Thoughts:

The group thought that we have achieved an important accomplishment so far with our transition.

With the Co-occurring initiative starting back in 2006, there was many thoughts on how do we not get the clients pushed out the door. This was the fear because so many providers, provided one service, and the co-occurring was foreign.

The Steering Committee has been very consistent, and transparent with transitioning BHRS/AOD in house, it has provided a huge bridge as an institution for providers. It has been an amazing surge forward and people liked the opportunity to get involved with the Call Center (Carlos) to get a better idea of how the systems work. The working together and welcoming policy has given our system a much better sense of an open door policy. This stems from management all the way down. Management is open to listening and talking to all providers, consumers and families has given a lot better feel to our community.

The partnering aspect has given people a face with a name, and it is a lot nicer to know who you are working with.

The lived experience part of BHRS, has been incredible. A lot of providers have been coming out about their lived experiences and that has been very important piece for consumers. All working together, our voices heard!

SMC handled the transition to BHRS with class. Louise went personally to all AOD providers for their feedback, which was a real important part of this major transition. All practices have improved; everyone seems to be more open to co-occurring. The welcoming framework emphasis is much greater now.
Co-occurring Steering Committee listening session March 9th, 2012

1) What is your immediate reaction to this proposal?

Selma- Seemed informative. How will this be different from “what is”- for managers 51% committee consumer/ family-impressive ratio-seems positive.

Matt-Likes the impact of the Wellness part, that consumer gets level of treatment needed, no matter what.

Kim-Being a representative for North County, I feel we are forgotten at times being so far out. Would like to have a mutual voice at the table for planning.

Clarise- Likes the power of influence from the community. The planning committee should be required to have a balanced staff.

Mary- Loves the flexible hours idea. This should be an important part moving forward. Charter document that was previously created, purposely integrated primary care, and this is addressing that.

Kristin- Shifted hours would be huge in reducing health disparities, and the consumers and family members having a big voice in this.

Angel- Hopeful and scared. Wonders if we can really pull off the easy access.

Brian- Careful of the systems current weaknesses, find strengths and work off those.

Linda- Warm hand offs important in this sector.
2) **What questions do you have?**

Ease of access? Coastside for instance is a part of the region without certain services.

Space occupied where consumers reside, where do they go then? Community presence is very important.

Will there be experts to report out to Contract Managers?

What are other components of the triangle? How are we going to market this to the community?

How are we going to work with contract agencies, and non contract agencies, like Kaiser?

How do we staff Boards who represent the community?

How many relationships are going to have to be formed?

What do we chart in charts, who’s going to document/data share?

TAY group missed in crossover – more effort in this area.

What is being done to empower clients to transition to community?

Conservatorship – keep in community not ship out.

Who is hired as managers?

BOS aide on each community board
Closer relationship with CBO’s
Partnering with RediWheels transportation
Single manager in charge of a variety of issues my pose problems.

Labor unions and universities are our pipelines.

People moving, how does the system deal with them?

Visual online conferencing, meet online 40 minutes.

Building respect.

Community buy in – all levels.

Are weaknesses going to get weaker?

Webinars for these listening sessions at later date.