

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 1 & 2**

Tuesday, October 30, 2012

NCADD Santa Clarita

34 Participants

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

Question #

1. Strength in numbers will lead to:
  - a. Improved referral base of and more.
  - b. Partner by services need with other providers.
  - c. Improved cost – \$\$ direct or as adj. (adjustment) to services.
  - d. Information Technology (IT) billing – direct \$\$ (costs).
  - e. Clinical – need a strong clinical team to deliver services.

Goal (Question #10): Next steps – Find and support local entity for partnership!  
(Unable to complete this section due to time constraints.)

❖ **Discussion Group # 2- Developing a Marketing Plan**

Question #

1. Programs must identify who are the clients we have the most success with?
2. SUD is unique because currently “We work with the population that others do not want to treat, most difficult to work with.”
3. Often decide where the client needs to go for care and what they want/need to hear.
  - a. What outside agency can vouch for you and your services?
  - b. Documented history of performance as a validation.
  - c. Consider marketing to other providers.
  - d. Look at what is our identity/perception, and is it accurate.
4. Use all forms of marketing and media, internet, advertising, tweeter, all social media.
5. Attract new clients who want a better life.

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

Question #

1. a) Improve engagement:
  - i. Look at the resources spent in the first 30 days.

- ii. Clients attend more groups.
  - iii. Establish peer support early.
  - iv. Set first appointment with primary counselor at intake.
  - v. Extend timeframe for services on site.
  - vi. Recognize the client as an individual.
2. Client Needs:
    - a. Short term and Long term needs.
    - b. Outside information that will help defines our population.
    - c. Previous treatment episodes (may include helpful information).
    - d. Housing status (homeless).
    - e. Biopsychosocial (evaluation) for other needs/issues.
  3. Client access vs. outcomes... Connecting costs to outcomes. Consider establishing an internal system that includes:
    - a. Treatment plan interviews and updates at 30, 60, 90 days and exit interviews.
    - b. Hold intake interview until the second treatment visit.
    - c. AB 109 cases conduct a different or partial intake session on the first 2 visits to improve engagement.
  4. Cost adjustments – Consider breaking treatment into phases.
    - a. Make sure client is ready for treatment – only serve those who are willing.
    - b. Court ordered are often more motivated.
  5. Strategies to reduce “no shows:”
    - a. Phone call reminders.
    - b. Pay attention the first 30 days to engage.
  6. Meet contractual requirements 70% engagement  
(Unable to complete this section due to time constraints.)

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

Question#

1. Agencies need to apply for Drug Medi-Cal Certification to position them for Health Care Reform.
  - a. Programs need a strong quality assurance coordinator and medical component to operate successfully.
  - b. Programs need to concentrate on staff training.
2. Intensive discussions with agency financial staff regarding:
  - a. SAPC Variance Reports.
  - b. Billing procedures.
  - c. Cost Reports (annual) and unit costs.
  - d. Allocation of costs.
3. Develop a Strategic Business Plan.
4. Productivity goal meet the standard of 60-75 percent.