COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL

HEALTH CARE REFORM READINESS INITIATIVE – PHASE 3
REGIONAL TRAINING AND CAPACITY -BUILDING SESSION

MEETING NOTES – SPA 5 & 8
Wednesday, October 31, 2012
BHS Training Room
42 Participants

❖ Discussion Group # 1- **Developing a Network**

Question #

1. Strength in numbers will help with program needs. Need more:
   a. Exposure to the community
   b. Help for clients
   c. Billings – billable services for the organizations
2. Key Players - the big agencies in the area include BHS, Helping Kids to Recover, Fred Brown, and Substance Abuse Foundation (SAF).
3. Critical Elements - Information Technology - is very important needed for billing, claims HER, and clinical supervision.
4. Add value by - more services offered, more knowledge, more help with clients.
5. Organization adds value by – more experience long term involvement in the community/area.
6. Natural of Networks is: C - Separate corporations operating under a common administrative umbrella. Also A – Separate corporations increased combined purchasing power.
7. Locations – agencies maintain independent locations.
8. Cost and resources for the network:

a. Each agency will host an organized meeting to support the group (include lunch).

9. Senior leadership – will only commit when they have to. Not until they see the old way disappears.
10. Next steps:
    a. As many agencies as possible secure agreements with regular insurance payers.
    b. Find agencies that provide other services, begin to use and to refer clients to partner agencies.

❖ Discussion Group # 1- **Developing a Marketing Plan**

Question #

1. Outcomes looking for –
   a. Peak client's interest in program.
   b. Treatment easily accessible.
   c. Community recognition.

d. Bring in clients.
e. Web site, social media, etc.
f. High success rate.
g. Positive approach non-condemning.

2. Selling points:
   a. A better life/improved life and health/healthy life styles.
   b. Evidence-based outcomes.
   c. Treatment, recovery, well being, a new life, a new direction.
   3. Staff that is uniquely qualified.
      i. Has the experience, training, and
      ii. A proven track record.
   4. Competitive advantages include people who are a part of the community, and care about the community and services they provide.
   5. Staff is qualified and experienced.
   6. Agencies represent a broad cross section of Los Angeles County. They have the services needed or can connect persons to the services.
   7. Synergy includes improved health of clients: physical, mental, emotional, and spiritual. Improved environment for the client and community. Addressing environmental problems in the community.
   8. Lots of data costumer services reports, consumer surveys, outcome studies, and EBPs.
   9. Media sources should include: radio, TV, newspaper, magazine articles/ads, podcasts, sign spinner, social media – Facebook, e-mail, flyers, etc.
   10. In addition to the above, word-of-mouth and reputation in the community will be the best means of attracting clients.

❖ Discussion Group # 3- **Optimizing Performance… Outcomes…SUD Treatment**

Question #

1. a) Improve engagement by reducing the number of "No Shows" across the network:
   i. Better outreach, networking, and referrals.
   ii. Create a safe and welcoming environment at the treatment program.
   iii. Reminder calls to reduce broken appointments (Bas).
   iv. Greeters (buddies) for new clients.
   v. Follow-up calls for no show.
1. b) Use existing data including LACPRS and the Intake Assessment.
   Drop-outs include:
   i. Referral Source: Court-Mandated referrals (DCFS), self referrals or parent referred.
   ii. Demographics: Cultural minorities, low-Income, poor community services, etc.
   iii. Type of SUD problem: Marijuana, alcoholism, poor self perception, poor perception of problems, poor environment, gang affiliations, etc.
   iv. Primary counselor critical link: How the two engage often creates the treatment commitment, poor = less assertive with follow-up.

v. Other characteristics: External motivation often helps (Probation, open DCFS case for children).

2. Other things used to manage treatment services: Monthly incentive awards for compliance, participation awards (for attending 12-Step meetings, mommy and me classes, treatment sessions, UA tasting, etc.) these things support retention.
3. Loading program costs onto outcomes can be done by using LACPRS data; periodic follow up calls after completing treatment, reviewing treatment goals every 30 days, clean UA test, etc.
4. Group ran out of time.

- Discussion Group # 4- **Assessing Financial Health – Business Plan**

No group discussion for this item.