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)
- Ambitious plan. It implies shifting the entire system. It can be done.
- It’s doable. We’ve done it before.
  - This model seems to address access and regionalized care.
- Some concern about how people would move from one CSA to another
- Reminiscent of Kaiser
  - One-stop shop
- Really like sense of community (several people agreed)
- Regional services are more manageable
- Concern about countywide services and specialty teams
- Have questions regarding process
- Love the wellness diamond because:
  - It helps with stigma
  - Local services respond to local needs
- Sense the we are partially “there”
- Concern that this may cause staff burnout because of flexible hours
- This is terrific because it drills down to the community level
- Ambitious plan: need to build support to achieve inclusion of consumers and family members at the proposed levels
- Hopeful that this will be beneficial to families with needs such as transportation
- Concern about losing subject matter expertise
- Strengthening infrastructure is key for this to work
- This seems like a bit of a diversion

FEEDBACK - QUESTION #2 (questions)
- Will this collide with other health system efforts?
- How will this plan ensure equity in access?
- How will this affect the cost of providing services?
- How will this affect how we work with our private providers network?
- Where would the utilization management review be used? At the CSA level? At the unit level?
• How will we ensure that there is political will to do this?
  o Do not perpetuate haves and have-nots
• How will resources be allocated across CSAs to ensure fairness?
• Are we currently controlling health care costs and increasing quality in doing so?
• What’s working, what’s not working, and how do we measure that?
• How will centralized services be improved/handled?
• How will clients who move a lot be served across CSAs?
• How will we deal with clients who move across counties? Whose job will it be to create bridges with other counties?
• How will we coordinate with other systems?
• How will emergency response work? And crisis response?

FEEDBACK - QUESTION #3 (anything missing?)
• The outreach piece was not fleshed out
• Clarify how do we reach people who can’t get to us
• The use of technology has not been addressed. There are a myriad of low cost technological solutions that would help us enormously. Technologies like facetime, facebook, skype, among many others. If only we could optimize de use of technology!
• There is no indication on how will emergency and crisis response be handled in this model.
• Staffing and training details are missing
• Prevention seems to be missing from the plan, especially primary prevention
• Integrate a wraparound approach as a model, system-wide, as opposed to a level of care
• Unclear as to how families will be put at the center
• There is no clear strategy to outreach to clients and families for them to provide input into the services that should be provided in each CSA, and for them to participate in the community planning committee. Need to also involve people who are not in our system.

FEEDBACK - QUESTION #4 (essential elements)
• Wraparound as a model (not a level of care)
• Putting families right at the center
• Outreach to families and clients to provide input into the services that each CSA should provide, and to invite them to participate in the community planning committee
  o Also involve people who are not in the system
• Empowerment of community planning committee
• Lots of money and flexibility
• Flexibility
• Revamp the way work days and work hours are organized. Let’s act like we live in the 21st century, truly embracing flexible schedules, remote access, and other proven alternative work modalities
  ◦ More flexibility regarding telecommuting options
• “Hotel” offices
• Include a solid strategy for the use of technology at every level of the implementation of this new model. This will also result in cost savings.
• Explore other work configurations
• Get buy-in from line staff first, as opposed to an afterthought
• Allow for more input from staff into decision-making
• Allow for more self-direction on the part of staff
• Create the county version of Google in terms of smart use of office space and human and technological resources
• Parents need support regarding child care and transportation
• Need to connect with primary care resources already in the community
• Sounds like another level of beaurocracy