

California Innovations Summit:

The Triple Aim as a Framework for Improving the Health of Individuals with Complex Mental Health, Substance Use, and Physical Health Conditions

Program

May 22 - 23, 2013

**Hilton SF Airport Bayfront
600 Airport Boulevard
Burlingame, CA 94010**



IBHP
Integrated Behavioral Health Project



CPCA
California Primary
Care Association
Health Care Access for All



California Innovations Summit

Wednesday, May 22, 2013

Day 1: Five Panel Presentations about Innovative Care Coordination and Integration Models from California that Contribute to Achievement of the Triple Aim for Complex Clients. The Presentations will Highlight Key Practice Strategies and Changes to Spread Throughout the State.

All activities will take place in the Reflection 1 & 2 Room.

7:00 AM – 5:30 PM REGISTRATION

7:15 AM – 8:30 AM CONTINENTAL BREAKFAST

8:15 AM – 8:35 AM WELCOMES

Dave Pine, San Mateo Board of Supervisors

Luisa Buada, RN, MPH, Ravenswood Community Health Center, CEO

Stephen Kaplan, LCSW, San Mateo County Behavioral Health & Recovery Services, Director

8:35 AM – 8:45 AM PURPOSE OF THE MEETING

Sandra Naylor Goodwin, PhD, MSW, California Institute for Mental Health (CIMH), President and CEO

Karen W. Linkins, PhD, CalMHSA Integrated Behavioral Health Project, Director

8:45 AM – 9:15 AM KEYNOTE SPEAKER

Jurgen Unützer, MD, MA, MPH, Professor of Psychiatry, University of Washington, Director, AIMS Center, CIMH Care Integration Collaborative Co-Chair

9:15 AM – 9:45 AM KEYNOTE SPEAKER

Edward H. Wagner, MD, MPH, Director (Emeritus), The MacColl Center for Health Care Innovation, Group Health Research Institute Senior Investigator (*via video stream*)

9:45 AM – 10:00 AM QUESTION AND ANSWER

10:00 AM – 10:15 AM BREAK

10:15 AM – 11:15 AM INNOVATIONS IN COORDINATED AND INTEGRATED MENTAL HEALTH CARE:

- **San Francisco Department of Public Health, Community Programs**

Jo Robinson, MFT, Community Behavioral Health Services, Director, San Francisco Department of Public Health, Director

Tom Bleecker, PhD, Office of Quality Management, Community Programs, San Francisco Department of Public Health

Deborah Borne, MSW, MD, Clinical Director for Integration, San Francisco Department of Public Health, Medical Director

San Francisco Department of Public Health staff will discuss the Primary Behavioral Health Care Initiative, a SAMHSA-funded project to integrate primary care services into mental health centers. Some of the strategies and challenges to be discussed include: the role of the Nurse Care Coordinator; the delivery of Wellness services; Communicating across silos, including the use of Registries, Panel Management and Case conferencing; IT infrastructure; and the emergence of informal communication networks that arise in complex projects.

California Innovations Summit

Wednesday, May 22, 2013

- **Napa County Health and Human Services and Clinic Ole**
Jaye Vanderhurst, LCSW, Napa County Mental Health, Director
Tina Zoppel, LCSW, Clinic Ole, Clinic Manager

Learn about the beginning efforts to develop referrals, gain client consent and share information between providers in a joint County and FQHC health home integrating mental health, primary care and substance use treatment.

- **Glenn County, Health Care Collaborative**
Scott Gruendl, MPA, Glenn County Health & Human Services Agency, Director & California State University, Chico Faculty

Learn about the efforts Glenn County Health Services Agency and Ampla Health, a Federally Qualified Health Center (FQHC), have made in creating a strong, bi-directional program by developing integrated services across the continuum of care. The purpose of the partnership is to provide primary care services to public mental health clients without a medical home.

