QUESTION USED TO ELICIT INPUT FROM THE GROUP:

1. What is your immediate reaction to this proposal?
2. What questions do you have?
3. Is anything missing?
4. What are, in your view, the two essential elements that would ensure the success of this proposal?

FEEDBACK - QUESTIONS #1 AND #2 COMBINED:

- Would like to understand better how the management structure of a CSA would work.
- How will the CSA’s be determined? (What criteria will be used for the determination of the CSAs?)
- How will countywide services be provided in a regional model like this?
- In general, this is a very good idea.
- Is the long term goal regarding the CSAs to integrate with primary care?
- How exactly will this structure be different than the current regional clinics structure?
- How will the broad stakeholder community being outreached to about this proposal?
- How will resources be allocated for each CSA?
- It would be good to know if this way of organizing the work will generate cost savings or higher costs.
- Need to make sure that we have the right personnel to perform the duties in this fully integrated model.
- Make that the final proposal is evaluated fully, and that consumers and family members are involved in that evaluation.
- How will we make sure that services are brought to people where they live?
- Could these CSAs become “health homes” as they are understood in healthcare reform?
- Does the rest of the county (other government agencies and community partners) support this proposed model?
- It would be good to know if this service delivery model is new, or if it has proven effective in other places.
- How can mental health facilities be enhanced and bettered throughout the county?
- A member of the audience proposed the creation of an additional “Redwood House”, keeping the existing one solely for men, and dedicating the new one to serve women.
- Will the CSA manager be from the community the CSA will serve? (i.e., will he be a resident of that community or have close personal knowledge of the community).
- Name the CSAs with names that are welcoming to the community the CSAs will serve. “CSA” is too technical and will not resonate with the different communities.
- This proposal is stemming from the acknowledgement that we need to improve the way we deliver services. Are there other areas where we think we should improve or rethink the way we do business?
- What are the regional variabilities that support the need for a regional approach to services?
• Current services seem to be driven by where the resources are, or how the resources are structured. BHRS should conduct a survey of clients to ask what they need, how they need it, where, and when they need it.
• Look into the Red Cross’s “In your neighborhood” model, which is a very successful Red Cross initiative to integrate into communities.

FEEDBACK - QUESTION #3:
• Commissioners agreed that what’s missing from the proposal are the details of implementation, but agree that this is so by design, and express general support for the idea with a mindful implementation.

FEEDBACK - QUESTION #4:
• An essential element should be the line staff buy-in into this structure and this way of carrying out the work. It’s important that people don’t end up being alienated by the restructuring.
• Keep to heart to the idea of having 51% consumer/family representation in the CSA’s community planning committees. Also, explore extending this concept to the management level.
• There is a great need for community education regarding mental health services, especially in schools. Do not lose this thread when thinking about the community planning committees attached to each CSA.
• Ensure that clients will be supported in their recovery throughout their entire recovery.
• Transportation and employment are two of the most essential things for clients. A new structure should support these priorities of the clients.