



Integration Policy Paper Evaluation-related Recommendations

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.

Evaluation-related Recommendations:

1. The MHSOAC would encourage that, during the current period of government realignment and restructuring, a high level, permanent state entity be identified to work with SAMHSA to promote statewide integration of behavioral healthcare and physical healthcare services. In this effort, the MHSOAC should work with the identified entity on education that leads to a common understanding of (1) what are effective integrated services; (2) ways to measure various levels of integration and associated outcomes, and (3) the identification of persons with co-occurring conditions receiving services in mental health, physical healthcare, and alcohol and drug systems.
2. The MHSOAC recommends that the appropriate state entity develop a unified mental health care delivery framework that guides and promotes optimally integrated service delivery for co-occurring behavioral health and medical disorders. The MHSOAC would welcome the opportunity to collaborate with the identified state entity and suggests the following:
 - Form an Integrated Services Workgroup, led by the identified state entity and including other state and county entities, to study and consider ways to:
 - Define and identify various levels of integration and associated outcomes;
 - Collect and report data necessary to measure integration, access to integrated services, and other outcomes that may stem from integration;
 - Facilitate shared information among service agencies that takes into consideration the Health Insurance Portability and Accountability Act (HIPAA) procedures' and Federal confidentiality regulations found in Title 42, Part 2 of the Code of Federal Regulations (CFR) for persons receiving substance use services and;
 - Overcome service fragmentation that results from misaligned funding requirements arising from federal block grants, Medi-Care/Medi-Caid, and MHSA funding.
3. The MHSOAC encourages the State to seek opportunities to enhance program and evaluation efforts through collaboration with private or public foundations serving underserved, underserved, or inappropriately served communities. Although it is expected that many outcomes relevant to or resulting from integration are measurable via data that is already being collected statewide, additional integration-specific outcomes may need to be incorporated into evaluations that look at the success of integration efforts, such as costs associated with integration.