



Integration Advisory Board

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February 10, 2017

TO: Supervisor, Mark Ridley-Thomas, Chairman
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Supervisor, Sheila Kuehl
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Supervisor, Janice Hahn

FROM: Al Ballesteros, Co-Chair
Bridget Gordon, Co-Chair
on behalf of the Integration Advisory Board

SUBJECT: SECOND REPORT TO THE BOARD OF SUPERVISORS

On August 11, 2015, the Board of Supervisors (BOS) approved the establishment of the Los Angeles County Health Agency (Health Agency) to integrate the activities related to strategic priorities across the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH). At the same time, the Board of Supervisors also established the Integration Advisory Board (IAB) which is comprised of subject matter experts, consumers, as well as representatives from organized labor to provide reports regarding the impact of the Health Agency. **IAB Charge:** The IAB serves as an advisory body to the BOS reporting in writing to the BOS on at least a semi-annual basis for two years on: 1) the impact (positive or negative) of the Health Agency on ongoing departmental activities and operations, and 2) achieving the County's health-related priorities.

Executive Summary

The IAB—along with consumers and residents of Los Angeles County (County)—has the opportunity to bring forth the highest goals that the BOS has established for integration: to improve health and wellness of all County residents.

We reviewed the FINAL REPORT ON POSSIBLE CREATION OF A HEALTH AGENCY (ITEM NO. 2, AGENDA OF JANUARY 13, 2015 AND ITEM NO. 2, AGENDA OF MARCH 3, 2015) to compare the proposed metrics that the BOS was presented with to determine if they would vote on creating a Health Agency, which are included in this report. In addition, we received and listened to several presentations on the Eight Strategic Priorities since our inception.

In this report, we have requested specific data sets and trended outcomes to assess the impact of the Health Agency. We also set forth recommendations that the BOS examine areas beyond the IAB's view, including departmental operations and activities, how the internal activities add value in achieving the County's health-related priorities, how existing resources are effectively utilized, and ways new resources are generated or billed.

We have included comments and recommendations to the BOS based on the broad metrics as written in the FINAL REPORT ON POSSIBLE CREATION OF A HEALTH AGENCY.

In three months, this report will be followed by a detailed (substantive) report with recommendations from our subcommittee work and community members.

It is our hope that our recommendations can assist the Health Agency in realizing their mission statement: *to improve the health and wellness of LA County residents through provision of integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities* by applying the framework of the eight strategic priority areas:

1. Consumer Access and Experience
2. Housing and Supportive Services for Homeless Consumers
3. Overcrowding of Psychiatric Emergency
4. Cultural Competency and Linguistic Access
5. Diversion of Corrections-Involved Individuals to Community-Based Programs and Services
6. Expanded Substance Use Disorder Benefit
7. Vulnerable Children and Transition Age Youth
8. Chronic Disease and Injury Prevention

1) ACTIVITY

For the last year, the IAB: (1) Maintained monthly participation from stakeholders and subject matter experts in subcommittees and regular meetings; (2) Conducted research; (3) Requested and received presentations from each of the three departments within the Health Agency and consumer testimonies; (4) Listened to public comment; and (5) discussed the eight strategic priorities as a group and in smaller subcommittees.

Since the formation of the IAB, we have heard numerous detailed presentations on the progress of the Health Agency and on the eight strategic priorities and metrics. The IAB appreciates the opportunity to provide input and evaluation of the Health Agency's impact, strategic priorities and metrics to the BOS. To this end, we believe there is much need in the County in communities which rely on the services of the Health Agency to better their health and the health of their communities, particularly the continuously underserved populations. From our varying perspectives, we collectively appreciate the opportunity to provide a voice to the process for bettering services to those in need.

This is our second written report to the Board of Supervisors.

2) IMPACT AND IMPRESSIONS

The IAB has received numerous reports from the Health Agency on its progress to achieve integration, the eight strategic priorities and metrics. In this document, the IAB will provide general and specific recommendations for the BOS. The IAB is still awaiting specific data sets related to consumer/patient/end-user health outcomes, numbers of vulnerable populations served, and financial metrics related to achieving balanced and integrated funding amongst the three departments. To this end, the IAB on behalf of the BOS would like to work with the Health Agency to review and evaluate:

1. Trended health outcome measures for those receiving integrated care
2. Trended employee satisfaction data for those involved in the delivery of integrated services
3. Trended data for improved access to integrated services in minority, impoverished and otherwise underserved areas and communities targeted, and
4. Trended financial metrics demonstrating the balancing of funding for each of the three departments which comprise the Health Agency.