11:15 AM – 12:15 PM **INNOVATIONS IN COORDINATED AND INTEGRATED SUBSTANCE USE DISORDERS CARE:**

- **San Mateo County Behavioral Health and Recovery Services**
Stephen Kaplan, LCSW, San Mateo County Behavioral Health and Recovery Services, Director

An overview of how San Mateo County has approached integrating mental health and substance use services with primary care over the past 19 years will be presented. Specific lessons learned will be shared and how they have influenced policy, funding and program implementation.

- **Kaiser Permanente**
Stuart Buttlare, PhD, Inpatient Services, Kaiser Permanente, Director

This presentation focuses on Kaiser Permanente's approach to integrating care for behavioral health. It highlights the importance of an ACO structure for integrating behavioral health, key elements of their delivery service system such as the clinical information system, and introduces the Kaiser continuum of care in mental health and chemical dependency.

- **Golden Valley Health Centers**
Elizabeth Morrison, LCSW, Golden Valley Health Centers, Director of Talent and Culture

An outline of Golden Valley Health Center's Addictive Disorder Services (ASA), including the practice of screening for and treating all compulsive disorders together and (ASA) as an integrated part of care.

12:15 PM – 1:15 PM **LUNCH (Included with registration)**

1:15 PM – 2:15 PM **INNOVATIONS IN COORDINATED AND INTEGRATED PRIMARY CARE:**

- **UCSF Center for Excellence in Primary Care**
Danielle Messick, Program Manager/Trainer, UCSF Department of Family and Community Medicine, Center for Excellence in Primary Care

Team-based care is one of the foundational building blocks of high performing primary care and is embedded within the principles of the patient centered medical home. Presentation will discuss the importance of harnessing the expertise of the entire team to improve the quality of care for patients and the experience of healthcare for staff and clinicians. Lessons learned in practice about how to make team-based care work will be shared by walking through the recent development of teams at a San Francisco clinic.

California Innovations Summit

Wednesday, May 22, 2013

- **Council of Community Clinics and Community Clinics Health Network**

Nicole Howard, MPH, Council of Community Clinics an Community Clinics Health Network,
Director of Programs and Fund Development

This presentation will describe the San Diego Primary and Behavioral Health Care Integration Project, a partnership between community mental health agencies and federally qualified health centers. It was initiated in order to improve access to primary health care for individuals with serious mental illness. The presentation will describe the integration model utilized, key interventions implemented, challenges, and clinical improvements with respect to physical health indicators.

- **Open Door Community Health Centers**

Julie M. Ohnemus, MD, Open Door Community Health Centers, Director

Open Door Community Health Centers is participating in a rural continuum through a Triple Aim working group and Aligning Forces 4 quality collaboration. The presentation will highlight their infrastructure redesign, and changes made to workflow to strengthen the Patient Centered Medical Home. We are engaging the patient perspective to achieve real change.

2:15 PM – 3:15 PM **INNOVATIONS IN COORDINATED AND INTEGRATED SYSTEMS:**

- **Los Angeles County, Department of Mental Health**

Marvin Southard, DSW, Los Angeles County Department of Mental Health, Director

Debbie Innes Gomberg, PhD, Los Angeles County Department of Mental Health, District Chief

Los Angeles County will describe how health service silos are being eliminated through the use of health neighborhoods as a strategy to integrate care for communities throughout Los Angeles. Integrated service approaches targeting under-represented ethnic populations will be described, including non-traditional healing activities that contribute to community wellness and health. Preliminary outcomes will be presented.

- **Alameda Health Consortium, Behavioral Health and Primary Care Integration (In Partnership w/Alameda County Behavioral Health Services)**

Brenda Goldstein, MPH, Psychosocial Services, Lifelong Medical Care and Chair, Behavioral Health Network, CA Primary Care Association, Director

Alameda County's Low Income Health Plan (LIHP) was used as a springboard to promote integrated primary care and improved collaboration between eight community health centers and the Alameda County Behavioral Health Care Services Agency. This presentation will describe the key components of the collaboration which focuses on: 1) increasing access to mental health services; 2) creating a seamless continuum of care for adults with mild, moderate and serious mental illness; and 3) promoting outcomes based mental health services through use of evidence based practice and a pay for performance financing model.

