

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

Tuesday, October 2, 2010
Avalon Carver Community Center
83 Participants

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

Question #

Goal (Question #10)*

- Remain solvent.
- Find collaborative partners and share information.

Conduct a SWOT Analysis

- Strengths-Weaknesses-Opportunities-Strengths Analysis.

Strengths: (Questions #1, 4, 5, and 9)

- Pool resources/brain trust.
- Identify agency's (own) added value.

Weaknesses: (Questions # 7 and 8)

(Questions # 8) There are limited individual resources.

(Questions # 7) Logistical challenges.

Opportunities: (Question #6)

- a. Separate corporations with combined purchasing power, and
- b. Leveraging costs and resources for common goal.
- e. Supplementing medical community: creating a symbiotic relationship.

Threats:

(Unable to complete this section due to time constraints.)

**Indicates item number on Discussion Guide.*

❖ Discussion Group # 2 - **SUD Treatment Marketing**

Question

1. Outcomes looking for ...
 - a. More questions than answers at this point... What will happen with residential treatment under the new system?
 - b. Explore options for payment under HCR.(Unable to complete this section due to time constraints.)

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

Question

1. a) Improve engagement by reducing the number of “No Shows” across the network:
 - i. Implement Screening, Brief Intervention and Referral to Treatment (SBIRT).
 - ii. Implement Evidence-Based Practices (EBP).
 - iii. Capture patients that need SUD services through the program’s medical component.
 - iv. Identify patients that need residential treatment services, employment and transitional housing.
 - v. Reach out to social service agencies and inform them of our treatment services and philosophies including mental health.
2. b) Provide all needed services under one roof to increase treatment success and outcomes.
 - i. Hope, sobriety, future.
 - ii. Family concept and support.
 - iii. Help or assistance with safe environment.
 - iv. Overall wellness.
 - v. Coping tools.
 - vi. Opportunity to enhance patient’s quality of life.
 - vii. Healthy lifestyle.
 - viii. Recovery, clients are staying connected and giving back to community.
 - ix. Access to critical healthy living services.(Unable to complete this section due to time constraints.)

❖ Discussion Group # 4 - **Financial Health**

Question

1. Moving to Fee for Service:
 - i. New Requirements.
 - ii. Costs increase.
 - iii. Tax donation (\$1000).
 - iv. Caps on services.

- v. New staff?
- vi. New billing requirements.

2. Building a Strong Foundation

- i. Partner with referrals.
- ii. Competent staff/Training.
- iii. Licensed staff? Interns.
- iv. Facility changes.
- v. Public relations/Marketing.
- vi. Electronic files/Equipment.

3. Building blocks

- i. New strong financial team.
- ii. Contract may dictate costs.
- iii. Data available and use.
- iv. Subsidize other programs? Yes.
- vi. Data and finance departments need to work together.
- vii. Benchmark (6 months to decrease \$).
- viii. Grants/other contracts/Fundraising.

(Unable to complete this section due to time constraints.)