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, CODECATE) *will not be enough by themselves* to inform us of the details of what needs to 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?