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)

- Optimistically curious.
- Sounds like a bigger “Total Wellness”
- Like the Community Planning Committee piece
- Sense of relief that responsibility for clients will be spread out
- Uncertainty
- Creates opportunities and challenges
- Vague, hard to fully grasp
- Promising, but it will take forever….
- Reminiscent of Kaiser
  - One-stop shop
- Reminiscent of Public Education system
- Reminiscent of Health Care Homes
- Open and flexible
- Been there, done that.
- Interesting
- Go team!
- Applauds willingness to shift the process
- Change is needed

FEEDBACK - QUESTION #2 (questions)

- How active or passive will our system be?
- Thinking about the “good and modern” framework, what is “bad and outdated” about our current model?
- Will this only be for SMI or will we also expand to serve those who currently do not have access to our services?
- What is the timeline for implementation?
- Will it all happen at once?
- How will we juggle our current work while transitioning to the new model?
- What exactly will be the relationship between BHRS’s CSAs and other government agencies?
- How will this be rolled out?
- How will specialty services work?
  - How will training be handled to ensure continuity and excellence?
- How will the communications be handled within each CSAs and across CSAs?
How will the diversity within a community be addressed and honored?
  - Concern that “majority minority groups” will dominate the conversation, and that
there will not be space for other smaller minority voices.

How will you ensure that there will truly be an equitable core set of services across
CSAs?

How will we continue doing what we do, as we change?

How do we define “community”? Who is the community?

Who decides who the community is?

How much will this cost?

Who decides who the family is?

Will there be more money?

Will this create more positions?

Are other counties also having this discussion?

Are you planning to reorganize the whole system? (Health and social services)

Will specialty teams be absorbed into CSAs?

How much of this is mandated, and how much is self-generated?

Ten years from now, will youth being served see a difference?

What will we do if health care reform is rolled back?

How will we measure that this is better than before?

Will you bounce ideas off of other counties undergoing a similar process?

Déjà vu re: 1970….

FEEDBACK - QUESTION #3 (anything missing?)
- It is unclear how will administrative functions fit into this model
- No indication of how does this jive with the larger non-county health system
- The shift in philosophy is not explained (why go from individual to community)
- It is unclear how residential treatment facilities will be matched with CSAs.
- Unclear how will communications be handled (across CSAs)
- No indication of how or if there will be support for staff who work at CSAs in order
to avoid isolation and foster mobility.
- Unclear how school based and community based services will be coordinated.

FEEDBACK - QUESTION #4 (essential elements)
- Good leadership that make sense and are flexible
- People and money
- Get staff true buy-in
- Have “real” relationships with the community
- Accountability: use data to improve the system
- Develop a clear and concise implementation plan and communicate well about it
- Good training and tons of patience!
- Staff buy-in
- Facilities large enough to support this, including capacity for growth
• Make sure there is representation from the bottom up when developing the implementation plan
• Incorporate ongoing feedback from the community
• Solid outreach
• Training for community partners
• Outreach to more parts of the community than we usually do
  o “Not the usual suspects”
• Avoid back and forth vis a vis centralized/decentralized
• Remain connected with the problems that we are trying to solve and don’t lose sight of why we want to do this.
• Communication
• Involve community members in the decision of who their representatives should be
• Ease of accessibility to services
• Bring to the table a healthy, productive skepticism as opposed to cynicism