



Integration Advisory Board

Kenneth Hahn Hall of Administration
500 West Temple Street, Room B-50
Los Angeles, CA 90012
213-974-1431

CO-CHAIRS

Aaron Fox
Wendell Llopis

MEMBERS

Manal J. Aboelata
Hildy Aguinaldo
Jacob Bailey
Al Ballesteros
Michelle Anne Bholat
Jean G. Champommier
Rex Cheng
Catherine Clay
Phil Dao
Larry Gasco
Herman DeBose
Jun Goeku
Bridget Gordon
Christopher Ige
General Jeff
Andreas Jung
Jack Kearney
Gavin Koon
Victor Marrero
Brenda Martinez
Claude Martinez
Theodorah Mckenna
Enrique Peralta
Aldys Ramos
Lawrence Reyes
Frances Todd
Bennett W. Root
June Simmons
Reba Stevens
Pat Stewart-Nolen
Carolyn Watson
Imani Williams

April 6, 2016

TO: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Aaron Fox, Co-Chair
Wendell Llopis, Co-Chair

SUBJECT: REPORT TO THE BOARD OF SUPERVISORS FROM THE
INTEGRATION ADVISORY BOARD

The Integration Advisory Board (IAB) was established August 11, 2015 as an advisory body reporting semi-annually to the Los Angeles County Board of Supervisors (BOS) on the impact (positive or negative) of the Health Agency on ongoing Departmental activities, operations and on achieving the County's health-related priorities. The following document is the first of the semi-annual reports submitted respectfully to the Board of Supervisors on behalf of the IAB. It represents an overview of thematic observations, findings and recommendations of the IAB to date. Members of the IAB who are experts in specific areas relevant to Health Agency Integration and Strategic Priorities may choose to submit additional input, advice and guidance in their respective areas of interest and expertise; however, this report reflects a process of the full IAB and compiles input from the IAB's meeting proceedings, Member input and subcommittees, to date.

The IAB was designed to serve for two years to monitor and report to the BOS on the positive or negative effects of integration on the health of the population of Los Angeles County. Internal plans for the IAB consist of formation of subcommittees, listening to presentations of experts and requesting presentations focused on several specific issues. This is a newly appointed board and is still establishing its metrics, knowledge of Member's expertise and talents. Members of the IAB look forward to working with the BOS, as appropriate, on issues surrounding the formation of an Integrated Health Agency for our own communities and Los Angeles County.

Board of Supervisors
April 6, 2016
Page 2

We hope that the following report is of value to the Board of Supervisors in its efforts to improve overall health status for the County of Los Angeles. The IAB stands ready to support the County in an Integration Process designed to ensure high quality health care, mental health and public health for all Los Angeles County residents, with a particular emphasis on improving quality of life for those who can benefit most from excellence in public service.

If there is anything the IAB can do to further clarify any information put forth in this report, please do not hesitate to reach us by contacting Commission Services at 213-974-1431 or via email at commserv@bos.lacounty.gov .

AF/WL:ep

Attachment

c: Chief Deputies
Chief Executive Officer
Executive Officer, Board of Supervisors
County Counsel
Health Agency

REPORT TO THE BOARD OF SUPERVISORS FROM THE INTEGRATION ADVISORY BOARD

APRIL 6, 2016

The Integration Advisory Board (IAB) was established August 11, 2015 as an advisory body reporting semi-annually to the Los Angeles County Board of Supervisors on the impact (positive or negative) of the Health Agency on ongoing Departmental activities, operations and on achieving the County's health-related priorities. This document is the first of the semi-annual reports.

Guiding Principles

"The Integration Advisory Board—along with consumers and residents of Los Angeles County (LAC) has the opportunity to bring forth the highest goals that the Board of Supervisors (BOS) has established for integration: to improve health and wellness of all LAC residents. The IAB hope to achieve this aim, by applying the following as guiding principles, and that integration should seek to accomplish:

- 1) Patient and Community-centered health and healthcare
- 2) Population-Based care and Population-Based Community Health
- 3) Evidence-based and evidence-informed treatment and prevention
- 4) Accountable Care and Accountable Community Health

Moving forward, the IAB intends to discuss practical methods for applying these principles in our review of evidence on the impact of integration on Departmental functions and health and wellness of LAC residents. The aim is that these principles will underlie future recommendations put forward by the IAB.

