



Date: June 24, 2021

To: Thomas B. Modica, City Manager 

From: Kelly Colopy, Director of Health and Human Services 

For: Mayor and Members of the City Council

Subject: **Reorganization of the Health and Human Services Department**

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The Health and Human Services Department (Department) has grown significantly since 2015 in programming, staffing, and funding. The Fiscal Year 2015 (FY15) budget was approximately \$117 million, the FY 22 budget will be approximately \$182 million, an increase of \$65 million. During this time, the Department expanded to include many new and essential programs such as Violence Prevention, Office of Youth Development, Re-entry, Equity/Health Equity, Fatherhood, Early Childhood, Healthy Aging Center, Trauma and Resiliency Efforts, Mental Health, Human Trafficking Prevention, Veteran's Commission, and a large expansion of Public Health Emergency Management/Communicable Disease Control and Homeless Services funding and programming. The Department has further expanded from 9 sites (most of which are aging and need substantial upgrades) to 12, including 3 new homeless services facilities (ABC Shelter, Project Homekey, and Navigation Center/Youth Shelter). With all of this expansion, the shift to MUNIS (new accounting system), new budget prioritization strategies, and implementation of the Human Resources system, the demand on the administrative teams to manage the grants, funding, contracts, hiring, and personnel management has outgrown their capacity and structure. Moreover, the COVID-19 pandemic response has highlighted and exacerbated ongoing capacity limitations as well as the requirements for enhanced administrative efforts such as hiring new or backfilling staff, grants management, budgeting and finance, and resource development.

The Department expansion outlined above, the incredible demands of the COVID-19 pandemic that the Department will be managing into future years (as well as future pandemics), and the additional programmatic needs falling within the roles of the Health Officer, Communicable Disease Control, Public Health Emergency Management, Community Health, and Homeless Services create the need to restructure the Department to allow for balancing responsibilities, improving alignment of programming, creating necessary administrative and programmatic capacity, and improving accountability and oversight.

### **Current Structure**

The current Department structure includes 7 Bureaus and 13 Divisions..

- Collective Impact and Operations:
  - Financial Services
  - Grants and Contracts Management
  - Personnel Services
- Community Health
  - Nursing Services
  - Nutrition Services (WIC)
  - Chronic Disease Prevention

- Environmental Health
  - Environmental Health Operations
- Housing Authority
  - Administrative Operations
  - Housing Operations
- Human Services
  - Community Impact
  - Homeless Services
- Physician Services
  - Clinical Services Division
  - Laboratory Services Division
- City Health Officer
  - Public Health Emergency Management

### **Proposed Structure**

The new structure would include a Deputy Director position and a move from seven Bureaus to eight and increase the number of Divisions to 16. A brief overview of the proposed structure is provided below and an organization chart is attached (Attachment A).

1. Create a new Deputy Director position
2. Split the Collective Impact and Operations Bureau into two Bureaus
  - Collective Impact Bureau
  - Administrative and Financial Services Bureau
3. Discontinue the Human Services Bureau
  - Create a Homeless Services Bureau
    - Create a Homeless Operations Division to manage budgets, contracts, and special projects for new Homeless Services Bureau
  - Realign Community Impact Division to Collective Impact Bureau
4. Create a Resource Connection Division
  - Programs for this Division would be realigned from the Community Health Bureau to Collective Impact Bureau
5. Discontinue the Health Officer Bureau and establish the Health Officer position as a separate role with overall public health science and medical oversight to the Department and community as well as serve as the TB Controller and STD Controller
6. Create a Communicable Disease and Emergency Response Bureau
  - Align the Public Health Emergency Management (PHEM) Division (moving from Health Office Bureau)
  - Create a Communicable Disease Surveillance and Control Division

A more detailed description of the proposed structure is provided below (all new positions or realigning of Divisions are in bold):

1. Create a new **Deputy Director** position

This position would report to the Director and would initiate and oversee the implementation of new strategic efforts, oversee performance management and data efforts, coordinate multi-departmental efforts that are not covered in an existing program, engage in community response, ensure timeliness of response to requests and attend meetings in the Director's stead. This position would have an overall understanding of the Department programs and administration and would be available to respond when the Director is not available.

2. Split the existing **Collective Impact and Operations (CIO) Bureau** into two bureaus and realign appropriate divisions and programs

The requirements of the CIO Bureau have grown significantly, and the skill sets and demands on the Bureau have changed. The oversight of more than \$65 million in additional public health and homeless funding with the associated increase in number of grants (more than 110) and contracts (244 new contracts since January 1, 2020) that require monitoring and audit response as well as the associated hiring and personnel management within Personnel Services Division has led to a need for an increased support and oversight for these efforts. The Personnel Services Division has grown to a nine-member team to meet operational demand associated with significant increases in program growth from various new funding sources and the COVID-19 pandemic. Departmental staffing totals have increased by 79 percent compared to pre-pandemic levels, along with an 80 percent increase in total requisitions processed, and a 188 percent increase in recruitments conducted, necessitating the addition of a new Payroll/Personnel Assistant, 2 new Recruitment Analysts, and an Administrative Analyst devoted to safety, training, and employee relations support.