In addition to the above, we recommend the BOS evaluate the impact of the Health Agency based on:

1. Unique added value of the Health Agency on department activities and operations;
2. Unique added value of the Health Agency on achieving the County's health-related priorities; and
3. Ways in which the Health Agency generates new resources and more effectively utilizes existing resources to enhance operations and activities of DHS, DPH and DMH as a result of its formation.

Health Agency mission statement: *"The mission of the Los Angeles County Health Agency is to improve health and wellness of Los Angeles County residents through effective, integrated, comprehensive, culturally appropriate services, programs and policies that promote healthy people living in healthy communities."*

In the *Response to the Los Angeles County Board of Supervisors Regarding the Possible Creation of a Health Agency* (June 30, 2015), the following metrics were referenced on page 69 and 70 of the document that speak to measuring the impact of the Health Agency:

- Metrics should cover a diverse array of activities, reflecting the full breadth of the Departments' scope. This should include measures that highlight population health, physical health, and mental health services; policy/regulatory functions; community-based interventions; direct clinical services; and administrative practices. Each Department should independently validate that metrics are appropriately reflective of their scope and priorities.
- Metrics should focus on outcomes that are of direct importance to clients/consumers/patients such as access, customer experience, care quality, health outcomes, community responsiveness, as well as administrative processes required to get the work done.
- Metrics should be able to measure progress toward specific established integration priorities.
- Metrics should assess how effectively individuals in specific populations (e.g., underserved or underrepresented ethnic groups, vulnerable populations) and geographies are able to access and/or be connected to services and health outcomes among these groups. This is critical to reducing health disparities, and provides an objective way to judge the appropriateness of resource allocation.

- Measures that are not directly related to public-facing services can also be helpful if they provide information on the administrative and operational health of the agency. Covered areas could include staff satisfaction, HR efficiency, (e.g., time to fill an item), finance functions (e.g., time to process payment), and contracting/procurement functions.
- Measures should take into account work done by both directly-operated as well as contracted providers/agencies.
- Measures of the financial impact of the agency changes are critical in reassuring the community and building trust. This includes showing trends in and uses of different revenue streams and budget appropriations. It should also include estimated cost savings from administrative efficiencies gained, including ways of tracking the beneficiaries of these additional funds and how these savings are used.

Other areas listed in the report to measure impact included:

- Developing and publishing clear, concise data on departmental budgets, appropriations, revenue sources and uses.
- Clearly communicating changes with the public. The IAB also recommends that changes are clearly communicated among staff at all levels.
- Creating opportunities to build relationships and trust among staff.
- The IAB also recommends also creating opportunities to build relationships and trust among community members, particularly the underserved.

The IAB is utilizing the above broad impact measures to provide input and evaluation to the BOS and the Health Agency.

3) GENERAL COMMENTS OF IAB MEMBERS:

- While the metrics associated with the eight Strategic Priority Areas are acceptable as shown, a summary of results associated with each for the first year of operations in one complete document would be helpful for the IAB and the BOS to track progress over time. A supplemental report with case studies showing positive outcomes or progress towards meeting goals of the integrated Health Agency will be requested.

