X **INFORMATION** **TAB SECTION:** 5

___ **ACTION REQUIRED** **DATE OF MEETING:** 08/22/13

PREPARED BY: Geary/Mills **DATE MATERIAL PREPARED:** 08/5/13

AGENDA ITEM: **Report Out on Integration Paper Second Reading and Adoption by the Commission**

ENCLOSURES: Integration Policy Paper: Evaluation Related Recommendations

OTHER MATERIAL RELATED TO ITEM: Integration Policy Paper: A Vision for Transforming the Mental Health System through Services Integration[1]

ISSUE:

On May 23, 2013, the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) Services Committee's *Integration Policy Paper: A Vision for Transforming the Mental Health System through Services Integration* was presented to the Commission for a First Read. On July 25, 2013, based on comments and suggestions from Commissioners, the report was modified for a Second Read. The Commission adopted the report with one amendment during the July 25, 2013 Meeting. The report makes several evaluation-related recommendations, including identifying outcomes of various levels of integration, and facilitating shared information among service agencies. These recommendations will be considered for 2014 activities in the Evaluation Committee charter.

Background:

In November 2007, the MHSOAC authorized a 19-member Workgroup on Co-occurring Disorders (COD). The MHSOAC charged the COD Workgroup with developing comprehensive recommendations to address the needs of people with co-occurring mental illness and substance use disorders. The COD Workgroup, which met from November 2007 through June 2008, heard briefings by state leaders and experts on the status of the treatment of co-occurring disorders in California. The *Mental Health Services Oversight and Accountability Commission Report on Co-Occurring Disorder Services* was developed from the COD Workgroup and adopted by the Commission on November 20, 2008. The report's key findings and recommendations were intended to improve the capacity of state and county policy makers and program administrators to address the needs of individuals with co-occurring mental health and substance use issues by promoting the delivery of integrated services for persons with co-occurring conditions.

Since the adoption of that report, the Services Committee recognized the ongoing, urgent need to improve the care of individuals with both co-occurring behavioral

[1] The version of the policy paper included in these meeting materials is the one presented to the Commission for the July 25, 2013 meeting and does not include the amendment recommended by the Commission prior to adoption.

health and physical healthcare needs by updating the previous COD Report. This updated report emphasizes the importance of integrating behavioral health services with physical healthcare services. To date, requirements and incentives have not demanded or ensured services integration. Now, in the context of the Affordable Care Act and with shrinking local, state, and federal budgets, there is an urgent need and interest in providing integrated services as a way to improve life outcomes for individuals and families and reduce costs. The Commission sees this as an opportunity to focus on services integration and collaborate with other state and local entities to further promote, review and measure the level of integration occurring between behavioral health and physical healthcare services in California.