- **Riverside County Department of Mental Behavioral Health**

Jerry L Dennis, MD, Riverside County, Department of Mental/Behavioral Health, Medical Director

This presentation will inform the audience about the development, planning, implementation and outcomes of the Riverside County Care Integration Collaborative. This will include discussion of three tools that are now being implemented broadly on a countywide basis: screening for MH, SUD, physical health issues; ensuring effective referrals; and, Universal Consent/ROI. Plans for further expansion of the RC-CIC will also be discussed.

California Innovations Summit

Wednesday, May 22, 2013

3:15 PM – 3:30 PM BREAK

3:30 PM – 4:30 PM HEALTH PLANS AS INNOVATORS FOR COORDINATED AND INTEGRATED CARE:

- **Health Plan of San Mateo**

Maya Altman, MPP, Health Plan of San Mateo, Chief Executive Officer

The Health Plan of San Mateo (HPSM) will present a brief overview of its ongoing efforts to promote integration with its county partners: subcontracting with County Behavioral Health and Recovery Services to provide Medicare funded mental health and substance use disorder services for HPSM's Medicare-Medicaid Special Needs Plan members; developing a "data mart" to integrate client level data across the medical, behavioral health, and long term services and supports spectrum; and joint targeting of members for intensive care coordination.

- **Health Net of CA**

Janice Milligan, RN, Health Net of CA, Director of Strategy and Development

Health Net Community Solutions (HNCS) will discuss its approach to supporting its beneficiaries with behavioral health conditions and its providers who serve these individuals. Integration of these services at all levels of care is key to improved health status.

- **Inland Empire Health Plan**

Peter Currie, PhD, Inland Empire Health Plan, Director of Behavioral Health

Peter Currie will present the Behavioral Health Program developed and implemented within Inland Empire Health Plan (IEHP). This program was designed to fully integrate behavioral health and physical health care management at the Health Plan level in order to address the longstanding segregation of behavioral health that exists in the "carve out" model that this program replaced. Employing a direct contracting model with BH providers, programs and hospitals IEHP has significantly expanded access to outpatient BH care as well as reduced psychiatric bed days and readmission rates without incurring additional costs.

4:30 PM – 5:30 PM THE PATH FORWARD AND ORIENTATION TO DAY 2

Dale Jarvis, CPA, Dale Jarvis and Associates, LLC

Bobbie Wunsch, MBA, Pacific Health Consulting Group

Highlights of the Day 1 presentations will be synthesized and participants will be oriented to how to apply key themes in Day 2 Small Group Discussions.

5:30 PM ADJOURN

California Innovations Summit

Thursday, May 23, 2013

Day 2: Improve the field's shared understanding of the key themes from innovative integration models, develop key partnerships, and recommended next steps that will advance the integration of care to achieve the Triple Aim for clients with complex mental health, substance use and medical conditions. The Summit will publish conference proceedings documenting recommendations and action plans to inform State and local policy and practice.