- Initially, there was confusion regarding the Strategic Priority Area Internal Work Groups of the Health Agency and whether members of the IAB would be able to attend these meetings to listen in on the discussions to gather information and provide subject matter expertise and input where necessary. It was later clarified by the Health Agency and County Counsel that these meetings were not public meetings subject to The Brown Act and included internal Health Agency high level staff on the workgroups, however, that did not preclude the workgroups from holding meetings with IAB members or subcommittees, so long as the number of IAB members involved did not implicate The Brown Act. In order for the IAB to fully understand, assess and advise the BOS on the Health Agency's impact on on-going operations of the three departments and achievement of the strategic priority areas, the IAB relies on verbal and written presentations from designated Health Agency staff. The IAB understands its role is not to direct the work, but rather to evaluate and advise. To better accomplish this goal, the IAB requires more frequent presentations and interaction directly with the Health Agency work group co-chairs and members tasked with the integration.
- Ensure the IAB strategic priority subcommittee includes input from frontline care givers and consumers of care.
- The County's first Sobering Center opened in January 2017. This center will provide 24/7 coverage and as many as 50 beds. The Sobering Center's first meaningful report will be in 12 months. The IAB and Homeless Subcommittee look forward to reviewing the data on those served, data on integrated care provided to said persons, and data on linkages and health outcomes including housing success.
- The IAB recommends that the Health Agency be mindful of the Los Angeles Homeless Services Authority (LAHSA) Homeless Count that occurred in January 2017. Currently incarcerated men, women and troubled youth who *"self-identify they will be homeless"* -immediately upon their anticipated release date will add to the count. The IAB Subcommittee on Homelessness seeks to understand and advise on the Health Agency's planning, prioritization, and efforts with respect to this population as this may assist in addressing recidivism rates. **To this end, do the policies and priorities of the Health Agency cause appropriate persons within this population to be reached with housing and support services while they are exiting the system; are the resources sufficient; and how will the outcomes be measured?**

- The IAB acknowledges that the metrics for most items will not have been met now or at the close of the initial two-year period of the IAB, because there has not been sufficient time in existence of the Health Agency. The IAB advises the BOS that review and input to these metrics from the stakeholder community must be on-going past the initial two-year term of the IAB. **The IAB recommends that the BOS extend the term of the IAB to at least five years with a sunset provision so as to provide the necessary time for the stakeholders and subject matter experts to measure meaningful and consistent impact. This will also allow the Health Agency the time needed to provide the trended data sets, outcome measures, client satisfaction measures and analysis of funding trends for each of the three departments (DHS, DMH, and DPH).**
- An internal evaluation branch of the BOS is needed to monitor the integration outcomes created as a result of the Health Agency.
- The BOS might consider reviewing a larger independent assessment from the Health Agency on the actual physical integration of the services, on-the-ground and within the various communities of the County. The question the BOS might consider is how the Health Agency with input from the Stakeholder community, determines which, what and how much of a department's services should be either co-located on site or otherwise integrated with a community partner or other nearby County Department. **We recommend a grid that may be used by the IAB, BOS, and Health Agency, that overlays all physical access sites of DHS, DMH, and DPH (service sites), identifies and lists what services of the three agencies are offered in each** (*Dr. Katz references this planning in his 1/10/2017 memo Page 2, bullet point 4 to the BOS*).
- The goal of the Health Agency is to provide policies and plans for improved access to integrated services which get to the most vulnerable LAC populations. **We recommend that the above referenced grid overlay information on incidence of chronic disease, homelessness, poverty, health disparities, residually uninsured and vulnerable populations. In this manner, the BOS and IAB can compare and evaluate the Health Agency's availability of services vs. what is actually provided against the community need.** Perhaps then from a policy perspective prioritization can be given to which sites are adequate and appropriate for which sets services of the three departments given space, staffing needs, funding, and community needs assessed. The augmentation to a facility of a service type (or in an area at a different facility) would be considered against Community Needs Assessment data.

- IAB members, including organized labor, have indicated there may be a gap in including and communicating to staff and first line healthcare workers in the process of developing facility-related integration needs.
- Numerous IAB members believe, based on either their “working” or “lived” experiences, that there may also be additional gaps in access in underserved areas in South Los Angeles of actual service availability, and service workers who are able to meet the needs of the African American and Latino populations in a robust manner.
- Each strategic priority workgroup might consider developing prevention metrics that can be used to monitor changes in the social, economic and community conditions that are related to their key outcomes of interest (e.g., the factors that are associated with being homeless).
- The need for platforms and/or systems whereby data can be shared (for registration, financial screening, referrals and where appropriate clinical information) is in the works at the Health Agency. The IAB seeks to have a clear understanding of the “master plan” for utilizing an Electronic Health Record (such as ORCHID) or a platform such as LANES across the DHS, DMH, and DPH. The IAB and BOS may benefit from additional presentations on the Health Agency’s plan for health records integration and data exchange within a fully integrated system. There have been many reports provided, both oral and written, and it would be helpful to have one document that outlines the Health Agency’s master plan.
- Data systems, which provide complete sets of data on end-users receiving integrated services within the Health Agency (to the extent allowed by law), should be considered. Only with such a system can the BOS be assured that vital integrated services are being received by those most in need and whether these are making a difference in health outcomes. With this data, the impact of the collective efforts can be better measured.
- At the co-located sites, the IAB seeks to better understand the extent to which staff of the three departments is working on an integrated manner across department functions in areas such as registration, financial screening, nursing, referrals, etc. This is important because for the “end-user,” this integration should result in decreased burden in completion of paper-work and submission of required documents.

