

San Francisco Community Behavioral Health Services

**Input from Mental Health/Substance Abuse Integration Advisory Committee**

*MEETING NOTES: October 15, 2004*

- Integration of mental health and substance abuse services requires culture change throughout the system, and a quality improvement effort. Core values need to be identified.
- Leeway and adjustment in productivity expectations has to be made for time spent by clinical/counselor staff in integration-related activities. But also, a lot of the integration-related activities could be tied into the time already spent by staff on routine activities – such as at staff meetings.
- Substance abuse services need access to psychiatrists and medications for their clients.
- Attention to integration of services needs to be paid in the areas of acute and crisis services.
- The implementation of integration requires a system of *accountability* and *“incentivization”*.
- Use of the ZiaLogic integration assessment & planning tools (COFIT, COMPASS, CODECAT) *will not be enough by themselves* to inform us of the details of what needs to be changed in the system, and beneficial integration action recommendations. Need additional unstructured system-evaluation brainstorming discussions.
- Need to specifically identify desired endpoints of the integration process. Concrete desired outcomes.
- We need to identify how we can be successful with difficult client-situations. Who are not making it? Then, we need flexible approaches to them that are client-centered.
- Primary care interface also needs to be looked at (not just substance abuse and mental health)
- What will happen to the wisdom generated from this Advisory Committee. How will it impact the whole integration process?