

**Sample Letter in Support of An Alternative to a Proposed Health Agency  
for Los Angeles County**

Date

Supervisor  
500 West Temple Street  
\_\_\_\_ Hall of Administration  
Los Angeles, CA 90012

Re: Support for an Alternative to a Proposed Health Agency for Los Angeles County

Dear Supervisor \_\_\_\_\_:

We are extremely concerned about the prospect of a proposed Health Agency for Los Angeles County, and believe that there is a better way to promote integrated care for the clients served by the County Departments of Health, Mental Health, and Public Health, while at the same time ensuring the public health of all of the residents of Los Angeles County.

We believe that the key to better integrated client care is based on a collaborative, problem-solving approach among the three departments, which does not require the creation of a new Health Agency. In fact, we believe that if the Board directed the three departments and the CEO's Interim Office of Health Care Integration to come back in six months with a Strategic Plan for Integrated Care, the talented and committed leadership of the departments and the CEO's office would certainly be able to successfully do so.

The Draft Report itself acknowledges the fact that there are currently outstanding models of integrated care that exist today. We believe that instead of focusing the County's efforts on the creation of a new Health Agency, clients would be better served by the implementation of such a Strategic Plan, which would identify ways to best replicate these successful models while overcoming any current barriers.

The County Department of Public Health has, since its independence in 2006, become a nationwide leader in the public health arena, producing outstanding outcomes in protecting the public health of the County's more than 10 million residents. We believe that its growing scope of critically important responsibilities -- with our County residents facing growing public health threats in the aftermath of 9/11, and with growing environmental threats and threats of new infectious diseases such as SARS and the pandemic flu -- requires maximum visibility and attention outside the shadow of a new Health Agency.

Similarly, throughout the past several decades, the County Department of Mental Health has built an expansive model of community-based recovery oriented services that is the envy of other counties in this State, has organized a stakeholder process that is unmatched, and has found ways to maintain the key elements of its system amidst rising expectations from all age groups, all while making a big dent in reducing disparities and integrating cultural competency into its culture and services. Like public health, mental health deserves to continue to stay outside the shadow of a new Health Agency.

Additionally of concern, the proposed Health Agency model would have the heads of the Departments of Health, Mental Health, and Public Health reporting to the head of the Health Agency, rather than directly to the Board of Supervisors. If the Director of the Department of Health were to be named the Health Agency Director, as is implied in the Draft Report, the Departments of Mental Health and Public Health would soon be the only two County Departments not run by elected officials whose Directors would not be reporting directly to the Board of Supervisors. This model is unacceptable.

Instead, we strongly believe that Public Health and Mental Health should continue to have the same autonomy, voice, and presence in the County as the other County Departments in being able to report directly to the Board. At the same time, we support a model that would be consistent with the Board's recent unanimous decision to go back to its old CAO governance structure, which retains departmental collaboration and interdepartmental communication while reducing bureaucracy.

Accordingly, we respectfully request that the Board of Supervisors support a collaborative, problem-solving approach to better integrated client care which does not require the creation of a new Health Agency, while at the same time allowing for the continued autonomy of each of the three departments and ensuring that mental health and public health continue as equity partners which report directly to the Board.

Thank you very much for your consideration.

Very truly yours,

Your Name

Title

c: \_\_\_\_\_, Title (Health Deputy)  
\_\_\_\_\_, Title, (Mental Health)

Send a copy also (no cc) to: [Mailbox@Healthcarecoalition.net](mailto:Mailbox@Healthcarecoalition.net)

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## 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.”