- The C3 teams are assisting growing numbers of homeless persons. The IAB seeks to understand the level of integrated care these clients are receiving based on complete data sets. This would be important to gauge the level of service needed to sustain these vulnerable populations in housing or more stable living situations.
- The Sobering Center may be a great step forward in meeting the Health Agency's Mission; and in diverting those who do not need expensive hospital care. While the Sobering Centers have promise, similar centers that focus on other substance abuse and addiction areas, coupled with treatment for trauma, depression and mental illness, must also be considered for skid row and several other parts of Los Angeles County.
- "*End User*" vs "*Consumer Representatives*" vs "*Patients*" etc., needs to be reviewed in terms of a policy for common language used across the Health Agency. There has been much public testimony and IAB comment about the preferred use of language when referring to those utilizing the Health Agency services.
- The IAB has not been able to review an action plan with measurable targets that focuses on getting to vulnerable populations in specific regions of the County. (e.g., African-American males, uninsured Latinos, persons who are experiencing homelessness and those at risk of violence and other social determinants of health. The IAB seeks a clear picture of the target groups that the Health Agency views as "vulnerable".
- A consistent method is needed for obtaining community member and county stakeholder participation in the formation of priorities and plans associated with departmental operations, activities and the health priorities. How does this information get back to the internal Strategic Workgroups?
- Identify additional specific, consistent, and substantive ways in which people with lived experience are being engaged in the process.
- The Whole Person Care Waiver (WPC) reflects top priorities of each of the three departments, and allows cross-cutting activities across several Strategic Priority Areas. This waiver is viewed as a very positive measure of impact by the IAB. We look forward to having the opportunity to review data on populations served and outcome measures achieved related to services under the WPC Waiver. The IAB will receive a presentation from Dr. Mark Ghaly in February about the WPC Waiver.

The IAB has the following impressions, questions, and/or recommendations specific to the Strategic Priority Areas:

Strategic Priority Area 1	Impressions	Need/Investigate
Consumer Access and Experience	E-consult's implemented and viewed by the IAB as a positive way for clinicians from the various departments to communicate.	The IAB notes that this system is largely implemented by and within DHS, although some e-Consult has begun within DMH. The IAB seeks to review information, policy, and data regarding how this integration activity will be rolled out across all departments. The IAB will request this information within the next quarter.
Cross Departmental Integration	The IAB believes that integration activities require collaboration on funding and access to equal and equitable resources for each of the three departments.	The Whole Person Care Waiver is viewed as positive because it incorporates funding for activities in each of the three departments. The IAB looks forward to reviewing data on the WPC Waiver after implementation and periodically so as to advise the BOS and Health Agency on best practices. The IAB has requested a presentation on the WPC Waiver at its February 2017 meeting to better understand the project and metrics for success. How will the Health Agency capitalize on the WPC Waiver initiative to address the social determinants of health?

