



California Quality
Collaborative

CalHIVE
BEHAVIORAL HEALTH INTEGRATION

2023 Annual Convening
Connect, Create & Commit
Participant Workbook

Tuesday, September 12, 2023
San Diego, CA

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I. About The Event

Greetings and welcome to the first CalHIVE BHI in-person convening! We are excited to bring the teams together for our first learning and networking session.

The Desired Impact

As a result of this session, we hope attendees will have:

- Deepened relationships as a team and with the cohort
- Composed and shared your team's project vision statement
- Advanced your organization's BHI Implementation Plan
- Identified lessons to apply to your own integration work from organizations experienced in BHI
- Examined the role of the PHQ-9 within the CalHIVE BHI measures

The People

All nine organizations participating in CalHIVE BHI are in attendance today. See more detail on who's in the room in the [Attendance Roster](#) (pages 30-32).

Participating Organization Project Teams:

- ◆ Altas Family Care Specialists Medical Group, a medical group based in Los Angeles
- ◆ Chinese Hospital, a hospital system with locations in San Francisco and Daly City
- ◆ Community Memorial Healthcare, a hospital system in Ventura County
- ◆ Perlman Clinic, a multi-site primary and specialty care clinic in San Diego
- ◆ Pomona Valley Hospital Medical Center, a medical center located in Pomona
- ◆ Riverside Family Physicians, a primary care practice in Riverside
- ◆ San Francisco Health Network, a multi-site Federally Qualified Health Center (FQHC) and part of San Francisco's public health system
- ◆ Scripps Health, a health system (hospitals and ambulatory care) based in San Diego
- ◆ Sharp Rees-Stealy Medical Centers, a multi-specialty medical group located in San Diego

Speakers & Planning Team

The CalHIVE BHI team, made up of members from the California Quality Collaborative (CQC) and the Collaborative Family Healthcare association (CFHA), will be speaking and facilitating sessions throughout the day, in addition to two guest speakers.

Read more about the speakers and facilitators in [About the Speakers and Organizations](#) (pages 24-29).

- ◆ CalHIVE BHI Team: Anna Baer, Julie Geiler, Daniela Vela Hernandez, Erika Lind, Kristina Mody, Jose Ordonez, Peter Robertson, Felicia Skaggs
- ◆ Other CQC team members: Kerry Donohue, Anna Elgart, Crystal Eubanks, Melissa Preciado

External speakers include:

- ◆ Sarah McVay, PsyD: Regional Manager of Integrated Behavioral Health at Providence Medical Group in Santa Rosa, will be sharing about Primary Care Behavioral Health (PCBH)
- ◆ Julian Mitton, MD, MPH: Clinical leader who has collaborated with Harvard Medical School and CommonSpirit Health will be sharing about the Collaborative Care Model (CoCM)

The Time and Timing

This convening is Tuesday, September 12th. The one-day convening runs from 8:00am-4:15pm. Breakfast and lunch will be provided.

The Place and Space

The convening is held in San Diego, California at the Versailles Ballroom in the Westgate Hotel (1055 2nd Ave, San Diego, CA 92101.)