Each of the Advisory Board Members comes to the IAB with deep expertise from a variety of related perspectives and disciplines. It was intended that a set of guiding principles would reflect an inclusive and shared vision to supplement deep knowledge and/or technical expertise that IAB Members bring to bear on BOS approved Strategic Priorities.

Activities to Date

Health Agency staff presented an overview of the integration which outlined eight strategic priorities showing how and how patients, consumers, and clients would be affected by the integration.

The IAB received prepared presentations on the following Strategic Priorities:

- Strategic Priority 1: Consumer Access to and Experience with Clinical Services;
- Strategic Priority 2: Housing and Supportive Services for Homeless Consumers;
- Strategic Priority 6: Implementation of the Expanded Substance Use Disorder Benefit; and,
- Strategic Priority 8: Chronic Disease and Injury Prevention and

Overview

Based on these presentations, the following thematic issues of interest to the IAB have emerged:

Clearly Defined Mechanisms for Including the “consumer” perspective: IAB Members have consistently probed to better understand the processes and mechanisms by which “consumer” perspectives have been enlisted in the development of preliminary objectives and recommendations for each Strategic Priority.

Substantive Inclusion of Population Health and Prevention (Public Health) Strategies within the Board Approved Strategic Priorities: Questions about the extent to which population-based public health strategies are being included in the Strategic Priority workgroup plans and objectives have been raised by IAB Members. IAB Members are concerned that activities and objectives related to primary prevention and population health are not reflected in the goals and next steps delineated by representatives of Strategic Priority workgroups. Although Departmental representatives almost universally acknowledge the importance of prevention, community-based prevention, and population-based efforts that would “move the needle” on population-level metrics, the perspective shared by Departmental representatives is along the lines that: *prevention is important, but it is happening somewhere else, on a parallel track*. With the exception of tobacco prevention efforts, an expanded focus on community-based prevention is not evident in the presentations reviewed by the IAB to date.

Lack of Cohesion: The presentations delivered to the IAB to date were inconsistent with information and documentation posted on the “Health Agency” website in June 2015. It is not clear that presenters were aware of the objectives stated on the site. There is no evidence that communication of goals, vision and objectives is shared between workgroups and planners regarding the integration project.

The administrative aspects presented to the IAB did not equally explain or reflect the vision and goals of integrated service delivery.

Informal polling of employees in departments included under the Health Agency umbrella found that employees are unaware of information about the pending integration and are fearful about how the integration will impact their work and employment.

No dates for completion, data associated with goals for the integration or general work plans were presented to the IAB.

Inclusion of County Health Data: The foundational work required to develop an effective integrated patient centered care model must be based population health data shared and prioritized between each of the three departments. The IAB has not observed evidence of this degree of collaboration or communication.

Comments Related to the Presentations and Strategic Priorities:

Strategic Priority 1: Consumer Access and Experience with Clinical Services

1. The Touch Screens idea measuring the Health Agency's patients' experience should be considered as policy across the Health Agency. These screens may also provide a means to deliver health messages and/or create access to chronic disease prevention messages and programs and further integrate with Strategic Priority 8- Chronic Disease and Injury Prevention, (i.e.) HIV/STD risks questionnaire and referral sources.
2. Is it possible to provide the IAB with a copy of the ORCHID DHS and Department of Mental Health (DMH) Intake and Assessment for review? Does it screen for HIV risk and provide referrals for physical and mental health care and prevention (including Pre-Exposure Prophylaxis-PrEP)
3. How are the Department of Public Health (DPH) (Ryan White) patients referred into the DMH system in a seamless way? Did not see the seamless access within the presentation provided.

Strategic Priority 2: Housing and Supportive Services for Homeless Consumers

1. Is there an understanding or goal to assess how much Health Agency Supported Housing is needed in the four areas currently being implemented Post-Acute/High-Intensity, Short-Term Bridge, Longer-Term Bridge, Permanent? From a policy standpoint, there should be some assessment of estimated current need for each; this would form a benchmark to measure the progress/success of the increased housing/supportive services supported by the Health Agency.
2. The permanent housing needs of women, children and families coupled with supportive services and trauma informed mental health care must be prioritized.
3. Consider the unique needs of those with HIV/AIDS, including women and high-risk LGBT populations within the sub-groups of those utilizing the four areas of Supportive Housing. Many of the programs for these sub-populations have operated separately from the larger effort, mainly funded by the Division of HIV and STD Programs (DHSP). Because of their unique needs, this group may necessitate special handling different than the larger homeless population utilizing the four areas of Supportive Housing being developed. However, it is important that HIV/AIDS populations and those at risk who are also homeless have access to these same areas of Supportive Housing in a seamless way.
4. From a policy perspective, consider a periodic cost-avoidance measurement and evaluation for the Martin Luther King, Jr. Recuperative Care Center (and those like it).
5. For the benefit of the IAB and public policy and advocacy efforts, consider providing more information as to the funding mechanisms for the permanent housing