<p>(Consumer Access and Experience Continued) Co-Location of Services</p>	<p>The IAB views the Co-Location metrics as critical for integration. The metric calls for four co-locations; although, there are several others to varying degrees occurring across the County. The IAB has heard very positive feedback regarding the newly enhanced MLK campus from members, commissioners and members of the public.</p>	<p>The IAB wishes to further understand the existing delivery sites and current capacity for integrated services. The IAB recommends that the Health Agency provides the IAB and the BOS with a full inventory of sites, locations and services housed within these. Only with this full understanding, can the IAB advise the BOS as subject matter experts on priorities going forward for co-located services. The IAB will request this information to be provided over the next two quarters.</p>
<p>Consumer experience</p>	<p>Measuring consumer experience utilizing electronic means e.g. <i>“Happy or Not”</i> machines will begin in early 2017. Touch screen kiosk screens have been mentioned as also a means to deliver health information and collect satisfaction data.</p> <p>Consider addition of a 1-800 phone number for customer satisfaction. <i>“Happy or Not”</i> fails to collect specific reasons for satisfaction or dissatisfaction. Without specifics, the root cause of a problems cannot be addressed, why ask if you have no intention of solving dissatisfaction or curiosity to understand what exactly makes your customer <i>“Happy”</i>.</p>	<p>The IAB subcommittee on Access looks forward to reviewing data generated via these systems. The IAB also wishes to better understand the Health Agency’s plan for implementation of these types of electronic systems across all three departments so as to provide input to the Health Agency and the BOS.</p> <p>Could language which assesses the unique added value of the Health Agency and integration be added and collected via these electronic systems? The IAB believes this component needs to be strengthened. e.g., do clients rate the agency higher in satisfaction as a result of the improved access created via integration?</p>

<p>Consumer experience (continued)</p>	<p>With respect to data sharing and analysis across the agencies, the IAB has not heard enough detail about the full plans and progress. The IAB acknowledges this is complicated; however, believes the key to understanding the full impact of the integration can only be accomplished with systems which talk to one another and collect service-level data (to the extent provided by law) for high-level analysis by experts.</p>	<p>Language is missing on the actual affect/outcome of the integration on the person receiving care. (e.g., more visits kept, improved compliance, treatment plans followed-through on, improved health outcomes and improved HEDIS measures as a result of the integration.) Reports and analysis are needed. The IAB believes this would be one of the most effective ways to measure the impact of the integration.</p> <p>The IAB believes the BOS may wish to review data systems and timelines planned for implementation and ability to accomplish the above.</p> <p>The IAB recommends that the BOS ensure data analysis systems have ability to generate integrated data sets on those accessing services (to the extent provided by law). The BOS may wish to expect the Health Agency to have systems built that can report which vulnerable populations received which types of Agency services; and at how many. (e.g., should a young African American male at risk of HIV infection be receiving services at DMH? How and when is this person referred for prevention, testing, and PrEP available through DPH or a local collaborator? The IAB believes these data sets need to be tracked to measure impact.</p>
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<p>Consumer experience (continued)</p>		<p>The information systems analytics must report the success of this screening in total numbers to the BOS for evaluation of effectiveness. The IAB will requests information from the Health Agency on how it will report this data.</p>
<p>Agency-wide referrals</p>	<p>SBIRT screening conducted by DHS providers can have a significant impact in identifying those with substance abuse treatment needs, provide on-site counseling and refer those in need who are not connected. The IAB sees this is an impactful integration activity.</p>	<p>Individuals served in the Ryan White System may not be fully aware of the Health Agency-wide integrated services. The IAB seeks to more completely understand how broadly known are the available comprehensive services of the three departments.</p>
<p>Strategic Priority 2</p>	<p>Impressions</p>	<p>Need/Investigate</p>
<p>Housing and Supportive Services for Homeless Consumers</p>	<p>The first Sobering Center is viewed as a positive model by the community and IAB. Data on effectiveness and linkages will be meaningful after the first 12 months of operations.</p>	<p>The IAB subcommittee believes Sobering Centers have much promise. Similar-type centers which focus on other substance abuse problems coupled with treating trauma and mental illness should be considered for skid row and throughout the County. The IAB recommends that the BOS request the Health Agency to review and report on its assessment of this issue and possible plans for expansion of this area.</p>