7:30 AM – 4:00 PM	REGISTRATION	Reflection Foyer
7:30 AM – 8:45 AM	CONTINENTAL BREAKFAST	Reflection Foyer
8:00 AM – 8:15 AM	HEARING FROM THE AUDIENCE	Reflection 1 & 2
	Dale Jarvis, CPA, Dale Jarvis & Associates, LLC	
8:15 AM – 9:00 AM	IMPROVING THE CARE SYSTEM EXPERIENCE: SYSTEMS AND CUSTOMER PERSPECTIVES Carmella Castellano-Garcia, Esq., CA Primary Care Association, President and CEO Keris Myrick, MBA, PhD, Project Return Peer Support Network, President and CEO	
9:00 AM – 9:30 AM	TRIPLE AIM: REDESIGN ELEMENTS Jerry Langley, Associates in Process Improvement The Institute for Health Care Improvement has developed a conceptual design for health systems that are working on the three dimensions of the Triple Aim. This presentation will present the 5 elements of the Triple Aim Concept Design to frame the Small Group Workshops	
9:30 AM – 9:45 AM	INSTRUCTIONS FOR SMALL GROUP WORKSHOPS	Reflection 1 & 2
	Bobbie Wunsch, MBA, Pacific Consulting Group	
9:45 AM – 10:00 AM	BREAK	
10:00 AM – 12:00 PM	SMALL GROUP WORKSHOPS 1 : TOPIC SPECIFIC FACILITATED DIALOGUES FACILITATORS: Dale Jarvis, CPA, Dale Jarvis & Associates, LLC Bobbie Wunsch, MBA, Pacific Health Consulting Group Gale Bataille, MSW, Emeritus County Behavioral Health Director, CiMH Quality Improvement Collaboratives, Project Director Jerry Langley, Associates for Process Improvement, CIMH Quality Improvement Collaboratives Improvement Advisor Keris Myrick, MBA, PhD, Project Return Peer Support Network, President and CEO Rick Goscha, PhD, MSW, Office of Mental Health Research and Training University of Kansas, School of Social Welfare, Director Will Rhett Mariscal, PhD, CiMH, Senior Associate Linda Shak, MSW, Prevention Institute, Program Manager Jae Han, MD, Departments of Psychiatry and Family/Community Medicine, University of California, Davis, Associate Clinical Professor & Training Director, Family Medicine/Psychiatry Residency Program Jennifer Clancy, MSW, CiMH Quality Improvement Collaboratives, Project Director Brenda Goldstein, MPH, Lifelong Medical Care, Alameda County, Director Karen Linkins, PhD, Integrated Behavioral Health Project Erin Hafer, Community Health Plan of Washington, Project Manager (Invited) Victor Kogler, PhD, Alcohol and Drug Policy Institute, Executive Director Alice Washington, CiMH, Associate Lea Nagy, Humboldt County Health & Human Services, Family Liaison	

California Innovations Summit

Thursday, May 23, 2013

10:00 AM – 12:00 PM **TOPIC A: PROMOTING HEALTH LITERACY, HEALTHY BEHAVIORS AND SELF MANAGEMENT**

*Prism Room
1st Floor*

Facilitator: Karen Linkins, PhD

Content Expert: Keris Myrick, MBA, PhD

This session will focus on the role of peer and family member providers in promoting health literacy and self management within integrated settings in order to positively impact the Triple Aim. Current research on peer provided services has shown positive impacts in engagement, symptom management, and providing hope for people receiving mental health services. Integrated care will provide opportunity to expand the role of peer and family member providers. Increasingly, peers are providing whole health and wellness services, for example Peer Wellness Coaching, 8 Dimensions of Wellness and Whole Health Action Management (WHAM), and WRAP with a focus on health literacy. This discussion group will shape recommended actions to further develop and promote the role of peer and family member providers in improving clients' self management of their chronic and complex conditions, changing health behaviors, and self-advocacy to improve health outcomes.

*Reflection III
1st Floor*

TOPIC B: INCENTIVIZING INTEGRATED CARE, PAYMENT REFORM, QUALITY IMPROVEMENT AND OUTCOMES

Facilitator: Bobbie Wunsch, MBA

Content Expert: Dale Jarvis, CPA

We have previously identified ten barriers to getting paid for integrated care in California related to billing and coverage limitations (who, what, where, and when). Equally important is the reality that integrated care is rarely adequately funded (how much). Our hypothesis is that there are solutions to almost every one of these problems, but only if we draw on the accumulated wisdom of the participants of the summit and think outside the box. During this dialog we will explore the role of alternative payment models to achieving the triple aim and how to bring them to the delivery system in California.

