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 - QUESTION #1 (immediate reaction)

- A lot of it makes a lot of sense, **BUT**
  - The way the proposal is presented leaves it open for many different interpretations, several of which could contradict each other
  - Need to make sure there is a good process for seeking input
    - Be more clear about this proposal actually mean
- It will be very important to leverage existing community resources
- Great idea
  - We are not tearing down the house… we’re remodeling
  - Lots of questions remain, though, and the devil is in the details….
- Great concept, but feel we need to improve what we know today is not working before moving to a different structure
- It feels like, at the service delivery level, things won’t really change much
- The wellness diamond feels too abstract
  - Would like to understand better how it would work
- Let’s first take a good look at what’s working well, and let’s keep that.
- Not all communities are “geographic”
- Like openness in the model
  - Especially the idea of people accessing whatever they need, whatever their starting point
- Would like some assurances that this is not just yet another government restructuring that comes and goes
- Keep what’s working!
- Community involvement will help with stigma reduction
- Some people expressed feeling “burnt out on the ‘modernizing’ concept”
  - Regional vs. centralized is a tried proposition
    - We keep going back and forth
- Understand the need to change, but feel overwhelmed already by all that is currently changing
- This proposal doesn’t really deal with current gaps in services
  - Provider incentives are needed
- While the model gives an impression of openness, concerned that it can very easily become closed and isolated
- Do not lose sight of cultural aspect
FEEDBACK - QUESTION #2 (questions)

- Where is the money going to come from for this?
  - How many new managers will this create?
  - How many CSAs?
- How will we get buy-in from critical partners such as Probation, HSA, etc.?
- Are we reinventing the wheel? Is there a proven model out there that we can use, or that we can learn from?
  - This comment was seconded by several others in the room (about 8 or 9 people)
  - Others feel that it’s good to look at other models, but that we need something that works for us and for our community (the notion is that what works for others might not work for us; need to develop our own thing)
- How will we ensure good communication?
- Do data tell us that this is the way to go?
- Will we collect data in a solid way, and feed it back into the system in order to inform our decisions?
- What will happen to AOD staff?
  - There are few AOD employees vs. the large number of employess in mental health
  - Being this as it is, how are we planning to have both AOD and MH full services in all CSAs?
- How will people feel supported, and not isolated?
- How exactly are we going to ensure that there is 51% consumer and family member representation?
- How will it be easier for complex clients to access the services they need?
- Will there be consistency in terms of services across CSAs?
- How will we prevent fragmentation in services and, therefore, fragmentation in the services experience on the part of our client?
- Clients should be at the center of the wellness diamond
- How will we integrate the medial side of AOD treatment?
  - Several people (about 15) resonated with this question
- Housing services are extremely critical to clients. Will this model improve opportunities for access to housing?
  - This was echoed by the entire room (about 30 persons)
  - NEED MORE HOUSING SUPPORTS NOW
- How will ensure access for people who are not eligible?
- How will this proposal close or address gaps in services?
- Will clients be able to choose what CSA to go to, and will their choice be respected and welcomed?
- Will transportation be addressed?
- How about providing childcare?
- Wet housing
  - Are we going to make it available?
- Will clients be allowed to keep their provided if they move?
- How are we going to make sure that high need clients will receive wraparound services? (LPS clients especially)
- How will we ensure we have all the resources we need to support this model?
- How will this interfere with the continued integration of behavioral care and primary care, and also mental health and AOD?
- How are going to make sure that we address the needs of the population that relapses?
  - This question resonated with another 6 persons
- Worried about sustainability of grant-funded prevention initiatives
  - It is critical to build them into our system to ensure their continued existence
- Will there be eligibility requirements for each CSA?
- Are you considering portable/mobile services?
- What is the financial cost of restructuring?
- What benefits the clients best or the most?
- Will consumers have a say before the plan is implemented?

**FEEDBACK - QUESTION #3 (anything missing?)**
- Need to be responsive to communities within communities, and articulate strategy
- Explain how will we try to serve those who are unserved and underserved, or those who would never access services otherwise
- Explicit strategy to address how to prevent people from falling off the system, and what to do if that happens
- Clear explanation of how success looks like from a client perspective
- Explicit mention of how data will inform practice
- Explicit indication of how people will be better served after this plan is implemented, and why

**FEEDBACK - QUESTION #4 (essential elements)**
- Integration and partnerships with other systems such as Criminal Justice, Schools, Transportation, Public Health
- Effective solution for clients’ housing needs
  - Everybody in the room agrees (30 persons)
- Impartiality in composition of Community Planning Committee
- Honesty and integrity and service provision
- Honest portrayal of data, whether it supports this structure or not
- Provide services where people are
- Connection with criminal justice (youth and adults)
- This model seems more holistic but transportation and communication will be critical to its success
- It’s important to understand the sense of belonging within communities, and honor that.
- Are there plans to work with hospitals to legitimize this effort and have more visibility? This is essential to get buy-in from communities.
- Work diligently to remove barriers to access
- Access to care
Ease, speed, quality
- Provide a safe environment for clients
- Linkage to eligibility resources
- Linkage to meaningful social activities
- Would like to see people in the center of the diamond
- Avoid sending our people out of County