<p>Housing and Supportive Services for Homeless Consumers (continued)</p>	<p>Fast-Response Vehicles (FRV) planned by the Los Angeles County Fire Department is viewed as a good pilot.</p> <p>The problem of homelessness is a 24-hour situation, causing for resources of hospitals and emergency response teams around the clock.</p>	<p>Committee recommends a review to ascertain if this is sufficient to meet demand and whether additional team members, such as a nurse practitioner on board would make the FRVs more effective.</p> <p>The IAB would suggest the agency review policies and assistance levels over a 24-hour period and present to the IAB and its homeless subcommittee this data for review and input.</p>
<p>Strategic Priority 3</p>	<p>Impressions</p>	<p>Need/Investigate</p>
<p>Overcrowding of Emergency Department by Individuals in Psychiatric Crisis</p>		<p>The data looks good. Waiting to review other linkages and outcomes measures data.</p>
<p>Strategic Priority 4</p>	<p>Impressions</p>	<p>Need/Investigate</p>
<p>Access to Culturally and Linguistically Competent Programs and Services</p>	<p>The challenge in meeting this priority is the long-standing and limited inclusion or understanding of underserved, overlooked populations. Race, ethnicity, nationality, language, gender and basic human empathy must be brought to this priority. Failure to connect in a compassionate manner is a failure in access to services.</p>	<p>Priority should include Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) competency across all departments. It has been reported to IAB members that in certain areas (SPAs 5-6) and at Agency service sites, this sensitivity may be lacking among front line, ancillary and professional staff. The IAB wishes to review and provide input to an assessment and training plans/curricula for this area of competency.</p>

Strategic Priority 5	Impressions	Need/Investigate
<p>Diversion of Corrections-Involved Individuals to Community-Based Programs and Services</p>		<p>What is the overall racial breakdown percentage of inmates? (This would help inform the contracting of a culturally competent diversion program)</p> <p>What percentage of inmates is in for drug-related offenses, and the recidivism rates (For contracting of more treatment facilities)</p> <p>What is the number of LGBTQ persons connected to substance treatment within the jails?</p> <p>Within the K6G (LGBTQ) ward, what is the breakdown of inmates with drug charges, mental illness, homelessness, and the recidivism rates? (To help Transitional Case Managers with Individual Release Plans). These data sets are needed for assessment.</p> <p>Can the Health Agency create a staff position within the K6G ward to collaborate with Los Angeles Sheriff Department (LASD) & Division of HIV and STD Programs (DHSP) to establish a coordinated release of HIV+ individuals?</p>

<p>Diversion of Corrections-Involved Individuals to Community-Based Programs and Services (continued)</p>		<p>This will allow their Transitional Case managers to link them to services. Assuring and maintaining access to medical care and supportive services, facilitates retention in care, viral suppression, health improvement, and cuts down on recidivism rates.</p> <p>Who is eligible for Dept. 95?</p> <p>What are the payer sources for the services?</p> <p>Which facility is being integrated? CRDF, MCJ or PPB/Wayside?</p> <p>Which facilities have the diversion program?</p>
<p>Strategic Priority 6</p>	<p>Impressions</p>	<p>Need/Investigate</p>
<p>Implementation of Expanded Substance Abuse Use Disorder Benefits</p>	<p>The proposed Drug Medi-Cal expansion for residential services is viewed as very positive by the IAB.</p>	<p>More residential beds are needed; especially in South and East Los Angeles. The IAB seeks to understand how those identified in need in other parts of the Health Agency will be accessed to care in a streamlined manner. Meaning, less paperwork at registration.</p>

Strategic Priority 7	Impressions	Need/Investigate
<p>Vulnerable Children and Transitional Age Youth</p>	<p>Co-Location is occurring at several health centers and viewed as positive.</p>	<p>What is the larger plan for co-location of services? Will it extend beyond DHS and DMH?</p> <p>More information is required on the goals and metrics to improve the health and well-being of all children in the County.</p> <p>This priority focuses partly on children and Transitional Age Youth that are currently detained. How are these children and their parents being prepared and encouraged to receive them when they are released back home? Or from other county non-Health Agency departments?</p> <p>Establish a standardized definition of “youth” across all three departments to ensure complementary and seamless services.</p> <p>How is the trauma which is documented to affect this population and their families being addressed within the Health Agency?</p> <p>How is the trauma of being “detained” in this system being addressed for Transitional Age Youth and their families?</p>

Strategic Priority 8	Impressions	Need/Investigate
Chronic Disease and Injury Prevention	The <i>Parks After Dark</i> program is viewed as a very positive model and step forward with much promise.	<p>More expansion to the global issues of Public Health needs to be present and included in the metrics for measurement.</p> <p>Data shows that a better educated community is a healthier community. What is the plan for increasing education and health literacy across the County?</p>

4) THE IAB

The IAB includes members of a select group of Los Angeles County Health-related commissions and consumers along with representatives from various Labor Unions. IAB members bring a wide-range of insight, both lived and professional experience, and expertise to the task at hand. The IAB includes subject matter experts in their respective fields who have participated with the County on various commissions in their subject areas for many years.