II. Agenda: Content & Achievement-Based Objectives

The Time	The Content & Facilitator	Achievement-Based Objectives
8:00 – 8:30 AM	Breakfast	
8:30 – 8:45 AM	Welcome & Why We're Here <ul style="list-style-type: none"> ◆ Crystal Eubanks, Vice President, Care Transformation & CQC (PBGH/CQC) ◆ Kristina Mody, Associate Director, Practice Transformation (PBGH/CQC) 	◆ Highlight importance and impact for BHI
8:45 – 10:00 AM	Developing Your Integrated Team and Your Vision <ul style="list-style-type: none"> ◆ Kristina Mody, Associate Director, Practice Transformation (PBGH/CQC) ◆ Julie Geiler, Technical Assistance Associate and Policy Coordinator (CFHA) 	◆ Compose and share your team's project vision statement
10:00 – 10:50 AM	BHI: What We Wished We Know <ul style="list-style-type: none"> ◆ PCBH: Sarah McVay, PsyD, Regional Manager of Integrated Behavioral Health (Providence Medical Group in Santa Rosa) ◆ CoCM: Julian Mitton, MD, MPH, Clinical leader 	◆ Identify lessons to apply to your own integration work from organizations experienced in BHI
10:50 – 11:00 AM	Break	
11:00 – 12:00 PM	Selecting Your Integration Model <ul style="list-style-type: none"> ◆ Daniela Vela Hernandez, Technical Assistance Associate (CFHA) 	◆ Evaluate organizational factors around selecting a behavioral health integration model
12:00 – 1:00 PM	Lunch	
1:00 – 2:00 PM	Networking <ul style="list-style-type: none"> ◆ Felicia Skaggs, Senior Manager, BHI (PBGH/CQC) ◆ Peter Robertson, Senior Director, Practice Transformation (PBGH/CQC) 	◆ Connect with peers to exchange lessons and questions around BHI topics
2:00 – 2:50 PM	Screening for Depression with the PHQ-9 <ul style="list-style-type: none"> ◆ Jose Ordonez, Data Manager (PBGH/CQC) ◆ Peter Robertson, Senior Director, Practice Transformation (PBGH/CQC) 	◆ Examine the role of the PHQ-9 within the CalHIVE BHI measures
2:50 – 3:00 PM	Break	
3:00 – 3:50 PM	Engaging the Pilot Site <ul style="list-style-type: none"> ◆ Felicia Skaggs, Senior Manager, BHI (PBGH/CQC) 	◆ Advance your organization's BHI Implementation Plan around pilot site preparedness
3:50 – 4:15 PM	Closing <ul style="list-style-type: none"> ◆ Peter Robertson, Senior Director, Practice Transformation (PBGH/CQC) 	

III. Participant Workbook

This workbook is to help you and your team capture your work as a team including questions, lessons learned and action items collected in the course of the convening.

Session: Developing Your Integrated Team and Your Vision

A. In a group of two or three at your team table, **describe** the current care experience in primary care for the following patient scenario:

A female patient comes in for her primary care visit. She is in her mid-40s, with two children, and is her family's primary breadwinner who recently lost her job. She was diagnosed with depression two years ago and was prescribed antidepressants but is now overwhelmed and struggling.

Write your thoughts below:

B. We will ask a few groups to share out what they capture.

C. On your own, **review** the below vision statements and **underline** which elements make them impactful. As a group, we will identify elements of an impactful vision statement.

Ask yourselves:

- What stands out for you in each vision statement?
- Which words are grabbing your attention?

Vision Statement #1:

“We believe that buying glasses should be easy and fun. It should leave you happy and good-looking, with money in your pocket. We also believe that everyone has the right to see.” - Warby Parker

Vision Statement #2:

“To bring inspiration and innovation to every athlete in the world.” - Nike

Vision Statement #3:

“To be the world’s most loved, most efficient, and most profitable airline.” - Southwest Airlines

What are elements of an impactful vision statement?

Concise and clear

Future focused

Challenging and ambitious

Inspiring, with strong visuals

Specific to your organization

Co-designed

As pre-work for today's convening, you were asked to bring your organization's mission and vision statement. You can add them in the box below.

D. In your teams, spend some time **crafting** your vision statement for BHI at your organization. Once the team has agreed on the vision statement, **write** your vision statement, and **decorate** it on your team's poster board, choosing images that reinforce and represent your vision statement.

Ask yourselves:

- How does our vision statement improve the current patient experience shared before?
- Does our vision statement align with our organization's vision statement?



Use this space to write your final vision statement.

E. On your own, **reflect** on how you will communicate your vision statement to the rest of your organization.

Write your thoughts in the box below.



Session: BHI: What We Wished We Knew

- Hear from panelists highlighting lessons learned from implementing Collaborative Care Model (CoCM) and the Primary Care Behavioral Health (PCBH) model

What questions do you have for the panelists about implementing PCBH and CoCM?

What takeaways do you have from the speakers' experience?

Session: Selecting Your Integration Model

**Behavioral Health Integration (BHI)
Implementation Plan**

Team Name:	
Date Updated:	
Version:	Version 1.2, updated 8/1/2023

About the BHI Implementation Plan

- An implementation plan is crucial for integrating behavioral health services into a health care system.
- The implementation plan provides a structured roadmap with a detailed sequence of steps and actions required for successful integration.
- This structure provides clarity on action items and roles/responsibilities, streamlines the process, and ensures that necessary tasks are completed in the right order.
- By completing the Integration Plan, the organization
 - Prepares for the BHI pilot at the practice/clinic site
 - Identifies successful practices and lessons learned
 - Develops a “playbook” for spreading BHI to other practice / clinic sites

Instructions

- As part of CalHIVE BHI, each team will complete a Behavioral Health Integration Implementation Plan, which will guide teams to strategic decisions and capture next steps to advance the integration project.
- The Implementation Plan should be completed by the team (in Improvement Advising sessions or in internal team meetings).

