

San Francisco Community Behavioral Health Services

MINUTES: CBHS Integration Advisory Committee

April 8, 2005

Attendance (11): Edwin Batongbacal, Abner Boles, Bob Cabaj, Chris Cline, Barbara Farrell, Donald Frazier, Mardell Gavriel, Mark Gisler, James Harris, Mario Hernandez, Manuel Vasquez.

- The meeting opened with late-breaking news on the proposed CBHS budget cuts for 05-06, including revisions made by the Health Commission just the day before. The HC pushed back into contingency the proposed conversion of substance abuse and mental health residential treatment services into supportive housing, which was to save almost \$2.2 million in general funds, as well as \$1.9 million in former baseline cuts to outpatient substance abuse services. The Integration Advisory Committee members resolved that the *integration initiative* needs to be *positioned more strongly*, and *more prominently*, so that county and department *budget decisions* are made with awareness of the ramifications.
- The priority objectives set by the Integration Advisory Committee at its March 24 meeting were also reviewed, and re-iterated – in particular, the topmost identified priority of “*improvement of access.*” (Refer to Integration Advisory Committee minutes of March 24, 2005.)
- The importance of *efficiently using existing funding sources*, and *creatively aligning financing mechanisms*, at the county-level to *support the provision of dual-diagnosis-capable mental health and substance abuse services* was discussed. Examples were noted, such as the current county effort to provide intensive case management services (CBHS) towards supportive housing for individuals who have been homeless for a long time – which involves programs aligning with what clients actually need. Chris also reminded that front-end Medi-Cal reimbursement is available for conducting assessment based on initial presumptive eligibility.
- There was agreement that the Integration Advisory Committee, and the overall CBHS integration initiative, need to be linked with, and able to directly give input into, the county’s Mental Health Services Act planning process. “*Integrated Services*” is a very important component of the transformation vision under the MHSA, and must serve as a key filter in the conceptualization of the county MHSA plan. Right now, the two planning processes (integration and MHSA) seem to be on two parallel, separate tracks – which is undesirable.

CBHS staff will take steps to inform the MHSA Task Force regarding the significance of the behavioral health integration initiative, and its needed incorporation into MHSA plans. Ways for the IAC and the MHSA Task Force to cross-engage will also be developed. Already, a couple of individuals are members of both groups. The June 6 MHSA Sub-Committee meetings, and the

June 16 full Task Force Meeting, will also be dedicated to the topic of “Integrated Services”.

- There was also agreement among the Advisory Committee members that the *Monthly Meetings* of the *Integration Advisory Committee* have to *quickly evolve as the main venue* where *significant and important discussions* on the *integration of mental health and substance abuse services* takes place – and where the *critical partnership* between *clients, providers, and CBHS/DPH central administration*, towards actually changing the system, gets forged. Several things must take place in order for the work of the IAC to have an impact on “*the rest of the universe*”:
 - i. *All of the significant stakeholders* in the system have to *be represented* in this Advisory Committee. Certain important sectors were identified as missing, and there will be invitations made for these sectors to come into the IAC.
 - ii. *Each member* of the Advisory Committee have to *be able to speak more than just for herself or himself*, and should, ideally, be consulting, networking, exchanging information, and regularly discussing and mulling over integration issues, with her/his constituents and partners in their various other regular settings throughout the system, in order that they bring in, and represent, the involvement of many parts of the system in the integration planning process.
 - iii. The Integration Advisory Committee needs to be *positioned better* in the *overall decision-making process* within the *behavioral health and related-public-health-systems*. For example, the IAC needs to be *linked more strongly with the MHSA planning process*. Connections also need to somehow be made between the IAC and the echelons of the county’s public health planning and decision-making. In order to achieve and strengthen these types of closer tie-ins with policy and budgetary decision-making, the IAC will benefit from being able to actually demonstrate its usefulness and effectiveness as a venue for the planning and carrying out of collaborative system quality improvement initiatives.

The model of the HIV/AIDS Planning Council and its relationship to the DPH AIDS Office, in terms of being able to influence funding decisions, was highlighted.

- It was also decided to invite the chairs of the various CBHS Integration Implementation Workgroups to the regular monthly meetings of the Integration Advisory Committee, to better get together in one place all the players in behavioral health integration. These CBHS work committees are the Change

Agents, Integration Training, Integration Quality Improvement, Consensus Statement, and Publicity committees.

- *Possible Next Step for the IAC:* It would be useful for the IAC – in starting to work on its priority objective of improving access and identifying gaps – to do a baseline assessment of the system, by identifying, compiling (if able), and using meaningful information/system data (some of which the system may not be regularly collecting). The identification of important system information that's not available will be very useful, as a start in changing the system.
- Manuel, Abner, and Edwin will meet before the next IAC meeting to draw up more specific plans to follow up on today's discussions.

Next Meeting:

Friday, May 13, 2005

9 – 11 AM

4th floor Large Conference Room
CBHS, 1380 Howard St., 4th floor, SF