- **Administration and Finance Bureau**

- Financial Services Division (existing)
- Personnel Services Division (existing)
- Grants and Contracts Management Division (existing)
- Facilities and Technology Support (existing)

- **Collective Impact Bureau**

- Realign to this Bureau from Human Services Bureau: **Community Impact Division (See #3 below)**
- Align a new Division: **Resource Connections Division (See #4 below)**
- Existing efforts include:
  - Strategic planning and accreditation
  - Fund development/grant writing support
  - Health equity
  - Common intake/integrated case management system
  - Veteran's Commission

3. Discontinue the Human Services Bureau and create the Homeless Services Bureau

The Human Services Bureau captured a diverse set of programs in the Department that were not historically considered standard public health programs, but that people discussed as a field of Human Services. Over time, violence has been named a public health crisis and social determinants of health including youth development and wellness, family supports, and so much more are now a focus on public health conversation and coordinated efforts. Homeless Services has continued to grow as its own field and requires specific knowledge and understanding.

- **Homeless Services Bureau:** The demands, knowledge, and expertise required for this position have grown over the past couple years. This Division has experienced expanded programs, contracts, technology, three new facilities, and nearly \$40 million in funding as well as a core need to understand and be able to negotiate with Los Angeles Homeless Services Authority (LAHSA) and other State and regional authorities. The Bureau will include two Divisions:
  - **Homeless Programs Division** (previously Homeless Services Division) focused primarily on Multi-Service Center (MSC) operations and program implementation.
  - **Homeless Operations Division** will oversee budget, finance, contracts, and contract monitoring to support the expanding funding and requirements.
  
- **Realign the Community Impact Division to the Collective Impact Bureau:** The Community Impact Division has a strong focus on planning and designing collective impact processes and partnerships in the name of youth, families, and violence prevention. It writes and manages a number of grants to support the work. It also manages the North Facility (newly named Center for Health and Unity), which will also include programming focused on health equity and workforce development partnerships. This realignment of programs from the Human Services Bureau to the Collective Impact Bureau allows similar programs to be grouped together for better productivity and knowledge share.

4. Create a Resource Connections Division (aligned under the Collective Impact Bureau)

This position will be dedicated to leading and managing the Basic Needs Line (initiated in response to COVID-19 and will be maintained with grant funding), Unite Us service referral platform, mental health coordination for the Department and the community, and the All Children Thrive/Early Childhood Education planning and coordination. These efforts are currently housed in the Community Health Bureau, which is primarily focused on direct services (e.g., WIC, Public Health Nursing, Healthy Active Long Beach). The programs proposed to be moved are focus on planning, coordination, collective impact, and fund development within the areas of mental health, early childhood, and basic needs and are better aligned under the Collective Impact Bureau.

5. Discontinue the Health Office Bureau and establish the Health Officer as a separate role

The COVID-19 pandemic highlighted and uplifted the essential functions of the Health Officer including providing science and medical oversight to all teams in the Department, tracking communicable disease and vaccine science, tracking and establishing policy, and administering health orders and communicating in venues across the City, regionally and statewide. In addition, the Health Officer serves as the TB Controller and STD Controller for the City and provides medical services in Department clinics. Discontinuing the Health Office Bureau reduces administrative oversight responsibilities and strengthens focus on Health Officer duties. The Public Health Emergency Management Division will move to the new Bureau discussed below.

6. Create a **Communicable Disease and Emergency Response Bureau** and align a new **Communicable Disease Surveillance and Control Division**

Public Health Emergency Management and Communicable Disease prevention and response efforts have grown significantly during the past 15 months in response to the pandemic. The programs have received approximately \$45 million in grant funding in FY 21 to strengthen COVID-19 response planning, contact tracing, and investigations in the community as well as focused on congregate settings, businesses and schools, COVID-19 testing and vaccinations, staffing, and infrastructure, as well as the implementation of a Local Distribution Center previously located at the Fire Headquarters and now in its own facility. This response team has grown from 10 people to nearly 80 ongoing and nearly 200 temporary staff. This Bureau will include two Divisions:

- Public Health Emergency Management Division (existing)
- **Communicable Disease Surveillance and Control Division:** The demands of outbreaks, HIV/STD surveillance, training, national, State, and local response and funding require a management level position. At this time, the Communicable Disease and Surveillance team is led by a Community Program Specialist V and does not have sufficient administrative support and financial oversight required for the program. This was a need prior to the COVID-19 pandemic and has been exacerbated during pandemic.

These positions will be funded through the Health Fund. The City will continue to look at additional funding sources going forward to expand and further support this work. These positions will be outlined in the Proposed FY 22 Budget. However, given there is no impact to the General Fund and the critical nature of the work due to COVID-19 and grant requirements, the City Manager plans to begin the hiring process now for these new positions.

If you have any questions, please contact me at [kelly.colopy@longbeach.gov](mailto:kelly.colopy@longbeach.gov) or (562) 570-4016.

ATTACHMENT

CC: CHARLES PARKIN, CITY ATTORNEY  
DOUGLAS P. HAUBERT, CITY PROSECUTOR  
LAURA L. DOUD, CITY AUDITOR  
LINDA F. TATUM, ASSISTANT CITY MANAGER  
KEVIN JACKSON, DEPUTY CITY MANAGER

TERESA CHANDLER, DEPUTY CITY MANAGER  
REBECCA GARNER, ADMIN. DEPUTY CITY MANAGER  
MONIQUE DE LA GARZA, CITY CLERK  
DEPARTMENT HEADS

