



MATERNAL AND CHILD HEALTH ACCESS

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County of Los Angeles
Health and Mental Health Services Cluster

Dear Health and Mental Health Deputies:

Thank you for the opportunity to present this morning. I have five short points to make.

1) A Health Agency will not achieve the stated objective of better integration of patient services. The Health Agency Report makes a great case for better integration of services, yet the report never makes a good case for how an Agency structure would achieve that. In fact, the three Departments have radically different missions, priorities and expertise. DPH is responsible for the health of the entire population of LA County, while DHS is responsible for meeting the medical care needs of mainly uninsured residents through county clinics and hospitals. There have been many examples and models of integrated care that can be built upon to achieve better integration of services. There is no need for an agency to do this - it requires a commitment from the three Department heads to work together and solve the barriers to better integrated care.

2) The Health Agency will reduce the ability of public health to meet the public's needs - Threats such as emerging infections (Ebola/SARS/MERS) or re-emerging diseases (measles/pertussis) underscore the need for a strong, visible public health department with key leadership to ensure optimal functioning. DPH needs to be able to elevate and fund public health priorities. The pressing monumental demands for medical care in a county with a majority low-income and diverse population understandably push public health priorities onto the back burner.

3) Public Health and Mental Health need to have an equally strong, visible leader to garner resources to accomplish its goals, with direct reporting to the Board of Supervisors. Since the Board changed its Departmental reporting structure with its February motion, if the Agency structure goes forward, Mental Health and Public Health will be the only departments among some thirty that don't report directly to the Board of Supervisors. It will be difficult to hire a new public health director with the strength and visibility needed under these circumstances.

4) Separate Public Health departments flourish across the nation. The model of a separate department of public health has proven most effective in addressing contemporary public health needs - like chronic disease prevention. For this reason, the State of California created a separate department of public health. Know the history! DPH has been extremely effective as a stand-alone department with the autonomy to focus and fulfill its mission. Putting it under an agency jeopardizes its future success.

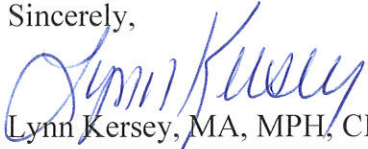
5) There will be a cost to create a Health Agency - and the report insinuates incorrectly that it can be done "cheaply" by having staff do 2-3 jobs. The creation of the Health Agency represents an

additional layer of bureaucracy - without a clear stated purpose - and will not add value to the main reason for which it is being created - the integration of client care.

As evidenced by the letters in response to the Office of Health Integration, the feedback at Stakeholder Meetings, letters to the Board, the over 130 agencies joining the effort for an alternative to an Agency structure, and from the former Public Health Director, current and former Deans of the Fielding School of Public Health and informal discussions among the public health and mental health community, the agency structure is unsupportable. Please join with this respected community and help the Board of Supervisors create an alternative that focuses on the key health integration issues instead.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink that reads "Lynn Kersey". The signature is fluid and cursive, with the first name "Lynn" being more prominent than the last name "Kersey".

Lynn Kersey, MA, MPH, CLE
Executive Director