San Francisco Community Behavioral Health Services
MINUTES: CBHS Integration Advisory Committee
November 12, 2004

Attendance: Edwin Batongbacal, Abner Boles, Donald Frazier, Mardell Gavriel, Mark Gisler, James Harris, Mario Hernandez, Craig Murdock, Jim Stillwell, Manuel Vasquez, Rebecca Turner, Victor Damian

1. Edwin first gave an update of the progress of the Behavioral Health Integration effort thus far, including:

    - the November 10 videotaping of Chris Cline (ZiaLogic) doing a training on the use of the COMPASS program self-assessment instrument as a tool for action planning toward dual-diagnosis capability. CATS Redwood substance abuse residential treatment program did a simulation of how to use COMPASS.

    - recruitment of program Change Agents

    - launching of the "Tools of the Trade" CBHS Integration Newsletter

    - formation of several Integration Implementation Work Committees, and

    - possible implications of the passage of Proposition 63.

    The details of the December 6 – 7 visit to San Francisco by ZiaLogic was also discussed, including the schedule to do a COFIT training for the Integration Advisory Committee during that visit.

2. A discussion then took place about the role of the Integration Advisory Committee vis a vis the whole CBHS integration effort. Edwin explained that the Advisory Committee's role is to take up, with CBHS central administration, the highest vantage-point, and take part in developing the big picture of integration for the system as a whole.

    In the discussion, the following ideas/suggestions were put forward by Committee members:

    - Explore dual credentialing training and certification for staff. This could serve as incentives for further professional development of staff.

- Workforce development towards dual-diagnosis capability is important. Perhaps it would be good to explore collaborations with community colleges.

- Further training in integrated treatment is needed.

- How to get "buy-in" for the integration effort? Is the system perceived as needing change?

- Edwin mentioned that the change effort intends to empower all levels of the system – from consumers, to line-staff, to program directors, contractors, in true partnership with central administration staff – to work together in supporting changes at the system, program, and clinician levels.

- Mention was made of the importance of looking at substance abuse issues, and availability of services, in the poorer and more devastated neighborhoods of the City.

- Integration has already been taking place at the agency and program levels.

- Concern was raised that "specialization" expertise not be lost in integration.

- Concern was raised for smaller agencies, which might not benefit as much in the integration effort, and not get as much integrated-related resources (such as training/funding), as compared to larger agencies.

- Consumer/Family focus groups need to be developed and brought in as part of the quality improvement process.

- Question was raised: What is all this eventually going to mean where the rubber hits the road, i.e., funding, contract mandates, reimbursement for integrated treatment services, etc.

3. NEXT, the Committee took an initial look at the preliminary draft of the CBHS Integration Consensus Statement, and made some initial suggestions for edits, as follows:

    - Harm reduction and cultural competency shouldn't just be inserted sections but should be guiding, and threaded throughout, the whole Consensus Statement.

    - We need to be clear about what we're hoping to accomplish with the Statement.

- Isn’t this Statement way too long?

- Combine paragraphs 1-3 into one paragraph?

- Group together, in one section in the document, all of the overarching philosophies and principles of integration, for easier reference.

- The following aspects of the Statement were highlighted:

    - CCISC model
    - Evidenced-based practices
    - Co-occurring disorders as an expectation
    - System should be normalized to deal with multiple disorders