component of the Supportive Housing effort. Are these net-county dollars of the Health Agency and what will be the long-term sustainability of permanent housing?

6. Consider adding HIV/AIDS and LGBT expertise (if it is not present) to the internal workgroup on Housing and Supportive Services for Homeless Consumers.

7. Additional Comments from the IAB Subcommittee on Homelessness:

The IAB Subcommittee on Homelessness, of which all Members are consumer representatives, at this time is unable to provide quality feedback specifically regarding the integration of DMH, DPH and DHS due to the insufficient access to the necessary and vital information from each of these entities which would aid us in the ability to offer a well-informed critique of this most important conversion which will directly affect millions of residents residing within LAC, especially those that remain homeless.

Representatives from Strategic Priority 2: Housing and Supportive Services for Homeless Consumers presented to the IAB, each of their presentations focused more on the newly-released LAC Homeless Initiative with limited information about the actual "integration" process, which is different from the directive we are tasked with based on the specific language in the August 11, 2015 BOS motion.

It also should be noted that our Sub-committee created a 102-page Sub-committee on Homelessness report which creates a baseline on homelessness across LAC from which metric comparisons can be thoroughly analyzed as the integration process moves forward. Highlights include over ten pages of feedback, concerns and recommendations of said Homeless Initiative, a list of community meetings and legislative hearings on homelessness which we attended that extend from City Hall to South Los Angeles to Harbor City and also a special section of captured real-time information from numerous residents and stakeholders of Skid Row, commonly known as the homeless capitol of America. This document can be provided to the BOS upon request.

We hope that a better effort of inclusion is made in the near future which will allow us to better represent the consumers we are and represent, specifically as it relates to the integration process.

Strategic Priority 4: Access to Culturally and Linguistically Competent Programs and Services

In addition to race and gender, consider adding HIV/AIDS and LGBT expertise (if it is not present) to the Workgroup on Access to Culturally and Linguistically Competent Programs and Services.

Strategic Priority 8: Chronic Disease and Injury Prevention

1. Fully roll-out a plan for County wide access to mental health care programs regardless of income so that mental health services are accessible to all LAC residents. Mental health is innately tied to physical health. Upstream benefits mitigating poor health outcomes, increasing linkage to supportive medical or support services and cost savings can be measured using County health outcome data.
2. Fully roll-out a diabetes Prevention program to County Partners and Community Health Centers enrolled in the MY Health LA Program. Consider allowing their participation or input (at some level) in the Chronic Disease and Injury Prevention Workgroup. Upstream benefits would be realized in the areas emergency rooms, inpatient avoidance and/or utilization of medical specialists within the Health Agency as these are “Shared Patients.”
3. A full policy effort by the Health Agency and BOS to get Medicaid and other health insurers to cover mental health programs and diabetes prevention programs should be considered for adoption by the BOS for all LAC.
4. Consider as policy, an annual amount of extra County net funds to be invested in chronic disease and injury prevention. At present, it seems that the funding for this effort is driven mostly by grants available to the DPH. As a matter of policy, the BOS should consider an annual investment (perhaps a percentage of the budget) by the Health Agency and BOS into this area that continues irrespective of grants. Consider the up-stream benefits that would eventually cover the initial investments to develop the programs and interventions.

