

— WELCOME —



**Public Convening on the
LA County Health Agency
Strategic Priorities & Operational Framework**

September 2015

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Why Are We Here?

To provide **PUBLIC INPUT** on the draft *strategic priorities and operational framework* as requested by the Board of Supervisors



Now is the time to give **YOUR**
FEEDBACK on the **priorities**
and **operational principles** of the
new health agency.

- *The final documents submitted to the Board of Supervisors will be informed by input from this process.*

Today's Agenda

STRATEGIC PRIORITIES

- Presentation of current draft
- Table discussions to hear your feedback on specific elements

OPERATIONAL FRAMEWORK

- Presentation of current draft
- Group discussion and clarifying questions

CLOSING COMMENTS

Other Components of the August 11th Board Motion

Component

Under the Direction Of

Agency Ordinance

County Counsel

Agency Director position

CEO Classification &
Compensation

Integration Advisory
Board

Executive Office
Commission Service Division

Community Prevention
and Population Health
Task Force

Department of Public Health

Steering Committee

Members are determined by the Board of Supervisors



Mitchell Katz, MD, DHS Director



Marvin Southard, DSW, DMH Director



Cynthia Harding, MPH, DPH Interim Director
Jeff Gunzenhauser, MD, MPH, Interim County Health Officer



Christina Ghaly, MD, Director of Health Integration (CEO rep)

Timeline of Current Process

AUGUST 11

Board of Supervisors
approves the
creation of a health
agency

SEPTEMBER 4-18

Public dialogue and
comment period on
draft strategic
priorities and
operational
framework

SEPTEMBER 25

Final strategic
priorities and
operational
framework submitted
to the Board of
Supervisors

SEPTEMBER 29

OCTOBER 6
Scheduled Board
dates for the Agency
ordinance

A large graphic element consisting of a yellow dotted pattern that forms a partial frame on the left side of the slide, resembling a large number '1' or a bracket.

1

STRATEGIC PRIORITIES

PRIORITIES: Board-directed

1. Access to Clinical Services
2. Homelessness
3. Psychiatric Emergency Services
4. Cultural Competency

PRIORITIES: Set by Steering Committee

1. Diversion
2. Substance Use Disorders
3. Children in Foster Care and Transitional Age Youth
4. Chronic Disease and Injury Prevention

Access to Clinical Services

Streamline access and enhance customer experience for those who need services from more than one Department. Includes promoting information-sharing, streamlining registration, developing joint care management, implementing agency-wide referral processes, training staff on cross-discipline practice, and increasing co-location of services.

Homelessness

Develop a consistent method for identifying and engaging homeless clients, and those at risk for homelessness, across the three Departments, linking them with integrated health services, housing them, and providing ongoing supports required for recovery.

Psychiatric Emergency Services

Reduce overcrowding of County Psychiatric Emergency Services (PES) and private hospital emergency departments (EDs) by those in psychiatric crisis. Includes increasing alternatives, improving use of inpatient services, reducing length of stay and wait times, ensuring law enforcement and assessment teams are trained on the variety of options, and increasing the stock of private inpatient beds.

Cultural Competency

Ensure access to culturally competent and linguistically appropriate care. Includes collecting and reporting data, orienting and training staff, ensuring all agency sites can provide interpretation and translation services, and sharing proven practices across departments.

Table Discussions

- Choose which priority you would most like to discuss and go to the corresponding table
 - Does this priority reflect what **you think is most important** for the Agency to tackle?
 - What **do you like** about the priority?
 - What else **should be included**?

**A FEW
QUESTIONS
TO ASK**

Public input will inform the final documents for the Board.

Write any clarifying questions on the sticky notes and post them on the chart paper. Questions will be addressed by the presenter. You can also use the forms to share written comments.

Diversion

Successfully divert corrections-involved persons with mental illness and addiction who may have otherwise spent time in County jail or State prison by placing them into structured, comprehensive health programming and permanent housing, as tailored to the individual's situation and needs.

Substance Use Disorders

Integrate adult and youth substance use disorder (SUD) treatment services into Los Angeles County's mental and physical health care delivery system.

Children in Foster Care and TAY

Improve the County's ability to link children in foster care and Transitional Age Youth (TAY) to comprehensive health services. Includes developing comprehensive treatment plans and aftercare planning services, and using new approaches for outreach, engagement, and communication.

Chronic Disease & Injury Prevention

Align and integrate population health with personal health by creating healthy community environments and strengthening linkages between community resources and clinical services. Includes tobacco cessation, reducing youth violence, and support for high risk populations.

Table Discussions

- Choose which priority you would most like to discuss and go to the corresponding table
 - Does this priority reflect what **you think is most important** for the Agency to tackle?
 - What **do you like** about the priority?
 - What else **should be included**?
 - Any **additional priorities**?

**A FEW
QUESTIONS
TO ASK**

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Write any clarifying questions on sticky notes and post them on the chart paper. You can also use the forms to share comments.



2

OPERATIONAL FRAMEWORK

Operational Framework

1. Agency shall address Board-supported priorities relevant to health and well-being and shall guide alignment of activities and decisions in support of these priorities.
2. Departments shall maintain the full breadth of their mission and scope of activities and should continue to set strategic priorities to achieve their mission. Each Department's mission is equally critical in supporting the County's health related goals.
3. Departments shall be supported in fulfilling all legal responsibilities and mandates in a manner that avoids any potential conflicts of interest.

