and some people noted that the departments and County already face many of the risks listed in the report (regardless of whether or not the agency is created), participants raised multiple risks they felt were inadequately addressed. As with the discussion on opportunities, most people based their information on the verbal presentation and not on the written draft report. A few people agreed with the risks as presented in the report; however, participants focused on particular issues of concern to them rather than the complete list of risks. There were also several concerns about whether the proposed health agency would be the appropriate structure to realize the opportunities listed and mitigate the risks.

Theme #2: Integration of data and technology generated multiple concerns.

While some see the integration of Information technology (IT) and electronic health records (EHR) as a positive, many others see it as a risk. Even though the report does not recommend making IT a shared function and instead recommends appointing an individual to oversee IT strategy and creating a data/planning unit, there are still concerns that integration of IT and EHR will be considered. One concern is privacy issues, with some consumers not wanting their records shared between departments. For example, multiple people expressed concern that if health services is informed about a client's mental illness, the level of care may be compromised due to stigma. Another stated concern is that each department has already spent millions of dollars on IT and EHR, that it would be a waste of funds to spend more to integrate them given the complexities, and that no estimate of costs is included in the report. A third concern is about data being lost in integration if departments don't track the same information. For example, if one department tracks sexual orientation and another doesn't, there are fears that the lowest common denominator would be used and that useful data would be lost.

Theme #3: Several additional risks to consumers and departments were cited.

Participants offered several additional risks they felt were either not included or inadequately addressed in the draft report. The risks mainly focused on impacts on consumers, department staff, department coordination, and providers.

Impacts on consumers

- Consumers may experience a disruption in services, programs, and provider continuity.
- Consumers of mental health services may face stigma from other departments once it becomes known that they are receiving mental health treatment.
- Services may actually be worse after this integration attempt, such as longer delays, increased paperwork, less staff capacity, and less flexibility.
- Any integrated service model needs to take into account that not all consumers can or want to receive services at the same place.

- Department decisions that may have been aired at public meetings might now be made internally within the agency, which may result in less transparency for the public and fewer opportunities for public discussion.

Impacts on department staff

- Staff morale may suffer, especially if they are asked to increase their workload, if their existing successes at integration are not acknowledged, or if progress moves too slowly.
- Employees, particularly ground level staff, may be required to meet expectations around integration without being provided with the appropriate tools to do so.
- Employees may not have sufficient time or willingness to add extra agency tasks to their existing work, particularly given a culture in which people are already overworked and reluctant to perform tasks outside of their job descriptions.

Impacts on department coordination

- Departments may micro-manage each other if their work more closely affects each other.
- Because departments access different funding streams with different requirements and limitations around usage, funding for additional integration expenses could prove challenging.
- If only one department can apply for a reimbursement for a particular consumer or service, but the services are provided across departments via integration, there may be some funding competition among departments.
- Innovations and partnerships that are currently being explored might be curtailed or lost as people shift focus to integration under the agency.
- Substance abuse may become further subsumed and invisible under an agency since some people feel that substance abuse is always marginalized in larger systems.

Impacts on providers

- Providers may need to take on extra work in order to provide services in an integrated environment and may need training in processes for all three departments, not just the one that they are contracted by.

Theme #4: Many people were skeptical that the health agency is the right structure to achieve service integration.

Some people were supportive of the health agency, many felt they did not have enough information to judge whether it was the right structure to realize the opportunities, and others were skeptical. Those expressing skepticism about a health agency as the most effective structure for integration generally fell into two camps. One group believed successful examples and models of integration are already happening within the existing structure, and that they could continue to grow and spread without additional structural changes or increased bureaucracy. Comments included: “fix what is broken instead of creating something new” and “integration is already happening.”

The other group sees integration as very complex and doubts that a health agency model is adequate to spearhead the overhaul that is needed. There was some feeling that the agency won't end up making a difference and that it won't make the departments collaborate if they aren't already. People felt that department employees will maintain the status quo, regardless of changes at the top, and that more attention would be paid to policy and structure than changing systems and behavior. Some felt that the County has not been successful at leading integration in other areas related to health, and the leadership from the three departments currently do not effectively collaborate with each other; consequently, evidence of collaboration would be needed to instill confidence in the agency.

"The medical model versus recovery model. Patients versus consumers. If we can't agree on the approach, then how can you integrate the departments?"

--Participant

Some felt that the main impact of the health agency will be increased bureaucracy and decreased power of departments. Assurances to the contrary during the Office of Health Integration's presentation were met with skepticism. People were also wary of the many assurances that several aspects of the departments will go unchanged while also being told of the multiple opportunities that can be achieved. As one person expressed, "how can it be transformative but not result in major changes?"