*Glimmer
1st Floor*

TOPIC C: COMMUNICATING AND SHARING INFORMATION TO DELIVER AN INTEGRATED CARE EXPERIENCE, INCLUDING TOPICS SUCH AS:

- **Case Conferencing Across Organizations**
- **Clinical Information Systems**
- **Warm Hand Offs**
- **Release of Information and Privacy**

Facilitator: Gale Bataille, MSW

Content Experts: Victor Kogler, PhD, Alice Washington, & Leah Nagy

This session will focus on effective provider communication and clinical information sharing—including release of information, to coordinate services and improve the client's experience of care. Effective communication among providers of primary care and specialty mental health and/or substance use disorder services is essential to coordinating care and improving health outcomes. It is also critical that the client-and their family is a member of the care coordination team. The work for this session is to identify effective communications and clinical information sharing strategies to coordinate clients' care across multiple care settings and disciplines. What are the priorities for spreading these approaches and addressing any barriers? What stakeholder groups can lead and move these priorities forward?

- o Explore best practices in face-to-face as well as virtual methods for warm handoffs/referrals, regular case planning, ad-hoc care conferences as well as other provider communication strategies. How must different organizational cultures be address to facilitate effective communication? How can clients and their families be active participants in care planning?

California Innovations Summit

Thursday, May 23, 2013

- o Consent to share information/release of information (ROI) is often cited as a barrier to clinical information sharing. Identify key strategies and tools developed by provider partnerships to implement ROI—including how to address both mental health and substance use disorder privacy requirements. How can clients be informed about the benefits of care coordination so that they are willing to have their essential health information shared?

TOPIC D: IMPROVING ACCESS AND FOLLOW THROUGH ON CARE, INCLUDING TOPICS SUCH AS:

Bayview 333
3rd Floor

- Coordination of Care
- Medication Reconciliation
- Shared Care Planning

Facilitator: Erin Hafer

Content Expert: Brenda Goldstein, MPH

Each provider involved in the care of individuals with complex mental health, substance use and physical health conditions, is challenged to deliver services in such a way as to contribute to these patients' overall health and well-being. To assure each encounter is informed by and also informs the work of other providers, client-specific information (including their goals) must be routinely shared and incorporated into care processes. Effective means of gathering, using and sharing information include medication reconciliation (with both patients and providers) and shared care planning. Both of these activities are most readily accomplished through care coordination, a set of functions and processes that cross the borders of individual providers and support the inherent interdependencies of whole person care. Attendant to this support of whole person care is the promotion of access to services, including the overcoming of barriers to assure timeliness of that access and any follow-through subsequently required. While not the sole solution to assuring timely access, care coordination is a useful means to its improvement. Other changes that support timely access and follow-through include open access and multi-disciplinary team meetings. Given our current environment and the opportunities provided by the Accountable Care Act, what actions should/can be taken to improve access and coordination of care in a way that promotes the Triple Aim: improves the experience of the individual, improves the health of the population, and lowers the per capita cost for the population?

TOPIC E: CREATING A QUALITY DRIVEN ORGANIZATIONAL CULTURE TO PROVIDE EFFECTIVE CARE FOR INDIVIDUALS WITH COMPLEX CONDITIONS

Room 608
6th Floor

Facilitator: Jennifer Clancy, MSW

Content Expert: Jerry Langley

It is typical that as organizations successfully execute projects to improve aspects of their business, its products and services, they gain confidence that improving value can set off a chain reaction – improve value of their products and services-> increase demand->and sustain a viable business that produces jobs and opportunities for advancement. The confidence in the chain reaction motivates these organizations to build a formal system of improvement by which to execute improvement initiatives that support the mission of the organization and its strategic goals. How can this chain reaction be set off in health care agencies striving to achieve the Triple Aim?

California Innovations Summit

Thursday, May 23, 2013

How can CA healthcare organizations create the context for development of improvement capability? How can they set and reinforce expectations for everyone within the organization to have improvement as their key professional responsibility?

Given our current environment and the opportunities provided by the Accountable Care Act, what actions should/can be taken to promote quality as an organizational strategy for CA health care agencies in a way that promotes the Triple Aim: improves the experience of the individual, improves the health of the population, and lowers the per capita cost for the population?