Observations and Recommendations

Measuring Progress: The Importance of Useful Data

1. Baseline statistics and benchmarks have not been presented to the IAB. Such metrics need to be analyzed in order to compare the results of health integration to the health system prior to the integration. The goals for each Strategic Priority form the basis for the beginning metrics. While these strategic goals are worthy, they must be measured and evaluated through a comparison of current baselines and an improved functionality as the integration proceeds.
2. Current mapping of health activities, including data on the provision of services that relate to overall health equity and specific population-based disparities throughout LAC has been done. This data has not yet been presented to the IAB. The data must serve as a baseline and will provide the BOS and IAB with information necessary to evaluate all Strategic Priorities.
3. Current integration projects should meet specific criteria set forth that demonstrate integration across departments and each department should have its own SMART (specific, measurable, achievable, realistic and time-defined) objectives so that a

clear description of performance and needed improvements can be evaluated. LAC has examples of integrated sites where DMH and DHS have co-located in five clinics. Another example is that Ryan White testing for HIV involves DHS, DPH and includes referrals to the DMH.

4. A timeline for the Integration process, including key benchmarks from the Health Agency leadership, must be presented to the IAB in order to accurately evaluate progress.

Involving LAC Stakeholders: A Critical Role for Consumers and Residents

The role of the community must be strengthened throughout the integration process. Principles for consumer engagement should be developed and guide the workgroups for each of the Strategic Priorities. “People with lived experience” and consumers/clients relevant to each Strategic Priority should be substantively engaged in the creation of solutions and improvements to the system from service delivery to population-level strategies.

Priority groups within the Strategic Priorities must be included in the resolution of each of the Strategic Priorities. Examples of these groups include individuals living with certain diagnoses such as diabetes or HIV; age related issues such as pediatrics, geriatrics, perinatal; and social groups, such as LGBT and veterans and those who care for sick or disabled relatives. The IAB recognizes that there are specialized groups beyond those that are mentioned here and the point is that consumers, clients and LAC residents at large need to be involved as meaningful stakeholders in the integration process.

Sustaining Progress over Time: The Importance of Systemic Change

Prevention must be emphasized as much as treatment for individuals and communities; prevention is a proven cost saver. Preventing health conditions reduces downstream health care costs and relieves pressure on the overall health system-allowing more resources for those that need them most. This principle has not been satisfactorily reflected in the presentation already provided to the IAB.

1. Plans for financial stability, without the use of grant money (various 1115 Federal Waivers, local wellness fund), need to be presented to the IAB.
2. The ability for the computer systems utilized between all departments involved in the Health Agency must be able to communicate with each other. The success of the “Lanes” project should be a high priority of the BOS and the IAB feels that it has not yet been adequately updated by the Health Agency on this issue.
3. Strengthen the public health, mental health, and health care services workforce capacity by:

- a) Increasing the current workforce's capacity to engage with diverse residents in the community;
- b) Increasing the number of paid positions available for people who represent communities grappling with highest rates of illness, injury, lack of access to health care, etc.;
- c) Requiring the workgroup leaders for each Strategic Priority to demonstrate meaningful efforts to engage with community residents and advocates in developing solutions and implementing integration strategies and
- d) Creating a standing body—such as a Resident Advisory Board, including trained community-participant/leaders to advise on integration opportunities on an ongoing basis.

Leadership Requirements

1. Dedicated visionary adaptable leadership solely responsible for developing the county-wide integration of healthcare services with all stakeholders is required.
2. Employ professionals with specific expertise in developing complex integrated systems and processes. These professionals should be responsible for guiding the development of patient centered integrated healthcare services.
3. Expertise in organizational development and project management.
4. Develop a timeline delineating processes and procedures for behavioral health and primary care integration or co-locating services Countywide; demonstrate an approach that will improve access to services across age population, highlight a process to coordinate contract service providers, identify cost (services, overhead, facility, and technology) savings and increased patient experience outcomes.
5. Critical to develop coordinated approach to community integration (Outreach, Engagement and Education) throughout Health Agency implementation increasing public involvement and knowledge as to the purpose and range of services delivered throughout LAC.

Preliminary Recommendations- the Eight Strategic Priorities

While the IAB is still gathering information and forming recommendations for each of the Strategic Priorities, here are some preliminary recommendations, specific to the following priority domains:

Consumer experience: Touch screens that are under consideration for purchase could possibly be used to assess the public's knowledge of health concerns such as immunizations or HIV. Another request would be to document the current interpreter service and if there is needed augmentation of the program. Plans for the sharing of health information that respects the required protection of information regarding Health Insurance Portability and Accountability Act (HIPPA), mental health and substance abuse will be required.

Housing and Homeless: Maximize third party health insurance for the persons and families that are homeless. Stratify special interest groups such as LGBT, veterans, At-

Risk-Youths to determine and solve special needs. Especially in this Strategic Priority, the baseline metrics are an important part of evaluating how Health Agency formation has affected the homelessness issue.

