Chief Executive Office

CEO

Coordination Table Meeting Prevention Services Task Force

September 15, 2022



I. OPENING AND ADMINISTRATIVE MATTERS

- 1. Instructional information, disclosures, land acknowledgment
- 2. Welcome and Call to Order
- 3. Roll Call
- 4. Public comment for specific agenda items
- 5. Overview of Task Force and subject area table interdependencies

6. USER JOURNEY MAPPING WORKGROUP

7. COMMON OPERATIONAL BARRIERS

Review and categorize operational barriers to a coordinated prevention/promotion service delivery system into major themes for the Task Force, other tables, and Board of Supervisors to consider and address through the development of the governance structure and framework; consideration of necessary actions.

Guest Presentation from Thriving Families, Safer Children: <u>http://file.lacounty.gov/SDSInter/ceo/ardi/1130389_TaskforcePresentation.pptx_1_.pdf</u>

Jamboard link: <u>https://jamboard.google.com/d/11t1VMP4ThNp1TkpK7K_3KIYACLzE70sQVJ5IQFy66zw/view</u> <u>er?f=0</u>

Problem Statement -

Despite sometimes serving the same clients/residents, our systems are working in siloes - which makes it challenging for our clients/residents to easily navigate and access the services they need/want.

Lack of client/human-centered services and service delivery approach

Lack of trust in government/systems

lack of coordination leads to mistrust of government solutions

lack of information from trusted entities/messengers in communties

Fear of mandated reporting laws



service

Paucity of culturally appropriate interventions

difficult for community members to get info / lack of knowledge on array of services available

available services

and what residents

say they want and

need

Funding deliverables often drive program design; can hinder flexibilities, but also requires us to find those opportunities.

Need to enhance resources in communities and streamline how to navigate/access resources

Sometimes it is hard for the public to know County staff may where to go. For need training re: what example, does the other programs are available through the public know there is an eviction prevention different County program at DCBA? Depts. It would be helpful to have quick The homeless services system also has an screening tools to help with this. eviction defense program too.

difficulty understanding what other departments have to offer that could meet needs of clients

too many wrong doors, lack of skills in engaging people in available services

create an integrated committee model of information communities, particularly the kinds of supports (not necessarily clinical treatment services) that residents most want

different resources

available in different

Yes, and the devil is in the details. The particular barriers depend on which services people are trying to access and which departments are involved.

How do we/could we cross-train workforce across the County systems so that they are equipped to appropriate refer to other Departments and services?

Break down siloes

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ee with the ement, I would highlight that when rams/department ow about each rs services munication/coord on is difficult. ch impacts munity receiving	Siloed efforts lead to an unevenness in services/supports offered.
ed to integrate cesses to help located ources ordinate services	"our systems are structured to operate in silos" might be more clear wording that it's not about individuals not wanting to be collaborative, but the structures

Need for data sharing and integration

Expand ability for systems to speak to each other, or allow for data sharing across departments/entities with the same clients.

our data systems need to be integrated.