The **IAB** allows concerned stakeholders a forum for interaction and discussion regarding policy, ideas, strategies and metrics presented by Health Agency leadership and staff regarding the progress of the integration. The IAB views this interaction as essential given that much of health care planning operated in silos pre-Affordable Care Act (ACA) and pre-Health Agency formation. This is true as well for the County's various health commissions. Pre IAB, the various commissions rarely interacted for joint integrated planning purposes. There were few opportunities to work on mutual areas of interest and create synergies. There was limited opportunity for cross-over and cultivation of joint ideas and planning. The IAB established subcommittees of stakeholders to assess and measure the impact of the Health Agency aligned with the eight strategic priority areas:

1. Access to Care and Information System/Electronic Records Sharing
2. Homelessness
3. Implementation of the Expanded Substance Use Disorder Benefit
4. Overcrowding of Emergency Departments by Individual in Psychiatric Crisis(not formed yet)
5. Cultural and Linguistically Competency
6. Diversion of Correctional Inmates to Prevent Re-Entry into Correctional System
7. Vulnerable Children and Transitional Age Youth
8. Chronic Disease and Injury Prevention
9. Impact and Framework

We formed two additional subcommittees, “Mission & Guiding Principles” and later, in lieu of a plan and timeline for the integration process, the IAB added a “Pilot” subcommittee to determine a methodology to better assess and achieve our mission with minimal access to information regarding “ongoing department activities and operations” of DPH, DMH, DHS and the Health Agency moving forward with the integration.

The IAB also, through the work of its subcommittees, has created a vision as to what it wishes to see to fulfill its goal, “to improve the health and wellness of all LA County residents” by applying the following guiding principles (proposed):

1. Patient and Community-Centered Health and Healthcare
2. Population-based Care and Population-based Community Health
3. Evidence-based and informed treatment and Prevention
4. Accountable Care and Accountable Community Health

During this early stage of the Health Agency, it is difficult to ascertain its “*unique added value*” on department activities, operations, and achieving the health-related priorities. The IAB believes data on processes and outcomes will ultimately answer this question. For instance, is identification of persons with or at risk of HIV (the primary charge of DHSP in Public Health) benefiting from the collective work of the Health Agency via integrated and common goals and processes? Will these Agency-wide synergies cause a greater reduction in HIV transmission, create an uptick in prevention referrals, and streamline referrals of persons in need of an agency service from one area to another? Will the Health Agency be able to demonstrate better access, greater consumer satisfaction and improved health outcomes for all Health Agency end-users as a result of the integration through data? Once again, the IAB acknowledges the Health Agency is early in the process of departmental integration. As such, it is understandable that health outcomes evidence on the impact (positive or negative) gleaned from the data are not robust and trended yet.

The IAB proposes this framework for monitoring, assessing and tracking the impact of the Health Agency:

1. Monitor and assess the unique added value of the Health Agency on departmental activities and operations (on-going).
 - How will the Health Agency accelerate progress on eliminating health-related disparities in care across the three departments?
 - In what ways will the Health Agency deploy resources to address the underlying structural, racial and economic conditions that lead to disparities in health?

- How will the Health Agency meaningfully engage with non-governmental stakeholders and the County's residents to understand their priorities and perspectives to provide a unique added value to each of the three departments' activities and operations?
 - How will the Agency impact health equity and address outcomes disparities and social determinants for disparate groups. These groups include African American males and African American women, who have the highest poverty rates, highest rates of violence and shortest life expectancy in the county. It includes children who live in poverty, which are over half of **all** children living in the county and it includes people who are at risk of homelessness or at risk of HIV infection.
2. Track the ways in which the Health Agency generates resources that enhance operations and activities of each of the three departments and contributes to accomplishing the County's health-related priorities.
- The Health Agency leadership pursued and was granted an 1115 Waiver for the Whole Person Care pilot. That is an important example of a role that the Health Agency can play in coordinating across the three departments; and seeking resources that will make a meaningful contribution to each of the three departments on county health-related priorities.
 - The BOS may wish to request that the Chief Executive Officer monitor the processes by which the Health Agency develops responses to funding proposals; track state and federal income generated by the Health Agency; and assess how those resources are deployed across the three departments to benefit their on-going departmental activities and operations in an equitable manner.
3. The BOS may consider this concept of "Added Value" in monitoring and reports from the Health Agency. To this end, the IAB believes the perspectives of the following groups are important to include:
1. People who currently seek or previously utilized County services and programs
 2. Health Agency and departmental leaders
 3. Health Agency and Departmental Staff, including front-line and professional staff, and
 4. Community-Based Organizations.