Overcrowding of Emergency Departments by Individuals who are in Psychotic

Crisis: Persons, including children as young as first graders, who are in need of psychiatric hospitalization, currently take up many resources of medical personnel in emergency rooms. There are not enough psychiatric inpatient beds in LLAC. The situation is even more critical for pediatric patients. Plans for the expansion of beds for these patients are needed.

Culturally and Linguistically Competent Programs and Services:

Request that the Health Agency conduct a survey to see if all forms are available in the ten identified languages required by Medi-Cal. In addition, the IAB requests that the Health Agency provide an evaluation of its services and alignment with National Culturally and Linguistically Appropriate Services (CLAS) Standards. Cultural competency goes beyond being competent of language and customs. An analysis of the current status of interpreter support is required for IAB's evaluation. Any disparities uncovered must have a corrective plan attached. Cultural competency also includes a working knowledge of diseases common in a specific population, as well as cultural herbal medicine and medical treatments, such as acupuncture and coining. Agency personnel may not be responsible for these treatments, but should be aware of how these cultural practices are utilized.

Diversion of Corrections-involved individuals to Community Bases Services:

Baseline data the on rate of inmates returning to the correctional system to get necessary health care, shelter and food re-entry into the community, the economy and family are urgently needed. Documentation of the current workflow for the release of an inmate needs to be presented with regards to their health care under an integrated health system. Such a workflow will be separate from the pathway that is appropriate for custody. Document a timeline for the establishment of the Office of Diversions and Re-Entry. In partnership with the City of Los Angeles, the release process could be of benefit to the Los Angeles Police Department (LAPD) and the Los Angeles County Sherriff's Department (LASD).

Implementation of Expanded Substance Use Disorder Benefit (SAPC):

This Strategic Priority is one of several priorities that expand into several of the other Strategic Priorities. Baseline data documenting the number of individuals, both homeless and in stable living conditions, employed or on welfare must to be done. This data needs to be compared with the availability of treatment options. This would assist the BOS, IAB and the Health Agency in evaluating the success of administrative plans. The IAB would also benefit from an understanding of how integration processes will result in increased harm reduction activities and a continued positive shift in its response to drug user health.

Vulnerable Children and Transitional Age Youth: This Strategic Priority covers children in foster care with concerns for them as these youth transition into adulthood. However, the age ranges of the children are not documented. The proposed outcome metrics are fairly complete, but lack current baseline data or estimated cost and revenue sources. The issue of program and financial sustainability is key in this program design.

Chronic Disease and Injury Prevention: This Strategic Priority addresses expanding coverage for various aspects of chronic disease prevention programs. No data has been provided on how many persons the named programs currently serve. Planned development of tools and methods for collecting this required baseline data must be part of the original design of the programs. Public policy, community-based prevention and adverse community experience need to have more representation and an updated report to the IAB is in order. Also, a request was made for the Division of HIV and STD Programs to sit on this Strategic Priority Workgroup.

Members of the IAB who are experts in an area may be submitting comments and reports on their area during the course of the term of this Board. The IAB reserves the right to submit reports separate from the required semi-annual reports. Commission and consumer representatives, who have comments beyond what is noted in this document, may submit them separately after review by the IAB.

The IAB has responded by forming a sub-committee structure to address the IAB's mission/guiding principles, each strategic priority and data. Some issues related to this are; First, most Members have obligations and a limited amount of time to devote to new sub-committees. Second, multiple sub-committees increase the potential of duplication of effort. Third, decisions regarding issues may not be delivered in a timely fashion. Coordination of activities of all of the identified groups is required for efficiency. It is likely that the duties of the IAB will not be completed in two years. The goals and the responsibilities of the IAB will not end in 24 months. Ongoing evaluation of the eight Strategic Priorities will need to be addressed.

Summary

The IAB is designed to serve for two years to monitor and report to the BOS on the positive or negative effects of integration on the health of the population of LAC. Internal plans for the IAB consist of formation of sub-committees, listening to presentations of experts and requesting presentations focused on several specific issues. This is a newly appointed Board and is still establishing its metrics, knowledge of Member's expertise and talents. Members of the IAB look forward to working with the BOS on issues surrounding the formation of an Integrated Health Agency for our own communities and Los Angeles County.