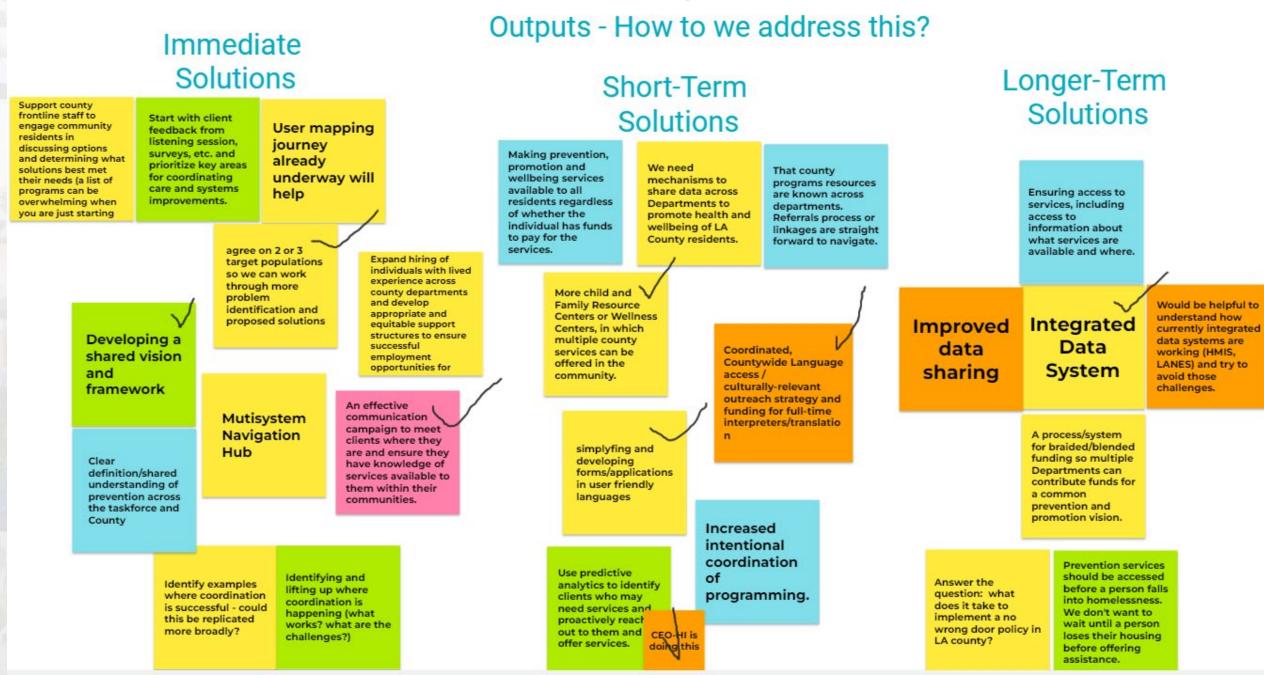
			Identified	Operational Barrie	ers in	Buckets				
Individual: Client-centered resource navigation and access		and integrate da enhance care co	County Systems: Share data and integrate databases to enhance care coordination and shared outcomes		Structural: Braid and blend funding & integrate data to break down siloed programs and meet client needs				Structural: Promote and build capacity/ structure for teaming and shared responsibility	
missing strong coordinated connections across systems and out and across those trusted community entities	When a County employee works for one Dept, it is hard to refer a client to another Dept. (i.e. don't want to refer the client to the wrong place, don't know if eligibility criteria has changed, unsure about the intake	data integration with more attention to analysis of issues that could be usefully addressed by multiple departments	Providers need to be familiar with eligibility requirements of many different programs and how to make referrals	the lack of information exchange between top and bottom providers		Funding limitations/restriction s through grants and mandates.	braided/blended funding		do we need "cultural brokers" to support cross disciplinary, cross departmental understanding? We sometimes use the same words, but mean different things	Time/capacity to coordinate
Non-standardized trainings, information sharing, and infrastructure to support service delivery	We need an increased feedback loop	Data systems not being linked	Access to electronic health records is not always allowed among departments.	Limitations around data sharing. Also not leveraging expertise within departments to share data.		Communication between departments, not leveraging funding sources, lack of coordination	Funding does not always cover "warm-handoffs" between departments and between departments and partner community based organizations.		Bureaucracy oftentimes gets in the way of agencies being able to cross-collaborate for common goals.	We need a radical shift so that collaboration across departments is expected.
Would be helpful to have clear markers for how we show impact. Streamlined evaluation and increased feedback loop.	Lack of individuals with lived experience hired across county departments, and lack of appropriately developed support structures for individuals with lived experience.	inadequate capacity and time in departments for data analysis on shared problems or service needs	Having streamlined procress around data. There are many software systems each department use. Not all work well together.				there are also difficulties in contracting that make it hard for contracted CBOs to work together effectively in communities		missing that shared vision and framework in which we evaluate our work	Lack of framework/focus/corr ection on the systems and drivers for the inequities we see in prevention services
		community mem	: Partner with and on bers in program/p						one way the county has galvanized coordination is by having the BOS identify priority issues with follow up work	

development & implementation

Coordination & Integration Table

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facilitated through the CEO - what have we learned through that about resourcing such efforts? What Do We Want Instead? - Our clients/residents have access to coordinated care when they need/want it.



8. RECOMMENDATIONS TO ADDRESS BARRIERS

Begin to brainstorm immediate and midterm actions to address barriers to inform recommendations to the Task Force, other tables, and Board of Supervisors; Consideration of necessary actions

9. ADDITIONAL EMERGENT OPPORTUNITIES

Opportunity for members to raise additional opportunities for improved service delivery that the Coordination table may further explore, including potential pilot ideas being considered for State Block Grant; consideration of necessary actions

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III. PUBLIC COMMENT PERIOD AND CLOSING

10. General Public Comment

11. Adjournment