Implementation Plan Sections

- *Note:* The Implementation Plan will include several sections, each of which will be due at different times with different focus areas.
- This document will be updated throughout CalHIVE BHI collaborative.
- The final Implementation Plan (all sections) will be due June 2024.
- [Section 1: Integration Model](#)
- [Section 2: Pilot Site Selection & Planning](#)

SECTION 1: Integration Model

- **Objective:** Decide on organization’s behavioral health integration model
 - **Questions #1 - 4** – Due by Fri 9/01 (before In-Person Meeting) to your Improvement Advisor
 - **Questions #5 - 15** – To complete during Tues. 9/12 In-Person Meeting
 - **Complete Section 1 (with Action Plan)** – Due by Fri. 9/29 to your Improvement Advisor

Area	Team Response
Questions 5-14 – complete at September 12 In-Person Meeting	
EHR and Billing Infrastructure	
<p>1. Does your EHR system provide the flexibility to customize billing codes or templates to align with the unique requirements of the PCBH or CoCM billing structure?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Current State:</p> <p>Changes Needed:</p>
<p>2. Are you able to track and monitor billing activities related to PCBH or CoCM services through your EHR system, including claim submissions, rejections, and reimbursements?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Current State:</p> <p>Changes Needed:</p>



Area	Team Response
5. Can we adhere to using a patient registry for patient follow-up?	<ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No • Current state: • Changes needed:
6. Can our billing systems allow for CoCM billing to happen under the PCP?	<ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No • Current state: • Changes needed:

Area	Team Response
Decisions	
<p>9. Our organization's behavioral health integration model will be:</p> <ul style="list-style-type: none"> - Will we need additional approval for this decision, and if so, by which groups? 	<ul style="list-style-type: none"> <input type="checkbox"/> CoCM <input type="checkbox"/> PCBH • Additional notes:
<p>10. What organizational or staffing changes will we need, if any?</p>	<ul style="list-style-type: none"> •
<p>11. What additional information do we need before we can select an integration model?</p>	<ul style="list-style-type: none"> •

Action Plan

- Complete the next two months of work that needs to happen to launch planning for your BHI integration model.

<i>Due Date</i>	<i>Lead & Task</i>
•	<ul style="list-style-type: none"> • Lead: • Task:
•	<ul style="list-style-type: none"> • Lead: • Task:
•	<ul style="list-style-type: none"> • Lead: • Task:



<i>Due Date</i>	<i>Lead & Task</i>
•	• Lead: • Task:
•	• Lead: • Task:
•	• Lead: • Task:
•	• Lead: • Task:

Session: Engaging the Pilot Site

SECTION 2: Pilot Site Selection & Planning

- Objective: Identify current knowledge and areas for discovery regarding the BHI pilot practice/clinic site selection and planning
- Due: Fri. 9/29 to your Improvement Advisor

Our pilot site will be....	
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What we know about the pilot site:	Still need to know about the pilot site or changes needed:
1. BHI Vision - Understanding of BHI Vision - Buy-In	
2. Pilot Site Staffing - Current staffing set-up, clinical champion, behavioral health role/staff type	

What we know about the pilot site:	Still need to know about the pilot site or changes needed:
3. Pilot Site Background <ul style="list-style-type: none"> - Capacity for change (support, stability, willingness for change) - Performance (quality measures) - Capability 	
4. Patients <ul style="list-style-type: none"> - Patient demographics (e.g., number served, language spoken, payers) 	



What we know about the pilot site:	Still need to know about the pilot site or changes needed:
5. Place & Space <ul style="list-style-type: none">- Physical space: current set-up- Physical space: how changes happen- Telehealth set up: for patients and for internal referrals	
6. Collaboration <ul style="list-style-type: none">- How care teams communicate (e.g., EHR, secure message) /collaborate (e.g., huddles)	

What we know about the pilot site:	Still need to know about the pilot site or changes needed:
7. Pilot Site Clinical Workflows <ul style="list-style-type: none"> - Current screening process (e.g., depression and anxiety) - Patient rooming workflow 	

Action Plan

- Outline the next two months' action steps for comprehending the pilot site.

