



Summary of
Draft Integration Policy Paper

“A Vision for Transforming the Mental Health
System Through Services Integration”

Presented to the MHSOAC for 1st Read
by the Services Committee
May 23, 2013

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Background

1. In 2008 the Commission adopted its “Report on Co-Occurring Disorders, Transforming the Mental Health System through Integration.”
 - ▶ That report focused on key findings and recommendations related to improving services and outcomes for persons with co-occurring conditions of mental illness and substance use through the delivery of integrated services.
 - ▶ That report also included recommendations related to providing behavioral health services in primary health care settings.

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Background (cont'd.)

2. Since adoption of that report, the Services Committee recognized the need to expand on the recommendations for people with co-occurring needs to improve the care for individuals with behavioral health and physical healthcare needs, by updating the previous COD Report.
 - ▶ The report presented today emphasizes the importance of integrating behavioral health services with physical healthcare.
 - ▶ As used in this report, “behavioral healthcare” is an umbrella term that refers to a continuum of services for persons with mental illness, substance use disorders, and/or co-occurring disorders.

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Background (contd.)

3. The Commission also has a vision of promoting integrated services as a best practice model for delivering effective and efficient services that result in:
 1. positive life outcomes for individuals and families, and
 2. and cost effective services for healthcare systems.
 - ▶ As defined in MHSOAC regulations: “Integrated Service Experience” means the client, and when appropriate the client’s family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner. *(California Code of Regulations, Section 3200.190.)*

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Background (contd.)

4. In the context of the Affordable Care Act (ACA) there is an urgent need and opportunity to provide integrated services as a way to reduce costs and improve life outcomes for clients and families.

- ▶ The Commission recognizes this critical opportunity to: (1) focus on services integration; and (2) collaborate with other state and local entities to further promote integration occurring between behavioral health and physical healthcare services in California.

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Background (contd.)

- ▶ Mental health and substance use, and physical health care needs are pervasive.
- ▶ Successful recovery for individuals requires a focus on the whole person.
- ▶ For individuals with behavioral health needs there should be “no wrong door” to receive mental health, substance use treatment, or physical healthcare services.

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Content of Policy Paper

This policy paper:

- Provides a vision for integrated services
- Describes the general move toward integrated services
- Makes the case for integrated services
- Describes emerging models of integration in California
- Provides recommendations that encourage activities for state level entities, county level entities and the Commission

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A Vision for Integrated Services* (amended)

As envisioned, in a transformed mental health system that provides integrated behavioral and healthcare services:

1. **Systems:** Systemic integration strategies are broadly understood and documented at the State and Local level,
2. **Services:** There are clear definitions of what constitutes efficient & effectively integrated programs and services,
3. **Interventions:** Integration services will identify and serve persons with mental health and substance abuse disorders throughout our healthcare & social service system.

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A Vision for Integrated Services (contd.)

4. **Evaluation:** Local programs are able to report “system level outcomes” related to integration; including develop evaluation capacity to determine if access to care and outcomes are improved for clients with co-occurring conditions.
5. **Recovery** itself is viewed from an integrated perspective, which addresses the ability of clients with co-occurring conditions to receive services that meet the needs of the whole person.

In summary: In an integrated system, effective coordination of services and interventions result in improved outcomes for ‘whole persons’ and our ‘whole system’.

Recommendations:

1. **Integration: Federal Level**–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.**
2. **Integration: State Level**– The MHSOAC recommends that an **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.**

Recommendations (contd.)

2a. **Integration: State Level (contd.)**– 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:

- (1) **define and identify** various levels of integration and associated outcomes;
- (2) **collect and report data** to measure integration, access to integrated services, and other outcomes arising from integration; and,
- (3) **overcome service fragmentation resulting from misaligned funding** requirements arising from federal block grants, Medi-Care/Medi-Caid, and MHSA funding.

Recommendations (contd.)

3. **Integration: County Level**–The MHSOAC encourages continued **support of systemic integration activities** and programs designed to promote integrated behavioral health and medical services, **including those carried out by the Co-occurring Joint Action Council, the California Institute of Mental Health and the Integrated Behavioral Health Project.**

Recommendations (contd.)

4. **Integration: Local MHSOAC Level**–The MHSOAC recommends that, as part of the local MHSOAC community program planning process, **community stakeholders have an ongoing role in planning and development of strategies for programs that integrate behavioral and physical healthcare services.**

The Commission also suggests that, as DHCS develops and expands the MHSOAC and Medi-Cal issue resolution processes, they address integrated services and involve stakeholders in the ongoing review of these processes.

Recommendations (contd.)

5. **Integration: Health Reform**–The MHSOAC recommends that statewide MHSOAC stakeholders involved in implementing MHSOAC programs, **seek opportunities to align MHSOAC services with program reforms mandated by the Mental Health Parity and Addiction Equity Act (2008) and affordable Care Act (2010).**

Recommendations (contd.)

6. **Integration: Public & Private Level**–The MHSOAC encourages the State to **seek opportunities to enhance program and* evaluation efforts through collaboration with private or public foundations** serving un-served, underserved, or inappropriately served communities.

*=amended

Conclusion

The Mental Health Services Act envisions a transformed mental health system. The Commission’s vision is that:

1. **Individuals receive comprehensively integrated services** delivered in a culturally competent system of care with identified strategies for integrated service access,
2. Mental health services are **delivered in collaboration** with non-mental health partners,
3. Peers and families foster **“client-centered” and “family-centered”** wellness and recovery, and
4. Individuals have an **integrated service experience** including services received through the MHSOAC’s component programs.

Conclusion (contd.)

This paper is intended to guide Commission activities to promote greater system-wide mental health competency. Toward this goal, the Commission reasserts:

- 1. Services for co-occurring conditions at all levels must continue to be culturally competent, gender responsive, and trauma informed, as well as focus on special populations including older adults, transition age youth, and individuals either currently in or recently released from the criminal justice system.*
- 2. The Commission also intends that the expertise of clients, parents, family, and caregivers with lived experience of co-occurring disorders that include physical healthcare conditions, significantly inform the planning, design, implementation and evaluation of integrated services and programs.*

Proposed Motion:

- 1. Commission adopts Draft Report entitled "A Vision for Transforming the Mental Health System through Services Integration" as presented by the Services Committee on May 23, 2013.*

OR

- 2. Commission recommends changes to Draft Report entitled "A Vision for Transforming the Mental Health System through Services Integration" in preparation for 2nd Read presentation to the Commission.*