The BOS may wish to consider structures and processes to better understand the role of the Health Agency over time. Monitoring activities can be carried out in a number of ways: by the IAB, CEO, an external evaluator, or by a panel of representatives (including staff) from within the three departments and the agency and inclusive of community-resident and non-governmental perspectives through audits, surveys, key informant interviews, focus groups, and so on.

OTHER RECOMMENDATIONS:

Based on our analysis and discussion, the **IAB** suggests evaluation of the following six domains because of their relevance and impact on all three departments and strategic priorities:

1. **Integrated data and information systems:** Accelerate the development of technology and information systems to link and share individual-level data, when and where appropriate. Track data related to community-level factors that drive the most costly and preventable causes of health and mental health injury. Develop plans, programs and policies designed to address the underlying social and community drivers.
2. **Twenty-first Century Health Workforce**
3. **Braided Funding and Financing**
4. **Commitment to resident leadership and community engagement**
5. **Cross-departmental collaboration towards structural and racial equity:** Consider the development of a cross-departmental structure, including staffing, for a Health Equity Taskforce appropriate for the scale and scope of Los Angeles County. a) Demonstrate what the County is already doing to advance health and social equity through cross-sector, cross disciplinary, cross departmental collaboration. b) Focus these collaborative opportunities on policy changes to improve health, health access, and safety by improving the community and social conditions driving the need for health care services; and on policy changes that advance the use of more and better equity metrics in decision making (i.e. related to hiring, grant making, training opportunities, “lived” experience etc.)
6. **Agency-wide policy adoption and implementation:** Key actions would result in the following: a) an increase in the implementation of policies and practices by all three departments aimed at improving neighborhood conditions, and the social drivers of health inequity; and b) evidence of staff leadership in the development of health services, DMH and DPH working effectively to improve the underlying conditions that lead to high demands on the health care system, with a focus on developing policy solutions with low income community residents, community-based organizing and residents representing the diverse racial/ethnic, etc.

A NOTE ON PREVENTION:

Health care must be more than waiting for disease to occur. Our current system of “care” mainly consists of testing for diseases and long term disease management. We look forward to changing this pattern in our county. Stress, trauma, anxiety, depression weigh heavily in the development of disease as does living environment. These are important factors in health and health care. Prevention promotes healthy environments and healthy behaviors to prevent problems from occurring before the onset of symptoms. Prevention is a key factor in producing improved health outcomes and lowering Emergency Department (ED) visits. Community prevention has a key role to play in saving lives, money, and reducing suffering. Prevention, together with Accountable Care and Accountable Communities for Health, stands to improve trended health outcomes for those receiving integrated care. With Accountable Care, providers are accountable and reimbursed for quality of care and clinical outcomes. With Accountable Communities for Health, partners are accountable for improvements in community health and well-being. Due to the increased success in health outcomes with Prevention, Accountable Care and Accountable Partners for Health will increase its use compared to more costly and less effective ED visits.

CONCLUSION:

In closing, the IAB appreciates the vastness and complexity of the County and the massive undertaking entailed in making progress on any one of the eight health-related priorities, much less demonstration progress on all of them. As a result, the IAB felt it was important to first identify three priority recommendations for the BOS, aimed at maintaining a laser focus on maximizing the unique added value of the Health Agency; and second, to identify and elevate six cross-cutting areas that will structurally reinforce progress on each of the County’s eight health-related priorities. We recognize there is much to be done and that this is a long-term endeavor.

The goal of the Health Agency is to build a transparent, ongoing, and meaningful partnership with internal and external stakeholders in which a broad set of community members, including patients/clients/consumers and their families, provide input into agency priorities/activities and raise ideas and concerns. Such engagement is critical in ensuring ongoing community participation in planning programs and initiatives and restoring trust and confidence among community members.

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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.

AB/BG:ma

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