<i>Due Date</i>	<i>Lead & Task</i>
•	<ul style="list-style-type: none"> • Lead: • Task:
•	<ul style="list-style-type: none"> • Lead: • Task:



Due Date	Lead & Task
•	<ul style="list-style-type: none">• Lead:• Task:
•	<ul style="list-style-type: none">• Lead:• Task:
•	<ul style="list-style-type: none">• Lead:• Task:
•	<ul style="list-style-type: none">• Lead:• Task:
•	<ul style="list-style-type: none">• Lead:• Task:



Session: Networking

Round 1 – Topic:

What lessons or takeaways did you collect?

Round 2 – Topic:

What lessons or takeaways did you collect?

IV. About the Speakers and Organizations

Purchaser Business Group on Health/California Quality Collaborative

The California Quality Collaborative (CQC), a health care improvement program of the Purchaser Business Group on Health (PBGH), is dedicated to helping ambulatory care teams gain the expertise, infrastructure and tools they need to advance care quality, be patient-centered, improve efficiency and thrive in today's rapidly changing environment.

The program is dedicated to advancing the quality and efficiency of the health care delivery system across all payers, and its multiple initiatives bring together providers, health plans, state and purchasers to align goals and take action to improve the value of health care for Californians.

Collaborative Family Healthcare Association

The Collaborative Family Healthcare Association (CFHA) is a multi-guild member association whose goal is to make integrated care the standard of care across the United States and beyond. For us, collaboration is not just a word in our name; it defines who we are, how we interact with each other and other organizations. We believe deeply that collaboration across professions is an essential element necessary for revisioning healthcare.

FACULTY BIOGRAPHIES



Crystal Eubanks

Vice President, Care Transformation

As Vice President of Care Transformation, Crystal Eubanks advances strategy, program design and execution, partner engagement and business development within PBGH's Care Transformation portfolio of programs, initiatives and technical assistance. In this role, she leads the California Quality Collaborative (CQC) and its California Advanced Primary Care Initiative, in partnership with Integrated Healthcare Association, and oversees the Transform Maternity Care program. Crystal previously served as Senior Director, Care Redesign and developed technical bodies of work for behavioral health integration and practice facilitation, authored toolkits and learning resources, and served as an improvement advisor and trainer in CQC's Practice Transformation Initiative. Crystal brings quality improvement, clinic operations and leadership experience from on-the-ground work with ambulatory and primary care delivery systems in the private and public sectors. Her passion for transforming chronic disease and behavioral health care through data- and value-driven innovation grew from her time serving as quality improvement director, coach and consultant for various community health centers and consortia, health care Managed Services Organizations and public health departments. Previously as Director of Quality and Data Analytics at LifeLong Medical Care, Crystal led care

transformation and improvement initiatives to achieve multi-site recognition as a National Committee for Quality Assurance (NCQA) Level 3 Patient-Centered Medical Home and national recognition as a top performing health center. Crystal earned a Master of Science in Health Care Quality from the George Washington University School of Medicine and Health Sciences and a bachelor's degree in International Development from the George Washington University.



Peter Robertson
Senior Director, Practice Transformation

As Senior Director of Practice Transformation, Peter Robertson leads the California Quality Collaborative's (CQC) technical assistance programming. Most recently, Peter led the CalHIVE Network, a multi-year improvement collaborative that supported the expansion of virtual care tools for chronic disease management. Prior to his current role, Peter served as Director of Insights, Analytics and Data Management at PBGH. Previously, Peter led the quality measurement activities of the American Academy of Ophthalmology (AAO). This work included the development and maintenance of quality measures stewarded by the AAO and the implementation of a broad range of measures for federal quality reporting within the AAO's IRIS® Registry. Peter's background also includes experience developing clinical practice guidelines at the American Academy of Otolaryngology. Additionally, he worked for the regulatory body of the National Health Service in England and Wales, analyzing and reporting patient experience data. Peter earned a master's degree in Public Administration from Indiana University and a bachelor's degree in International Management from the University of Manchester.



