COMMON QUESTIONS AND THEMES

- What are we hoping to accomplish with this plan?
  - What problems or weaknesses will this plan address?
  - What strengths will it build on?
  - What is the driver of the plan? Is it a mandate? Is it to reduce costs?
  - How is this different from what we’re currently doing?
- How would centralized services work in this model?
  - How would specialty services work (subject matter expertise)?
- How will the model truly ensure equity across CSAs?
  - Different communities have very different community-based resources. How will this model ensure that unserved and underserved communities have increased access to services?
  - Concern about distribution of financial resources across CSAs
  - How will clients be better served in this new model?
- What are the criteria for determining CSAs?
  - Geography? Client density? Other?
  - How many CSAs will there be?
  - How will “community” be defined for the purpose of determining CSAs?
    - Concern that the first minority in a given area will be considered the “voice of the community” (What about “second minorities”?)
- How much will this cost?
  - How will this be paid for?
- People really liked the Community Planning Committee and the 51% membership of consumers and families
  - Concern about building capacity in consumers/family members so that their participation is meaningful
  - Concern that it will be very hard to reach the 51%
  - Desire to reach out beyond the “usual suspects”
  - People think that this model will be more responsive to the needs of communities
- The CSA model will improve access to services
  - Flexible hours approach is perceived as very positive
    - Concerns from staff about having to work after hours or on weekends, or having to do more with less
  - Same day access is also perceived as very positive
    - Concerns that this might not be feasible everywhere
- Staffing issues
  - Will there be enough resources to do the level of training and workforce development that the model will require?
Will training and workforce development also be available to community partners (agencies and consumers/family members participating in the Community Planning Committee)?
Will there be more flexibility in terms of staff work hours? Telecommuting alternatives?

- How will Access work in this regionalized model?
- Is this working elsewhere? (Other counties or other industries)

- Technology
  - Access to data across systems
  - Adequate hardware and software
  - Use of technology for service provision
    - Social networks
    - Texting
    - Facebook, FaceTime, Skype, others
    - Telemedicine

- Integration
  - Will this plan help or get in the way of further integration between MH and SU, and with PC?
  - How will it be ensured that SU services are available at every CSA, at the level they are needed? (Concern about disparity in resources between AOD and MH)

- Related issues people are concerned about
  - Housing services
  - Transportation

## Essential Elements for Implementation

- Clear roles and responsibilities
  - Detail how the roles of current stakeholders in the BHRS system will change, if they will. This includes staff, CBOs, clients, consumers, other providers, other government and non-government partners
  - Manager role
    - Very broad skills needed: planning, clinical, outreach, community relations, as well as both, MH and SU. How will it be ensured that the manager has these skills?
    - What will be the check-and-balances regarding the CSA manager authority?
  - Clarify role of the Community Planning Committee

- Community
  - Need clear definition of “community”

- Outreach and engagement
  - Need clear strategy to ensure O&E to each community in an effective way
• Communications
  o Communicate this plan in a way that is easy to understand (feedback from current phase, decisions, next phases)
  o Communication from each CSA to its community
  o Communication across CSAs and with other levels of the organization as well as with other relevant partners/agencies within and outside BHRS
  o Communication within CSAs, especially across services and systems (Adults, Youth, PC, MH, SU)
• Buy-in (from staff, from government and private partners, from Labor, from consumers and family members, and from all other relevant stakeholders)
• Services
  o Clarify what types of services will be available in each CSA
    ▪ PC? MH? SU?
    ▪ Referral services: Housing? Employment? Others?
    ▪ Portable services
  o Clarify how clients will be assigned to CSAs
    ▪ Can clients choose? What happens if a client moves and needs to continue receiving services at another CSA?
  o Clarify how will it be ensured that the level of services matches the clients’ needs
• Transition from current to new model
  o Pilot the new model first
  o Systemwide implementation or phased-in?
• Quality
  o Standards and accountability are enforced
  o Avoid fragmentation within and across CSAs
  o Data collection and use of data to drive program quality