

San Francisco Community Behavioral Health Services

MINUTES: CBHS Integration Advisory Committee

January 14, 2004

Attendance: Edwin Batongbacal, Abner Boles, Donald Frazier, Mardell Gavriel, Mark Gisler, James Harris, Mario Hernandez, Maryanne Mock, Jeff Mori, Mickey Shipley, Jim Stillwell, Wing Tse, Manuel Vasquez, Jonathan Vernick, Victor Damian

Edwin: Reiterated that the aim is to get as many people as possible develop and share the vision of what we are going to do. Different groups of people are moving this project forward, including change agents, system administrators, program management, clinicians and frontline staff. Evaluation assessment tools are a key step in developing action improvement plans.

CBHS will be supporting change agents at the program-level. At the same time, system-wide issues will be looked at, such as policies, resource allocations, and collaborations.

Proposition 63 should be looked at as opportunity to advance integration.

James: It would be important to look at all populations, including older adults.

John: The process is not clear to me. For example, how do we plan to structure our programs and system. What is relationship we will be promoting between the sobriety vs.harm reduction models. Programs are already in the system treating dual diagnosis clients. How do we create our system model? What are we trying to do? Let's talk about the real experience.

Edwin COFIT allows for a structure for the dialogue and conversation. We need to be able to invite all providers, including those that really have not been in the dialogue.

Donald: We need to assess our existing capability.

Consumer: We need to look at the quality of our services. Some programs do not even have a harm reduction group.

Edwin: The challenge is for us to engage in a process of change, and to have a clear map of that process.

John: In this group, we need to discuss in detail how dual diagnosis clients are dealt with (in our system). It is not necessary exclude the assessment tools. But after that, we need to try to figure out how to move on, using consumer-driven principles.

How do we best use the resources in the system? Where are the gaps? We are waiting to see the integration – we need to have the more relevant discussions.

Edwin: Assessment tools are usual. Secondly, action planning for quality improvement. Proposition 63 might have resources. We need to be fairly clear of our direction. Operational and administrative structure is there. We need to do the foundation work.

Mickey: I'm very visual. Can we draw a timeline, flowsheet of our system, and organization structure.

Bill: We do have a structure for the change process. We do not necessarily want to force to use COFIT.

John: We can have both the overall system discussion, and COFIT, together.

Edwin: OK so we agree on 3 things.

1. Use the COFIT
2. Understand our current system, so that we start on the same page
3. Analyze and assess our system, to identify gaps, and come up with system plan of action.

John: We need to go beyond COFIT. Clients have trouble getting the right dual diagnosis services. There are common things needed for dual diagnosis clients. We want to understand what we are doing in CBHS as a whole. For example, we need to address the confidentiality issue.

Bob: We propose this group address these issues. Pros. 63 offers opportunity to look at what we have, and what we do not have. The Consensus Statement sets our overarching guide. Let's finalize the consensus statement. This group is about the system. Next meeting should be to create a structure, a way to do that.

John: We need to take a look at what the system is like. Modes of services? How do people move along these services? What are the menus of different programs and services, such as which programs for what services, what kinds of problems? Let's look at the data.