Operational Framework

4. Departments shall maintain independent and direct relationships with the Board of Supervisors.
5. Department budgets shall remain separate and will not be merged into a single Agency budget. Only the Board has authority to change a Department's budget.
6. Agency shall support Departments in creating effective organizational structures to fulfill both Department and Agency goals.

Operational Framework

7. Departments shall maintain the current spectrums and levels of activities. Services, budgets, and staffing shall not be cut as a result of transition to an Agency model.
8. Agency shall avoid unnecessary bureaucratic processes.
9. Functions shall shift to being conducted and/or coordinated Agency-wide when it enhances integration and/or when it has strategic value to the County.
10. Agency shall lead labor-management partnership activities to reduce duplication and enhance the level of County partnership with organized labor.

Operational Framework

11. Agency shall utilize a full spectrum of evidence-based services aligned with the health and wellness needs of individuals throughout their lifetimes.
12. Departments' risk management responsibilities shall be maintained separately.
13. Agency shall respect current Department relationships and commitments.
14. Departments shall maintain individual mechanisms to engage internal and external stakeholders. The Agency shall establish its own mechanisms for partnering with the community/stakeholders.

Operational Framework

15. The roles and responsibilities of Board-appointed Commissions shall remain unchanged.
16. Agency shall not alter or interfere with the duties and responsibilities of the County Health Officer.
17. Agency shall support public health emergency response activities and other time-limited, high-priority County preparedness initiatives.
18. Agency Director shall initially draft Department Head performance evaluations. The Board shall maintain ultimate authority over final evaluations and merit pay.

Large Group Discussion

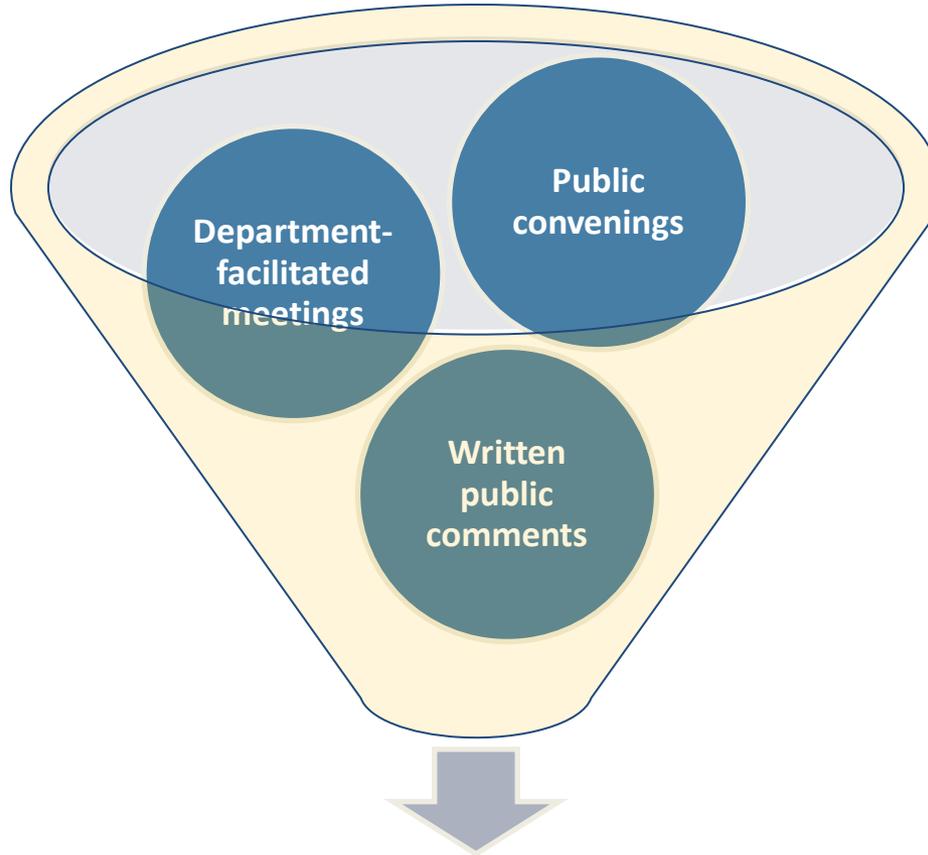
- Does the framework provide **sufficient clarification** on key operating principles?
- Are there other points that **should be included**?
- Are there any other **clarifying questions** you would like to ask?



A FEW
QUESTIONS
TO ASK

Public input will inform the final documents for the Board.
You can also use the forms to share written comments.

Next Steps



Final documents to the Board of Supervisors –
September 25, 2015

Additional Comments or Questions?



Please submit written comments
by **September 18th** to:

Office of Health Integration
Kenneth Hahn Hall of Administration
500 W Temple Street, Room 726
Los Angeles, CA 90012
healthintegration@lacounty.gov

If you would like to speak to someone or need
assistance in another language, call **213-974-4017**.



For more info and to download the report:
priorities.lacounty.gov/health

A yellow speech bubble with a white outline and a white drop shadow, pointing downwards. The text inside is white, bold, and centered.

**THANK YOU
FOR
COMING!**