There was no consensus on what people preferred as an alternative to the proposed health agency model.

D. STRUCTURE & IMPLEMENTATION

Overall, people were concerned about the details of implementation and felt they lacked sufficient information to understand how the agency would actually work. There is a strong desire to have public involvement, transparency, and reporting in all areas if the proposal moves forward.

Theme #5: A well-designed stakeholder engagement process was raised as a top priority.

If the agency is created, there was general consensus that the stakeholder engagement process needs to be a major priority. People want a process that is designed from the bottom up, meaning that it starts with the needs and capacities of those who are most marginalized. They want a process that is ongoing throughout implementation, targets consumers and clients as the primary audience, and gears materials toward them. In the same vein, it was also requested that the public hearings be ongoing (not just for 18 months, as recommended in the report) and more frequently than quarterly. Participants also specifically mentioned indigenous populations, the homeless, children and families, those who are incarcerated, and those recently released as needing to be intentionally engaged. Residents of Antelope Valley in particular mentioned feeling generally isolated and ignored by the County and wanted to be included from the beginning.

Specific suggestions and requests included:

- Have whoever is responsible for designing and facilitating an ongoing stakeholder engagement process be neutral and open, not someone who is championing the agency.
- Include ground level staff and those who have expertise in the mental health community in any planning team.
- Provide transparency around measures and tracking, along with evidence of what is and isn't working.
- Provide clients and consumers with opportunities to share their experiences.
- Solicit public input before decisions are made about how the agency would function and allow the public input to have an impact on the decision.
- Provide a clear articulation for how employee, consumer, and public comment and feedback would be translated into action or change.

“Don’t expect community members to come to you. You have to go to them.”
--Participant

Suggestions for stakeholder engagement included: using existing meetings and structures to share and receive information; sending surveys; holding focus groups; and hosting all-day forums split into different sections or topics. Meetings or focus groups should be held in more intimate and familiar settings where consumers already receive services, such as senior centers and clinics, as well as churches, libraries, food banks, and schools. One person cautioned against relying on meetings, saying that patients and clients don't come to meetings and that alternative

processes need to be included. Some suggested establishing a community board or advisory committee; one person recommended that each service planning area should have a minimum of ten representatives, while another suggested that members include a mix of providers, consumers, clients, frontline staff, and union members. Another suggestion was to have the existing commissions be the forum to engage stakeholders.

Outreach suggestions included: a regular newsletter or bulletin to all employees; mailers to all consumers; and an appointed consumer leader from each department to focus on outreach and engagement. One person suggested that DHS and DPH create consumer engagement processes similar to DMH. Another also advocated for a social marketing campaign to help promote a shift to a culture of care and integration. Some people also requested that stakeholder meeting minutes be shared and made public.

Theme #6: People were especially concerned about workload, funding and costs, and the agency director position.

These aspects of structure and implementation generated the most discussion and input.

Workload for implementation

As noted in the risks section, both County employees and those representing external parties were concerned about the workload impacts on employees, particularly around staff morale, a potential lack of adequate tools, and having extra responsibilities added to their plates. Planning and processes for implementation should take these concerns into account and mitigate the negative impacts that ground level employees would need to shoulder.

Funding and costs

People were very skeptical that the creation of the health agency would not result in some new costs and some cuts, despite what is reflected in the report and communicated by Office of Health Integration staff. Some felt that the term “lean,” used in reference to costs and budgets in the report, was too vague and that they were looking for more specific ranges or estimates. Some advocated that separate funding be allocated to the agency to help assure the public that the departments wouldn’t have to absorb those anticipated additional costs. Some also stated that, in addition to the costs of the agency itself, implementation of service integration would undoubtedly require some additional funding to realize the opportunities.

*“If you’re going to invest in it,
then actually invest in it.”*
-- Participant

Agency director position

There was general agreement that the new director should be neutral, have experience in all three departments, be well versed in the recovery model, and not be someone with a dual role – meaning not concurrently employed in one of the departments. The ideal director was also described as someone who believes in cooperation, is inspiring, can serve as an ambassador, and understands the complexities

of LA County. There were fears that the director will either have so much influence as to take over the departments or too little influence with no authority to make changes. One person suggested that an effective manager is preferable to a celebrated physician, as long as the position is balanced with a strong team of people with medical backgrounds. Another said that a leadership steering committee may be more effective than a director. One person suggested that a possible makeup of a leadership team could be comprised of one physician, one therapist, one substance abuse specialist, and one client advocate.

