

Coalition Talking Points

- 1) An unprecedented Coalition of over 135 community-based organizations and agencies, representing clients, family members, providers, and public health and mental health advocates, all reject the need for the creation of a new Health Agency, and instead support a Board of Supervisors' directed, collaborative, problem solving approach to better integrated client care.
- 2) As an alternative to the creation of a new Health Agency and its focus on integrated governance, the Coalition supports the recommendation of the County Mental Health Commission that the County develop a strategic plan for integrated healthcare services.
- 3) While a new Health Agency would provide the Agency Director with line authority over the Directors of DMH and DPH, muting the Departments' current autonomy and voice, the Coalition's alternative would, as stated in the Commission's letter to the Board of Supervisors, ensure that DMH, DPH, and DHS "continue to be recognized as equals, along with the other County Departments, in terms of accountability and direct reporting to the Board of Supervisors."
- 4) While the Draft Report says that a Health Agency "would not focus on those areas where there is no benefit from greater collaboration," this begs the question as to why then create an agency in the first place, as opposed to working to better coordinate those aspects of the three departments' client care responsibilities for which there is overlap. This is what a strategic plan for integrated healthcare services would focus on exclusively.
- 5) Organizational literature highlights the fact that major cultural differences significantly undermine efforts to successfully integrate governance structures. The Coalition's alternative avoids what would be required in developing a new Health Agency to integrate vastly different DHS, DMH, and DPH cultures and departmental operations, including a huge investment of time, energy, and resources. As one stakeholder referenced in the Draft Report commented, "The process of building an agency is a distraction from the real work; it could be a transitional quagmire lasting years."
- 6) There is no disagreement about the desired end goal of better integrated care; the debate is rather about the most cost effective, least disruptive way to get there. As stated in the Mental Health Commission's letter to the Board of Supervisors, the strategic plan, "[w]hile focusing on what is required for effective service integration and improved healthcare," should "plan for and ensure minimal transitional disruption to current services and programs and only that which is required to implement it."
- 7) The Coalition embraces the Mental Health Commission's recommendation that the strategic plan should work to replicate, enhance, and expand currently successful models of integrated care among the three Departments and work to identify and remove those barriers that would allow for their replication, enhancement, and expansion.

- 8) The scope of public health responsibilities that today fall under the County Department of Public Health is enormous, with more than 35 separate divisions to protect health, prevent disease and promote improved health in all segments of the population.
 - a) While DPH is responsible for protecting the health needs of more than 10 million LA County residents, public health stakeholders legitimately fear that the stated emphasis of a Health Agency on “improving patient-centered services” will overshadow and curtail investment in important public health interventions, as occurred when DPH was under DHS until 2006.
 - b) Just as importantly, DPH’s scope of responsibilities has continued to grow since it became an independent department in 2006, as the County’s threats to public health have continued to grow since 9/11 and with the spread of new infectious diseases worldwide.
- 9) The Draft Report is written within the context of serving the needs of adults, and basically ignores the needs of children with serious emotional disturbances, who account for more than one-half of the County mental health system’s service expenditures. It says absolutely nothing about how a Health Agency model would improve services for children with serious emotional disturbances and their families. The core values of the children’s system of care philosophy, including culturally and ethnically competent, family driven, and youth guided community-based services, are inconsistent with a medical model, clinic-based orientation.
- 10) The picture that the Draft Report tries to paint about a Health Agency is one that is overly simplistic, idealistic, and aspirational, as opposed to one that is practical and based on reality. There is also an attempt to equate the general benefits of integrated care with the assumption that this requires a Health Agency, without a compelling nexus between the two. The Draft Report simply brainstorms a large number of “opportunities,” yet fails to assess what is realistically possible given the large scope of challenges currently facing each department separately.
- 11) Mental health matters and public health matters! These systems and their constituencies should not be relegated under the shadow of a Health Agency, the idea for which was developed not from within those constituencies and their stakeholders, but rather which sprung from an initial recommendation of the Director of DHS to the Board of Supervisors to move mental health and public health into the Health Department.
- 12) The buffer that the Draft Report is recommending between the Board of Supervisors and the Department Directors in the form of a Health Agency Director is parallel to the CEO buffer that the Supervisors recently unanimously rejected as “increas [ing] distance between departments and the Board of Supervisors [and] thereby reducing accountability,” in going back to a CAO model, which “provide[s] stability in County government in a manner that retains departmental collaboration and interdepartmental communication, but reduces bureaucracy.”