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)

- Several attendees expressed that they’ve seen this type of structure before.
- “We ARE connected to the community.”
- “We already co-locate Primary Care (PC) and Behavioral Health (BH).”
  - That said, there is always room for improvement.
- The proposal is great! –Several people agreed.
- The proposal allows for a focus on family
- It helps people not get burnt out
- Very positive in terms of promoting greater integration of PC and BH, and outcomes tracking (data-driven delivery of care).
- Love the focus on equity
- It seems like this proposal creates too many additional manager positions.

FEEDBACK - QUESTION #2 (questions)

- Regarding equity,
  - Does the proposal imply that we are going to serve everybody that seeks our services? Or are we going to focus on high intensity clients?
  - What about anxiety disorder?
  - And lower levels of intensity?
- Regarding resources,
  - How can we expand prevention activities in non-traditional mental health settings like schools? Would this model allow for that?
- How are we defining “recovery”? “Recovery” is portrayed as different from treatment; “recovery” should be conceived as a part of treatment.
- Will there be incentives for consumers to participate in the Community Planning Committee? Or some kind of payment to them?
  - If payment will indeed be provided to consumers, will you ensure that they get paid equitably compared to non-consumers collaborators?
- What is the business model behind this proposal?
- Who is our target population exactly?
- Will there be flexibility across levels and type of care?
FEEDBACK - QUESTION #3 (anything missing?)
- Nurse Practitioners seem missing from the model.
  o We could use more!
- Clear explanation of how referrals would work across systems (PC and BH).
  o Need to make it easier and more flexible
- It’s not clear how the community liaison will take place in terms of space and time.
  o Coastside currently has that kind of coordination, but more needs to take place
  and there is not enough time nor other resources to make it happen.
- The proposal does not address how eligibility will be handled in the new model,
  especially to health care for our clients.
- Disaster planning is missing.
- The model does not address how more housing supports would be provided.
- Same for transportation (which is critical in the Coast).
- Also missing is clarity regarding availability of on-demand AOD services, both
  residential and detox.

FEEDBACK - QUESTION #4 (essential elements)
- Workforce and financial resources.
  o In other words, people and money.
- Implementing a solid team approach
- Clear strategy to problem-solve issues that will necessarily carry over into the new
  structure.
  o Fix what’s not working first, before moving to a new structure, unless you are
    completely clear that the change will indeed fix what’s not working.
- There needs to be a consistent regional breakdown across government agencies (such
  as HSA, BHRS, others)
  o Coastside region = Devil’s Slide to the County line.
- The conversation needs to include other players, such as Primary Care.
- Despite the co-location of PC and BH, silos have grown stronger.
  o Need to break down the silos to make any collaborative venture work.
- Get input from everybody.
- The Community Planning Committee should have people from different systems.
- “If you’d like to pilot the new structure, we volunteer!”