There were several requests for public input on the qualifications needed, criteria, and the selection process for the agency director position. People did not want the Board of Supervisors to make the decision without public input. One person suggested that the Board could hire an interim director and then hire a permanent director after the public input process. They also wanted to see more transparency around the director's salary, the funding source, and the level of influence to be afforded the position.

Theme #7: People raised additional structure and implementation issues they want to see addressed in the report.

As indicated above, people largely felt that details around the structure and implementation were lacking, making it difficult for them to assess whether the proposed agency is the right structure. One commented, "the devil is in the details." People shared areas that they felt were either inadequately addressed in the report or not clearly stated, or additional suggestions they want included.

- Recommend the inclusion of consumer advocates, ombudspersons, and navigators to play crucial roles to support consumers who are having trouble accessing services, to help monitor the process, and to provide a place to take grievances if consumers are not getting the services they need.
- Address the need for and importance of cultural competency and sensitivity.
- Emphasize the importance of making the integrated system accessible and user-friendly.
- Provide space for department heads to delineate their own goals and priorities for the agency, what they don't want to be lost with integration, and their own measures of success.
- Recommend neutral evaluators, offer transparent benchmarks or metrics, and perhaps communicate results via a public report card.
- Specify whether the agency has its own human resources department.
- Emphasize the need for a public-friendly budget including costs that have already been incurred for this process.
- Include a timeline or deadlines for when integration service changes can be expected to occur.
- Describe the need for joint planning processes between departments.
- Clarify how employees will be held accountable to the integration goals and opportunities, who will have authority in this structure, who will choose what gets presented before the Board, and how decisions will be made about the agency structure.

- Provide clearly stated guarantees for the kinds of improvements that will actually be realized and assurances that certain risks will not come to pass.
- Include more about the stakeholder engagement process (see #5 of this report, above).
- Clarify how departments will be able to continue accessing the Board.
- Hire change experts and change facilitators to help minimize the chance that those who have fears and concerns will not derail the integration process.
- Specify processes for communication and reporting between departments.

E. OTHER COMMENTS

In addition to the opportunities, risks, structure and implementation, people shared feedback about the report overall, the overall process, and other models they want the Board to consider. While many of these items are outside the scope of what the Office of Health Integration was asked to address, they nonetheless generated significant discussion.

Theme #8: People raised additional issues they want to see addressed in the report overall.

People shared additional areas that they felt were inadequately addressed in the framing of the report and key constituencies they felt were not sufficiently included.

About the report overall

- Clarify what is meant by “community” and “stakeholders” and “behavioral health.”
- Outline potential unintended consequences, recognizing that every opportunity has a cost, and be transparent about the pros and cons.
- Include more about the opposition to the proposed health agency, including the strength of the opposition and their main concerns.
- Clarify the role of the Affordable Care Act as an impetus to creating the agency and the impact of the agency on managed care and the medical home model.
- Provide evidence that the agency model has worked elsewhere, including case studies and a well-researched rationale for why this model is preferred over others.

Addressing key constituencies and partners

- Consider the perspectives of clients and consumers. Address the potential impacts the creation of the health agency may have on them and answer such key questions as whether clients can stay with their current providers at existing locations or whether My Health LA patients will be deprioritized.
- Address services for deaf and hard of hearing clients, including creating an intentional dialogue with providers, addressing challenges around requesting interpreters, and increasing outreach and accessibility.
- Document the impact on, and needs of, indigenous populations.
- Include more on the role of outside agencies and providers, both public and private.

Theme #9: There was criticism and distrust of the overall process.

The criticism and distrust expressed by participants centered around three areas:

- The process used by the Board of Supervisors to approve and review the motion to create the health agency
- The purpose, design, and outreach of the public convenings
- The accessibility of the information provided and level of detail available about the proposed health agency

Some people expressed that the process thus far has been discouraging to consumers and clients, and has contributed to a greater disconnect between consumers and clients and public entities. Given their high level of distrust, some participants expressed that the County's credibility is on the line and that they need to invest resources in helping rebuild that trust.

Approval and review of motion

Participants strongly felt that rather than starting with a motion to create a health agency, adequate time should have been taken to first research the integration opportunities and service gaps and then determine the appropriate structure to best meet these needs. Information and data on the efficacy of similar models and the impact on consumers was also desired. Comments included "why can't the agency be an experiment rather than permanent?" and "give the community more time to work with the County to develop this."

