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)

- This model offers great opportunity to integrate into the community
- Too “fluffy”
- Such a good concept but not too relevant for EPA because it’s already in place
- Likes greater opportunities for access and greater integration of MH/SU?PC
- Great idea
- One-stop shop approach is good
- We’ve been talking about this for a long time (the “Village” model)
- Like collaborative aspect of the plan
  - It fosters accountability
- It’s financially possible
- It will save money down the line
- Initial positive reaction, with the following comments:
  - Implementation will be an issue
  - Concerns about how the transition from the current model the new one will be handled
  - Concern that this will need an upfront investment
  - Concern that the different cultures at the different clinics will pose a challenge

FEEDBACK - QUESTION #2 (questions)

- Will the target population (the population we serve), change?
- How will the AOD piece be incorporated?
  - Currently AOD operates basically on a referral basis
- Will this add another layer of bureaucracy?
  - Concern that this bureaucratic layer (i.e., manager) will make it harder to get things done
- How will the disparity in resources in the different communities be handled?
  - Taking resources disparity into account, how will you ensure equity across CSAs?
- Will we provide services we currently don’t provide?
- What will the rehab model look like?
- What kind of changes does this involve for staff?
- Is there something similar out there? If so, how is it working?
  - Also, how long did it take for them to make the transition?
- Will the implementation involve pilots, or will it happen all at once?
FEEDBACK - QUESTION #3 (anything missing?)
- Clarity about how the criminal justice piece will work.
- “The meat AND the potatoes!”
- Money and funding: how this will be paid for, and what would be eliminated in the process
- Elaborate more on how existing barriers would be removed, such as access to meds.
- How AOD treatment services will be accessed – this entails a great deal of coordination
- Description of how we will ensure we provide services to the homeless
  - In that regard, description of the outreach to the homeless population
- More focus on workforce development, especially for people in the community
- Clarity about Labor involvement
- Clarity on how it will be ensured that there is systemwide access to medical records (MH, AOD and PC)
- Methods for avoiding duplication of services across CSAs (example of a client who would seek the same services from different CSAs).
- Eligibility needs to be fleshed out

FEEDBACK - QUESTION #4 (essential elements)
- Services have to be easy to understand, and accessible
- Take the time to flesh out the details before implementing
  - Be clear about the plan
  - Avoid confusing people
- There has to be fluidity in access across systems (HSA, PC), and across CSAs.
- Training

PARTING THOUGHTS
Participants were each invited to share one last thought not necessarily responding to any question. Some did, some passed.
- Have a holistic approach by ensuring access to all services
- Where is it all going to start?
- Where do youth fit in all this?
- Concern about special populations, such as transgender people
  - Get reliable demographic information from all communities
- Step by step implementation plan to include clear job descriptions, funding, etc.
- Worried that we will be asked to do more with the same resources
- Ensure services to seniors
- Expand self-care options (such as groups, classes for consumers)
- How will this model ensure access to PC
• Will we serve the undocumented? ACE/MCE coverage for the undocumented? (This comment was seconded by three other people in the room)
• This sounds like a major reorganization, so it would be important to:
  o be clear about how people’s jobs will be affected
  o ensure Union involvement
  o truly ensure equity in access
  (This comment was seconded by two other people in the room)
• Will this put us in a deeper hole (financially)?
• Can’t hurt to try! Maybe start with a pilot
• Upgrade technology (hardware and software), and be more flexible with it
• CSAs should be like a wellness community center with MH, AOD, medical, dental, holistic health, exercise and nutrition, and housing supports, all in one place.