

San Francisco Community Behavioral Health Services

MINUTES: CBHS Integration Advisory Committee

March 11, 2005

Attendance: Julia Diaz Adamek, Edwin Batongbacal, Patricia Bennett, Abner Boles, Donald Frazier, Barbara Garcia, Mardell Gavriel, Mark Gisler, James Harris, Mario Hernandez, Maryanne Mock, Jodi Schwartz, Mickey Shipley, Jim Stillwell, Wing Tse, Manuel Vasquez, Jonathan Vernick, Robert Wheeler.

- The first part of the meeting involved the Integration Advisory Committee having a conversation with the planning consultants for the Mental Health Services Act (Proposition 63) – Resource Development Associates. The MHSA planning process in San Francisco was explained, as well as the importance of Integrated Services to figure prominently in the transformation of the services delivery system. The Advisory Committee will be brought into the MHSA planning process, and their input will be incorporated on how Community Services and Support, prevention/early intervention activities, and innovative programming, can be designed in SF.
- Data on the system was not yet ready for this meeting. Data is also being assembled for MHSA planning process, and this will be furnished to the Committee when completed. The system data being assembled consists of:
 - 1) *Clinical and Demographic Profile of Clients* being served in the behavioral health system;
 - 2) *Service Delivery System* – including levels of care in mental health and substance abuse treatment, \$ amounts of funding for each of the levels of care, and listing of CBHS providers under each level of care.
- Some members of the Advisory Committee expressed suggestion of going through an exercise of mapping the behavioral health service delivery system to understand: the entry points into the system; the decision and triage points; the different levels of care, including the all the different providers, and access to, and eligibilities for, them; where there exists dual diagnosis capability, and where not; clinical and services pathways; and where there are gaps and flaws in the system. The purpose of such exercise is to begin to glean opportunities for improvement, re-design of services and system, and drafting and revision of policies and procedures, and resource commitments needed, expressed through an action plan to carry out the vision of integration – Any Door, the Right Door.
- There was consensus that planning services should not be based just on fiscal realities, but on an understanding of what the key components of a service system have to be. We need to figure out a way to deliver integrated services, working though categorical, separate funding streams. The goal is client-centredness.

- What incentives to give programs based on outcomes and dual diagnosis capability?
- Some of the members of the Committee also expressed the following specific suggestions:
 - Addressing the needs and situations of specific client populations would be important – such as youth, women (gender specific services).
 - System needs address the whole person, not just one diagnosis.
 - Supportive housing programs are important.
 - Assertiveness training would be beneficial for mental health consumers in order to be able to set boundaries with dual diagnosis clients within the same programs.
 - We need to ensure and re-assure client safety at our program sites.
 - Respect, integrity, tolerance, and acceptance need to be taught and reminded at our programs. How to maintain a supportive community?
 - Good aftercare treatment programs (coming out of residential treatment) seem to be limited/lacking.
 - Recommended more cross training for MH and SA. Need more training available for SA staff/programs.