

**BEHAVIORAL HEALTH AND RECOVERY SERVICES
AOD STAKEHOLDERS MEETING**

**Summary of Learning and Feedback Forms
December 15, 2010**

	Uh, no		You bet!		
1. After this meeting, I have a good understanding of the role I am to play as a delegate or alternate to this process.	1 (n=44, range: 2-5)	2	3	4 ↓ 4.48	5
2. After this meeting, I have a better understanding of the programs most likely to be affected by the budget reductions.	1 (n=43, range: 3-5)	2	3	4 ↓ 4.33	5
3. After this meeting, I have a better understanding of the data about program effectiveness, and the limitations of that data.	1 (n=44, range: 2-5)	2	3	4 ↓ 4.02	5
4. After this meeting, I am confident we are on the right track with this process.	1 (n=43, range: 2-5)	2	3	4 ↓ 4.26	5

5. What worked well for me in this meeting

- Allowing the participants to talk all during your presentation. It was interactive. Tea please – decaffeinated.
- Program presentations were helpful!
- Comments from large group were great!
- The presentations were very well put together.
- Program presentations, data (despite imperfections).
- Presentations made it easier to understand.
- The problem is much larger than was thought in the past. Decrease in fund has been a huge wake up process.
- Room was more spacious – didn't feel cramped. John – excellent facilitation moving us along, clarifying, framing, and putting everything into context.
- More detail from programs!
- Lots of discussions and questions, which is great! I appreciate the clarification and support from each other. Great food. John good job at keeping us on track.
- Thank you for being very clear and redirecting when needed so we can stay productive. Thank you for having food out later for those of us not used to eating dinner right at 5.
- Very good overall presentation. However, there needs to be a more intensive breakdown.
- Good participation from everyone.
- Discussions.
- The people with a common heart to serve people and our community.
- The process of involving stakeholders is amazing – the community resources are critical to the successful delivery of services.
- Sitting with other delegates.
- Nice job, John, Debra, Liz, and Debbie.
- Different presenters was very good.
- Presenters! Better “understanding” of programs.

- Hearing about the various programs and seeing the statistics.
- Sharing and talking about different data. Having different coordinators talk about their program.
- Very well formatted, excellent mix of didactic techniques.
- Program presentation and group reflection.
- Thanks.
- Multiple presenters. Good participant interaction. Excellent facilitation.
- I learned a lot of things that interested me and my program of NA. I learned that we are not doing as much as is needed.
- The location is perfect. (I live 3 minutes from here. LOL!) The program sharing was great information for me. John is amazing!
- John has a distinctive and much appreciated way of keeping the group on track and hopeful with the process as a whole. I look forward to being a contributor in this process and creating a more collaborative and positive outlook on our current reality.
- The presentations were articulate and informative.
- Q & A with different divisions of BHRS.
- Slideshow and info provided.

6. What could be improved in subsequent meetings

- One more short break. Two 6 minute breaks.
- Hot water and tea please! :o) Non public service presentations will be helpful.
- Tea please (herbal).
- Hot water for tea, and hearing from other community (not county) groups. Cheesecake please!!
- Flow – fewer interruptions with unrelated questions. I am looking forward to presentations by community programs.
- Name tags and what departments are represented. Need some heat in the building.
- Have name tags for people. Why hasn't Alanon been a part of this process? We are looking at clients – what about families of clients.
- The issue is \$ for folks who primarily have AOD needs. Need to split out the co-occurring numbers. Am concerned that straight AOD are being marginalized.
- Chocolate requirement. More group discussion/interaction at tables – if possible/may not fit.
- Too much repetition of numbers, if 40 completed, it could be expected that 60 did not. Can we reduce these columns. I am concerned that COT numbers have skewed the SRC numbers.
- I am pretty visual and it would help to have a map of where services are and what they are throughout the county both geographically and demographically, also funding impact would be good to highlight. This will answer the what and where for county and other AOD services – in the county. MORE COFFEE – (yawn – we all have long days).
- The length of the meetings. Time constraints.
- Pay attention to time restraint, as some folks work majority of the day.
- Is there a need for separating alternate delegates from observers? Having them mingle together at the same table causes more discussions.
- More group discussions.
- I know it's not possible, but shorter meetings.
- Consistent data – I am skeptical about the data presented today.
- It seems like they do not need to be 3 ½ hours long.
- I have a suggestion for how to get some better data. Call me if you're interested – 525-6238. Chocolate chip instead of oatmeal raisin. :o)
- Presentations from groups outside BHRS and what services they provide.
- For next meeting – some data massage please. For FY 2009-10 it would be helpful to look at cost for each category of flexible funds divided by successful outcome measures (cost divided by # completed, cost divided by # abstinence at completion, cost divided by # used social support at completion).
- Stopping at 8pm would be better. 9pm is just a little too much. I've checked out.
- More conversation on each program.
- Unfortunately I have to wonder how confident we can be about the statistics as I know how staff struggle with CalOMS and other forms.

- One more 3-5 minute restroom break.
- 1) Continue to bring data as part of each presentation. It would be different to make a recommendation for funding without factual data to substantiate the need to continue one program over another and to prioritize the needs of the community. 2) Provide a profile of a client going through recovery/outpatient and juxtapose that against the cost to provide that service by a public entity or a non-profit that may be provided to a person in recovery. 3) What does the customer survey tell us about the services provide beyond satisfaction as an indicator? In other words, what are the clients and customers saying that works, what doesn't, so that this may be factored into prioritizing and making funding recommendations?
- Hot water for tea.
- A different "mike" runner maybe other than facilitator would be helpful.
- 20 beds available at SRC and it is the only facility reported. What about other facilities that are not here such as New Hope Recovery Services, Living Center, and Kaiser? Name tags for everyone/organization represented.
- Nothing, this was facilitated well and accepted well by all groups.
- Hear from more eyes of the scallop.
- Given that data can influence perception please inform when it is potentially inaccurate (as you did this time.).
- Can we have something besides chicken for dinner? Soup and sandwich would be nice.
- More open discussion.
- By allowing continuous and ongoing questions, I felt the night was a waste for me. There was no continuity, and by going through stats with no context, I felt that became a meaningless exercise.