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?

NOTE: The feedback was collected using SurveyMonkey, a web application specifically designed to administer surveys. The responses below are a direct transcription of the input received.

FEEDBACK - QUESTION #1 (immediate reaction)

- Very Exciting! It seems like a natural culmination of our initiatives. Call it Total Integration.
- Great, innovative, client and community-centered, focus on care and people in the community.
- I thought it was well done and very well thought-out. I do wonder, though, if all this is really attainable. I do understand that it will take time and I'm hoping this will come to be the BHRS of the NEAR future. What struck me the most if the term of sole accountability of each community manager. This is so needed and I like the idea of one person being in charge and accountable.
- My initial reaction is that it sounds familiar to what my former work environment envisioned. Working in an integrated manner with other agencies and providers to improve client outcomes was strongly encouraged. Leadership was always looking to deliver mental health services in a manner that addressed the needs of the client in a comprehensive manner. They envisioned a one-stop-shop where clients were welcomed and there was "no wrong door". It was a welcoming environment and increasing access and capacity were factors that were constantly being addressed. This was done at one clinic serving a specific geographic region due to the specific needs of the clients served and the behavioral system demands.
- Disappointed since didn't seem to really speak to uniqueness of SMC or that some of the concepts proposed have already been in effect.
- I appreciate hearing about this at this stage in the process and look forward to participating in it becoming more concrete.
- It's hard to say much given the generality of the concept, however.... The idea of community service areas, and of a "Good and Modern community health system" has been for many years, and will continue to be the fact that we do not serve everyone in the community. Unless I really misunderstand the ACA [Affordable Care Act a.k.a. Health Care Reform], there will continue to be the barrier of eligibility. If you want what we offer, you have to meet some sort of eligibility standard in order to get it. That patchwork of eligibility standards is a filter between people's needs and their ability to receive services. The navigation of that filter is highly complex, and I get concerned about peer mentors and family members being the ones to try to guide
people through that process. "I used these great services and it will help you too" than being met with "sorry you are not eligible for that."

- To much to do to change; overwhelming the system

**FEEDBACK - QUESTION #2 (questions)**

- What the proposed services will actually look like?
- How will the "Communities" of focus be determined?
- What kind of core services specifically will be available?
- What additional services will be offered additionally to a specific service area?
- What criteria will be set to determine these and the fluidity within the four quadrants of the diamond?
- What are our current service gaps -- substance treatment? Quality of care in the board & care systems? Housing needs? –
- Can these gaps be better addressed in this new good and modern system? How?
- What will happen to existing providers of different services such as mental health, substance AOD, legal, contracts?
- What will happen to the existing BHRS structures?
- How to balance efficiency, workload, morale, and accountability?
- The only question that I was puzzled about is the use of the term "community" and how the community services will be constructed. Is "community" another word for "regions?" Steve mentioned, "no new buildings, etc., but I am wondering if these communities will be developed separately or within the various regions of the county?
- How can San Mateo County utilize current resources to better integrate/improve collaboration to provide quality services as stated in the proposal?
- What measures would be effective in utilizing existing community resources and helping build community partnerships that would benefit our clients/our communities?
- I wonder if there are ways to both improve the quality of the integrated system as well as make it more efficient by using more technology to link the various different aspects of the system. For example, I wonder if we could ever get to a point where you can see online which programs have openings and this be updated daily as well as getting a sense of what the waitlists are. Right now it feels like clients have to call around to multiple programs to check availability whereas it would be great if we could easily find out what is available. Along similar lines, I wonder if there would be a way to electronically link services such as drug and alcohol tx, MH tx (which might be already integrated), primary care, housing, employment options etc to make it easier to refer clients to services and for easier for them to access the different services. It is challenging for a program to keep track of all the various options, but if there was a way to have a centralized website where we could see for example what is available for a client on Medi-Cal or on MCE.
- How to meld public, CBO, private services to meet the need of anyone who might ask or something?
• How to have enough, ie if someone approaches for a parent education class in Spanish, how to have a local one available in a timely manner without sending them "out of community service area"?
• How to "cover" flexible hours in more locations?
• How is SUD services on demand in each region?

FEEDBACK - QUESTION #3 (anything missing?)
• Discussing what we already have that is community oriented.
• No
• Plan in phases if this was to be implemented. How would those phases look like? Will there be a rolling out in a pilot of one CSA (instead of the entire County)?
• I would like more description about receiving a one day response to MH needs. Something was mentioned but not elaborated upon. I am a fairly resourceful person within the system and had lots of trouble getting through to ask a question on the 800 access number. I was trying to find the way to get a therapist, but the person I spoke with (three calls to get a "real" person) didn't know and I ended up calling the HPSM. If a person is in an emergency, I wonder what would happen?
• Planning a fiscal budget that can anticipate future financial expenses and can sustain the delivery of effective/comprehensive services.
• Measuring data in a manner that allows the system to make adjustments accordingly.
• Maybe more on what the next steps are.
• Money to do this with.
• Should consider looking at allocating regional access points, moving the call center regionally to have a more welcoming approach with consumers rather than over the phone.
• Realizing that consumers are the major recipients of BHRS services for inclusion in the Community Planning Group, please also acknowledge and include people with lived experiences of mental health & substance use conditions/issues who are not necessarily recipients of services nor considered family members. The insights and experiences of these individuals cannot be discounted nor excluded, even though they are not nor have been recipients of services. The language of people with lived experiences goes a long way to reduce stigma and break cultural barriers in community and the workplace.

FEEDBACK - QUESTION #4 (essential elements)
• Collaboration with groups such as Caminar, Mobile Support, ARM that already have some proposed components to expand.
• Consumer and Staff buy-n.
• A good communication plan.
• Piloting in one area/community first. What are the outcomes (observable and measurable) that we would like to see from this? What specifically will we want to achieve by this?
Follow-up and perseverance
Accountability
Agencies that are adequately skilled and trained to provide the services and having community support.
Finding ways to help integrate all the various aspects of the system (perhaps electronically) so that it is easier for both clients and providers to navigate.
Obtaining input from each of the community on developing concrete plans for this implementation.
Adequate funding to have enough staff, facilities, support from the other agencies necessary to meet the housing, employment, education needs of the people who are our clients.
Adequate intra-agency and interagency training and communication time to really assure that all staff understand all areas of our county systems well enough to guide clients through them appropriately. For example, we cannot help people navigate the housing system unless we have much more training and communication with the folks who administer that system.
Regional access points
Eliminating central access point
Assuring SUD screening; assessment and referrals are available at each site
De-label people and simply refer to the individual, the person, the human being, and affected others.
Respect, validate, and honor the human experience and values that come from culture and life struggles.