TOPIC F: TRANSFORMING PRACTICE, INCLUDING TOPICS SUCH AS:

Room 408
4th Floor

- **Team Based Care**
- **Empanelment**
- **Person-Centered Care and Shared Decision Making**

Facilitator: Rick Goscha, PhD, MSW
Content Expert: Jae Han, MD

Currently, people with complex mental health, substance use and physical health conditions often experience a system of care this is 'siloed' and uncoordinated. Transforming that system so that those in need of care and services have a seamless, person-centered experience requires changes not only to the 'parts' of the system, but also to how the parts interact. Team-based care is an example of a change that will both alter the interactions and promote prevention by focusing on the whole person. Team-based care will not be successful without also using empanelment, which allows care teams to know for whom they are accountable and, in turn, coordinate their care and services. Given our current environment and the opportunities provided by the Accountable Care Act, what actions should/can be taken to transfer practice in a way that promotes the Triple Aim: improves the experience of the individual, improves the health of the population, and lowers the per capita cost for the population.

TOPIC G: DESIGNING PREVENTION AND HEALTH PROMOTION

Room 708
7th Floor

Facilitator: Will Rhett Mariscal, PhD
Content Expert: Linda Shak, MSW

By embracing "health" as one of the three key components of the Triple Aim, its developers recognized the need to focus on strategies for achieving health that go beyond solely working on improvements in health care systems. To address health as its own area of focus, we need to also look at the social determinants of health and strategies that impact population health. Given our current environment and the opportunities provided by the Accountable Care Act, what actions should/can be taken to support primary prevention and health promotion strategies, as well as techniques that help us build bridges between clinical-encounters and population health?

12:00 PM – 1:00 PM **LUNCH (Included with registration)** *Reflection 1 & 2*

California Innovations Summit

Thursday, May 23, 2013

1:00 PM – 3:00 PM **SMALL GROUP WORKSHOPS 2 : TOPIC SPECIFIC FACILITATED DIALOGUES**

- Prism*
1st Floor
- TOPIC A: PROMOTING HEALTH LITERACY, HEALTHY BEHAVIORS AND SELF MANAGEMENT**
Facilitator: Karen Linkins, PhD
Content Expert: Keris Myrick, MBA, PhD
- Reflection III*
1st Floor
- TOPIC B: INCENTIVIZING INTEGRATED CARE, PAYMENT REFORM, QUALITY IMPROVEMENT AND OUTCOMES**
Facilitator: Bobbie Wunsch, MBA
Content Expert: Dale Jarvis, CPA
- Glimmer*
1st Floor
- TOPIC C: COMMUNICATING AND SHARING INFORMATION TO DELIVER AN INTEGRATED CARE EXPERIENCE, INCLUDING TOPICS SUCH AS:**
- Case Conferencing Across Organizations
 - Clinical Information Systems
 - Warm Hand Offs
 - Release of Information and Privacy
- Facilitator: Gale Bataille, MSW
Content Experts: Victor Kogler, PhD, Alice Washington, & Leah Nagy
- Bayview 333*
3rd Floor
- TOPIC D: IMPROVING ACCESS AND FOLLOW THROUGH ON CARE, INCLUDING TOPICS SUCH AS:**
- Coordination of Care
 - Medication Reconciliation
 - Shared Care Planning
- Facilitator: Erin Hafer
Content Expert: Brenda Goldstein, MPH
- Room 608*
6th Floor
- TOPIC E: CREATING A QUALITY DRIVEN ORGANIZATIONAL CULTURE TO PROVIDE EFFECTIVE CARE FOR INDIVIDUALS WITH COMPLEX CONDITIONS**
Facilitator: Jennifer Clancy, MSW
Content Expert: Jerry Langley
- Room 408*
4th Floor
- TOPIC F: TRANSFORMING PRACTICE, INCLUDING TOPICS SUCH AS:**
- Team Based Care
 - Empanelment
 - Person-Centered Care and Shared Decision Making
- Facilitator: Rick Goscha, PhD, MSW
Content Expert: Jae Han, MD
- Room 708*
7th Floor
- TOPIC G: DESIGNING PREVENTION AND HEALTH PROMOTION**
Facilitator: Will Rhett Mariscal, PhD
Content Expert: Linda Shak, MSW