Kristina Mody
Associate Director, Practice Transformation

As Associate Director of Practice Transformation with PBGH's California Quality Collaborative (CQC), Kristina Mody leads technical assistance design and delivery, working directly with delivery system partners to transform clinical practices, including behavioral health integration into primary care and chronic condition management using virtual care. In her role, she plans and implements programs ranging from multi-year improvement collaboratives to day-long trainings, leveraging adult learning principles as a [Certified Dialogue Education Practitioner](#). She also serves as an improvement coach for participating health care delivery organizations and their improvement teams to support them as they advance toward high-value, patient-centered advanced primary care. Kristina brings a wealth of experience creating technical assistance that meets the needs of health care quality leaders, especially those working with underserved patient communities. She previously served as Senior Manager, Care Redesign for PBGH's Care Transformation team. Prior to joining PBGH, Kristina was Senior Program Associate at the California Health Care Safety Net Institute, where she designed and implemented technical assistance for public hospital/health care systems participating in statewide quality improvement efforts under the Medi-Cal 2020 waiver. Before the Safety Net Institute, Kristina worked at Kaiser Permanente, providing program management on a national level for the Meaningful Use health IT project and on a regional level for The Permanente Medical Group's compliance department. Kristina earned her M.P.H. and B.A. in English and

History from the University of California, Berkeley. In her free time, she enjoys reading, cooking, and exploring California's parks and beaches with her husband, two children and dog.



Felicia Skaggs

Senior Manager, Behavioral Health Integration

As PBGH's Senior Manager, Behavioral Health Integration, Felicia Skaggs oversees programs that provide technical assistance to providers and other care delivery organizations to support enhanced behavioral health integration into primary care. This includes assisting organizations in launching or expanding behavioral health screening, treatment and referrals for patients. Prior to joining PBGH, Felicia was a Clinic Administrator for Ventura County Behavioral Health RISE outreach and engagement, RISE Law Enforcement partnership and Assist AOT programs. She has been in the mental health field for over 25 years, beginning in Kern County, where she designed, implemented and managed several programs to support and treat individuals with mental health and substance use disorders utilizing evidence-based practices. Her roles have provided her the opportunity to interface and work collaboratively with law enforcement, businesses, faith-based organizations, schools, primary care providers and other community-based organizations. Felicia has been a trainer with CIT Academy in Ventura County as well as been a presenter for CIT International. Felicia received her Master of Science in counseling psychology from California State University Bakersfield.



Jose Ordonez

Manager, Data Analytics

As Manager of Data Analytics for PBGH's California Quality Collaborative (CQC), Jose Ordonez leads the infrastructure of data collection, validation, and analysis of clinical, process and utilization performance measures within CQC's technical assistance programming. In his role, Jose leverages health equity, demographic and payer data to identify health disparities and inequities across participating provider organizations' patients. He also provides technical assistance to participating health care delivery organizations on data reporting and visualization and supports in making more data driven decisions. Previous to his current role, Jose served as Data Analyst for CQC's CalHIVE Network, a multi-year quality improvement collaborative, where he managed the data collection, validation and analysis for a set of chronic condition management, utilization and depression screening performance measures. Prior to joining PBGH, he interned at 10,000 Degrees, where he assisted with data entry, management and analysis for the College Success Program while he was an undergraduate. He also served as a research assistant on a project where he assisted in the data collection on measures around food waste reduction, school lunch participation and consumption of fruits and vegetables. Jose received a Bachelor of Science in Nutritional Science with a concentration in Physiology and Metabolism from the University of California at Berkeley.



Erika Lind

Manager, Care Transformation Events and Learning

As Manager of CQC Events and Learning, Erika Lind is responsible for implementing the systems and processes that underpin PBGH's Care Transformation programs, events and learning. She leads and executes in-person and virtual event planning and production, serves as an advisor to team members in creating engaging learning programs and manages the design and production of virtual improvement collaborative learning events. Erika previously served as Associate Project Manager for PBGH's Care Transformation team. Before joining PBGH, she worked in the entertainment industry as a Production Assistant and Product Placement Coordinator, where she organized deadlines for production schedules, maintained budget trackers for set coordinators and acted as a liaison between luxury brands and production companies. Erika received a Bachelor of Arts in Communication with certificates in Health and Wellness and Personal Training from the University of California, Santa Barbara.



Anna Baer

Program Coordinator

As Program Coordinator, Anna Baer works with the Practice Transformation team to provide logistics, event and administrative support. Prior to joining PBGH, Anna worked in digital health software and social services. She has led software improvement projects focused on increasing patient access to maternal health resources and served as a peer-to-peer coach, guiding child welfare case workers through a standardized practice model. Anna holds a Master of International Development degree from the University of Pittsburgh's Graduate School of Public and International Affairs and a bachelor's degree in political science with a minor in women's, gender and sexuality Studies from Penn State University. In her free time, she can be found riding her bike or trying new recipes in the kitchen.



