

Los Angeles Health Collaborative: County Health Agency Merger

August 19, 2015 | Prepared by Jeffrey Kho



Opening Remarks

Dr. Christina Ghaly, Director of Health Care Integration, County of Los Angeles Chief Executive Office

The Los Angeles County Board of Supervisors approved the creation of a unified health agency consisting of the Departments of Public Health, Mental Health, and Health Services. The agency will be jointly led by the three department chiefs who will in turn be overseen by a single agency chief.

The Agency is charged with ensuring systematic improvements in the following four areas:

1. Access to care
2. Homelessness
3. Reduce overcrowding of ERs and Psychiatric emergency services by patients in psychiatric crisis
4. Cultural competency

Additionally, the Agency will additionally be responsible for six additional priorities:

1. Jail diversion
2. Implementation of the Drug Medi-Cal waiver and the substance abuse disorder treatment benefit
3. Food redistribution/security
4. Chronic disease prevention and treatment, especially for the severely mentally ill
5. Emergency response and coordination
6. Outreach to at-risk youth

Marvin Southard, Director, County of Los Angeles Department of Mental Health

The agency aims to complement the work being done by the individual departments, as opposed to taking them over. All three departments will continue to function autonomously with separate funding and strategic plans. Certain functions, such as collective bargaining (overseen by the same union in all three departments) will likely be consolidated.

Questions & Answers

Will there be a single, integrated EHR?

Presently, DMH and DHS use distinct EHR systems. DPH's clinical functions are slated to join the DHS system, and additional investigation is under way to see if DMH, Law Enforcement, and Probation can make use of this system as well. A major challenge for DMH is that 60% of its patients are not seen in DMH facilities, requiring it to use systems that are compatible with those its contractors use.

The county is also considering using alternative approaches to integration, such as a standard HIE.

What is the vision for integrating physical, behavioral, and substance abuse treatment services

The initial goal is to outline places prepared for service integration, but the Agency's stra-

tegic plan starts the conversation on integration between the three fields.

Will the Health Agency have influence over individual department budgets?

The Agency Director will not have the authority to set appropriations, but will be in charge of setting strategic priorities that the departments are expected to address. While departments may continue to set their own priorities, the Agency Director will review budgets to ensure alignment with Agency goals.

Currently, Service Planning Area boundaries do not reflect the geographic distribution of actual communities. Will they be revised?

The process to rezone SPAs may be politically fraught, but departments are not obligated to use them in their programs.

Will the Health Agency address confidentiality barriers that currently hinder integration?

The Agency cannot do anything to address statutory limitations, but it may be able to act as the host for certain datasets to facilitate better sharing between departments. Other county developments have facilitated data sharing, such as County Counsel authorizing DMH to use common consent to authorize sharing and common case planning.

Will integration help integrate Los Angeles County's many disparate systems (e.g. independent school clinics)?

There are project-specific opportunities to unify and integrate, and where possible, County/city initiatives can partner with the agency. Already, there has been some history of collaboration, particularly with law enforcement.

How will the Health Agency vision incorporate new contracting agreements?

The Agency will ensure each department continues on-going managed care contracting. As health plans seek expanded networks to provide their patients with comprehensive care, all three departments will need to play a role. Presently, DMH is negotiating to become the sole provider of behavioral health services, while DPH is building up its network of substance abuse treatment providers.

What role will the Department of Public Social Services play in the Agency?

The Agency only involves DPH, DMH, and DHS. These three departments have worked with DPSS in the past and will continue to do so.

How will Agency strategic priorities be identified?

Many priorities will be ongoing priorities for departments. The Agency's goal is to coordinate shared priorities between the departments, with the goal of breaking down existing silos.

The Los Angeles Health Collaborative is supported by grants from the Blue Shield of California Foundation, The California Endowment, The California Community Foundation, The California Wellness Foundation, and the California HealthCare Foundation.