3:00 PM – 3:15 PM **BREAK**

3:15 PM – 4:00 PM **NEXT STEPS AND ADJOURN** *Reflection 1 & 2*
Sandra Naylor Goodwin, PhD, MSW, CiMH, President and CEO
Karen W. Linkins, PhD, CalMHSA Integrated Behavioral Health Project, Director
Participants will learn about key next steps on recommended action plans.

**Handouts and resource material will also be available at:
www.cimh.org/Learning/Conferences-Training/Handouts.aspx**



The Alcohol and Other Drug Policy Institute (ADPI) works to advance substance use disorder (SUD) service in California through the creation and dissemination of knowledge concerning substance use disorders and their amelioration at the individual and community levels. Our work extends from informing broad policy initiatives addressing statewide concerns to working with local level service systems and providers.



The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities. The CCI-Integrated Behavioral Health Project was funded under the CalMHSA Stigma and Discrimination Reduction program to improve access to health, mental health, and substance use services across California.



IBHP
Integrated Behavioral Health Project

The County Alcohol and Drug Program Administrators' Association of California (CADPAAC) is a non-profit organization comprised of the designated county alcohol and drug program administrators representing the 58 counties within California. CADPAAC is dedicated to the reduction of individual and community problems (from public safety to education, to health care) related to the use of alcohol and other drugs.



The California Institute for Mental Health is a non-profit public interest corporation established for the purpose to promote wellness and positive mental health and substance use disorder outcomes through improvements in California's Health System. CiMH is dedicated to a vision of "a community and mental health services system which provides recovery and full social integration for persons with psychiatric disabilities; sustains and supports families and children; and promotes mental health wellness."



The California Mental Health Directors Association is dedicated to the accessibility of quality cost-effective mental health care for the people of California. Principal goals are to advocate for quality mental health systems of care, which are culturally competent, consumer-guided, family-sensitive, and community-based.



In 1994, the California Primary Care Association (CPCA) was formed and have become the statewide leader and recognized voice representing the interests of California community clinics and health centers and their patients. CPCA represents more than 900 not-for-profit Community Clinics and Health Centers (CCHCs) and Regional Clinic Associations who provide comprehensive, quality health care services, particularly for low-income, uninsured and underserved Californians, who might otherwise not have access to health care. CPCA's diverse membership includes community and free clinics, federally funded and federally designated clinics, rural and urban clinics, large and small clinic corporations and clinics dedicated to special needs and special populations. CPCA is designated by the Federal Bureau of Primary Health Care as the state primary care association and receives federal program support to develop and enhance services for member clinics. The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities.



America's leading nonprofit integrated health plan, Kaiser Permanente serves more than 9 million people from 37 hospitals and 611 medical office buildings in nine states and the District of Columbia. Thanks to the dedication of approximately 189,655 employees and physicians, in a single year we may schedule more than 36 million outpatient visits, deliver 92,000 babies, perform 169,000 inpatient surgeries, and fill some 70 million prescriptions.*

Focused on the health and well-being of our members and communities, the people of Kaiser Permanente continually elevate the state of health care with progressive products, services, and advancements. We come from many different backgrounds, but we all believe in taking a proactive role in health and well-being. That means we don't just recommend what the latest research shows, we conduct our own research. We treat our members, colleagues, and communities as family, and uphold the trust they place in us by safeguarding their privacy. We have high expectations for ourselves and each other. We believe in spreading health—online, offline, through educational programs and awareness campaigns, and through good ol' word of mouth. Northern CA has 3.4M members.