Julie Geiler, MA

Technical Assistance Associate and Policy Coordinator

Julie Geiler, MA is our Technical Assistance Associate and Policy Coordinator with a passion for helping systems better meet individuals' behavioral health needs. She helps organizations better understand the complexities of integrated behavioral health and how best to implement programs. Julie keeps abreast of behavioral health policy and supports our members in building their advocacy skills. Julie has a broad-ranging skill set having worked in behavioral health in a variety of roles including therapist, program director, project manager, and grants administrator. From strategic planning to building programs from the ground up, she loves any challenge that advances patient access to care. Julie is the proud mother of three daughters who have blessed her with three granddaughters. When not playing with the babies, she plays pickleball, hikes, and travels whenever she can. Her dream trip is to travel to New Zealand!



Daniela Vela Hernandez, LMFT
Technical Assistance Associate

Daniela Vela Hernandez, LMFT is part of our Technical Assistance team as a Technical Assistance Associate and supports clinics with behavioral health integration implementation and workflow optimization. Prior to joining the CFHA team, Daniela developed a strong clinical background and experience in multiple settings from community mental health clinics to startup behavioral health. She is passionate about making mental health services accessible to all and is able to use her knowledge of traditional mental health services and integrated behavioral health to support the growth and implementation of integrated care. Daniela grew up in San Diego, but now resides in little-known Imperial, CA with her husband, two children, and two pups. When not supporting the CFHA mission, Daniela is out rooting for her kiddos on the field.



Sarah McVay, PsyD

Dr. Sarah McVay is a clinical psychologist and manages the Integrated Behavioral Health program at Providence in Northern California. She is originally from the Central Valley and completed graduate school at Alliant in Los Angeles. Dr. McVay has almost exclusively worked in healthcare settings, including Kaiser, the Veterans Administration, and the Yakima Valley Farm Workers Clinic. She loves the Primary Care Behavioral Health model because it means everyone has access to behavioral health. Dr. McVay appreciates the fast-paced, flexible, team-oriented, and population health-based objectives of PCBH. She currently lives in Santa Rosa with her husband, two daughters, dog, and cat.



Julian Mitton, MD

Julian Mitton, MD, MPH, is a healthcare innovation leader and public health champion committed to advocating for the improved and equitable care of traditionally underserved populations. With a diverse clinical background in population health and behavioral health and advanced training in health services research and implementation science, he has been able to leverage research, leadership, strategic partnerships and health policy to advocate for underserved communities through clinical innovations and policy change. Julian has collaborated with several leading healthcare organizations, including Harvard Medical School, CommonSpirit Health, Concert Health and Verily Life Sciences. He is a general internist and addiction medicine physician and Clinical Assistant Professor at the Baylor College of

Medicine. He completed medical school at the State University of New York at Stony Brook and his residency at Massachusetts General Hospital in Boston, MA. Julian also received an MPH from the Harvard School of Public Health and completed an advanced post-doctoral fellowship in implementation science and health services research at Harvard Medical School. He is a published author and researcher, with work appearing in such reputable journals as *NEJM Catalyst* and the *Journal of Addiction Medicine*. Julian's recent work at CommonSpirit focused on population health and clinical innovations, including integrated behavioral health and programs to promote access to evidence-based medications for addiction treatment (MAT).