Several people stated that regardless of what was being said by official representatives, it felt like the decision to create a health agency was "a done deal" and that efforts at public comment were nothing more than "going through the motions." There was a lot of feedback that being invited to comment on a proposal is not the same as public engagement; the general consensus was that there should have been a public process prior to Board approval as well as a longer public process period afterward. One person shared that, while the Office of Health Integration has been responsive and accessible, direct access to decision-makers, such as the Board and department leadership, would have been preferable.

Public convenings

While most people appreciated having public convenings, there was criticism that the public convenings were not sufficiently accessible. Consequently, a few people said they did not believe that the County was making a real effort to engage the public. People called for more meetings throughout the County and in trusted community settings (such as churches and schools). They were critical that not all the locations were easily accessible via public transit and that sessions were not offered during evenings or weekends.

"People shouldn't be fooled into thinking they have a voice. It's disingenuous to waste people's time."

-- Participant

Many people liked the format of facilitated table discussions with a question and answer period, but some wanted a ‘town hall’ type of approach or other opportunities to directly and publicly address the leadership of the departments.

Despite the outreach efforts described in the beginning of this report, efforts to publicize the meetings were also criticized. Some felt that attendance was not representative of the County and that more effort should have been made to encourage underrepresented constituencies to attend. Participants felt they weren’t given sufficient notice, that meetings should have been advertised in local newspapers and on television, that meetings should have been shared on social media, and that more consumers, nonprofit groups, and advocates should have been directly contacted. It is possible that leaders of organizations received notices of the meetings but that the information was not shared with other staff, members, clients, and consumers.

Stakeholder meetings

Similarly, a few people also expressed that the stakeholder meetings aimed at specific audiences were not inclusive. They feel that County employees were hand-picked by department managers and that there was underrepresentation of ground level employees. They communicated concern about a lack of transparency around who from each stakeholder group actually attended. One person was concerned that consumers invited to stakeholder meetings had also been hand-picked.

Materials and information

There was a strong feeling that the materials provided – namely the draft report, the executive summary of the report, and the PowerPoint presentation used in the public convenings – were not sufficiently accessible to the public. Consequently, many people attending the convenings had not fully read the report. People requested that the report be written with the public, clients, and consumers as the key audiences. People requested that the materials be available in all of the LA County threshold languages and written at a fifth-grade reading level to increase comprehension by a greater number of people. One person requested that the video of the presentation at the public convenings include someone signing or closed captions to increase accessibility to those who are deaf. One person requested that feedback from consumers or clients be differentiated in the report so that their interests and needs would be clear.

Research on gaps in services and needs assessments, and deeper research on this model and other models were repeatedly requested. One person asked for an inventory map of all the County providers, contracts, and scopes of work to get a better sense of services being provided and identify the gaps.

Theme #10: Other models were offered for consideration.

Several participants suggested specific models to be considered in designing the health agency, as alternatives to an agency model, or as possible components of the agency:

- The Office of Child Protection’s structure, its model for strategic planning, implementation of its new mission for child safety, the creation of the office of healthcare enhancement that involves representatives from all departments, and communication with other departments
- The appointment of ‘czars’ to oversee particular areas and policies, including health integration
- Learning from the way the three departments work together to coordinate services in the County jails
- Denver Health and Hospital Authority, Denver’s hospital-based public healthcare safety net system
- MEND, a nonprofit agency in the San Fernando Valley, that integrates services successfully
- The National Alliance on Mental Illness’ model of leadership

F. CONCLUSION

Community Partners is pleased to have had a role in providing the public with an opportunity to learn more, discuss, and be heard. The people who attended the public convenings hold a variety of roles and a range of relationships with the County Departments of Health Services, Mental Health and Public Health. As summarized in this report, they presented a broad range of perspectives and offered a variety of suggestions; there was no consensus on any one point. Our goal is for this public feedback to be considered and used by the Board of Supervisors as they continue to make decisions on how to provide the highest quality health-related programs and services for all Los Angeles County residents.



About Community Partners®

With more than 20 years' as a civic intermediary, capacity-builder, and fiscal sponsor, Community Partners has worked with hundreds of individuals, groups, foundations and other institutions to create new nonprofit projects, establish coalitions, and manage major philanthropic and civic initiatives to benefit the region.

We are experienced in designing a wide array of workshops, trainings, conferences, and other types of convenings. Our expertise lends itself well to serving as a neutral, third-party facilitator and to coordinating large-scale initiatives, including public stakeholder convenings.

Community Partners currently works with upwards of 150 projects and initiatives and manages \$26 million in revenues. Our work spans the fields of civic engagement, arts and culture, education, social justice, health, public policy, social services and youth. To learn more, please visit us at www.CommunityPartners.org.