V. Attendance Roster

Name	Email	Job Title
Chinese Hospital		
Kaier Guan	kaierg@chasf.org	Care Coordinator
Scott Huang, DO	scotth@chasf.org	Medical Director
Ruby Li	rbyl@chasf.org	Clinic Operation Coordinator
Jiami Wu, MPH	jjamiw@chasf.org	Director of Clinics
Rain Zhang	yingz@chasf.org	Clinic Supervisor
Community Memorial Health Services		
Maureen Hodge, LCSW	mhodge@cmhshealth.org	High Risk Manager
Jennifer Najjar	jnajar@cmhshealth.org	Ambulatory Quality Data Extractor
Family Care Specialists/Altas		
Hector Flores, MD	FloresH1@ah.org	Medical Director
Stephanie Gates	sgates@fcsmg.com	Director of Operations
Cristina Rosales, PA-C	CRosales@fcsmg.com	PA-C, QI coordinator
Geny Zapata, PsyD	GZapata@fcsmg.com	Director of Behavioral Science
Perlman Clinic		
Lauren MacGregor	lmagregor@perlmanclinic.com	Operations Manager
Mike Rufo	mrufo@health.ucsd.edu	Director of Physician Network
Bill Perry, PhD	wperry@health.ucsd.edu	Vice Chair Psychology
Kelly Snowden, PA-C	kelsnow44@yahoo.com	Physician Assistant
Pomona Valley Hospital Medical Center		
Samira Ali, MD	Samira.ali@pvhmc.org	Resident Physician
Jon Berends	Jonathan.berends@pvhmc.org	VP - Ambulatory Services
Dan Blocker PhD LMFT	Daniel.blocker@pvhmc.org	Director of Behavioral Health
Darlene McPherson, DNP	Darlene.McPherson@pvhmc.org	Director of Clinical Operations
Riverside Family Health		
Kacie Paik, MD	drkpaik@famdoc.org	Family Physicians
Benjamin Mahdi, MD	drbmahdi@famdoc.org	COO
Tarek Mahdi, MD	drtmahdi@famdoc.org	President
Rosie Moreno	rmoreno2@famdoc.org	Behavioral Health Care Manager
Nestor Sanchez, LMFT	nsanchez@famdoc.org	Behavioral Health Case Manager
Harneel Sandhu	hsandhu@famdoc.org	Director of Business Development

Name	Email	Job Title
Wendy Torres	wtorres@famdoc.org	Program Administrator
San Francisco Health Network		
Rachel Clee, LMFT	Rachel.Clee@sfdph.org	Assistant Director
Paul Glantz	paul.glantz@sfdph.org	Health Program Coordinator
Hamilton Holt, MD	hamilton.holt@sfdph.org	Medical Director, PCBH
Katy Pacino, LMFT	katy.pacino@sfdph.org	Senior Behavioral Health Clinician
Saba Shahid, PsyD	Saba.Shahid@sfdph.org	Director of PCBH
Diana Wright-Averson	Diana.wright@sfdph.org	Senior Behavioral Health Clinician
Scripps Health		
Maggie Carmona	Carmona.margaret@scrippshealth.org	AVP, Clinic Operations
Vicki Diamond	Diamond.victoria@scrippshealth.org	Director, Population Health
Gurinder Dabhia, MD	Dabhia.gurinder@scrippshealth.org	Pediatrician - MD
Denise Coyle, MD	Coyle.denise@scrippshealth.org	Division Head Family Medicine Rancho Bernardo
Leslie Reynolds, NP	Reynolds.leslie@scrippshealth.org	NP
Jessica Guevara, RN	Guevara.jessica@scrippshealth.org	Director of Clinic Operations-RN
Sharp Rees – Stealy Medical Centers		
Janet Appel, RN, MSN, CCM	Janet.Appel@sharp.com	Director of Population Health
Sarah Ferrara	sarah.ferrara@sharp.com	Social Work Case Manager
Ashton Harris, LCSW	Elizabeth.Harris@sharp.com	Lead Social Work Case Manager
Maggie Kube	maggie.kube@sharp.com	Medical Social Worker
Aasif Parekh	Aasif.Parekh@sharp.com	Project Coordinator
Sara Pouliot	Sara.Pouliot@sharp.com	Director of Data Analytics
California Quality Collaborative		
Anna Baer	abaer@pbgh.org	Program Coordinator
Anna Elgart	aelgart@pbgh.org	Communications Manager
Kerry Donohue	kdonohue@pbgh.org	Senior Manager, Equity and Transformation
Crystal Eubanks	ceubanks@pbgh.org	Vice President, Care Transformation

Name	Email	Job Title
Erika Lind	elind@pbgh.org	Manager, Care Transformation Events and Learning
Kristina Mody	kmody@pbgh.org	Associate Director, Practice Transformation
Jose Ordonez	jordonez@pbgh.org	Manager, Data Analytics
Melissa Preciado	mpreciado@pbgh.org	Associate Director, Equity and Transformation
Peter Robertson	probertson@pbgh.org	Senior Director, Practice Transformation
Felicia Skaggs	fskaggs@pbgh.org	Senior Manager, Behavioral Health Integration
Collaborative Family Healthcare Association		
Julie Geiler	jgeiler@cfha.net	Technical Assistance Associate and Policy Coordinator
Daniela Vela Hernandez	Dvhernandez@cfha.net	Technical Assistance Associate