Integrating Mental Health and Substance Use Disorder

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Agenda

- Why
- The challenges
- Moving forward
- We want to learn from you

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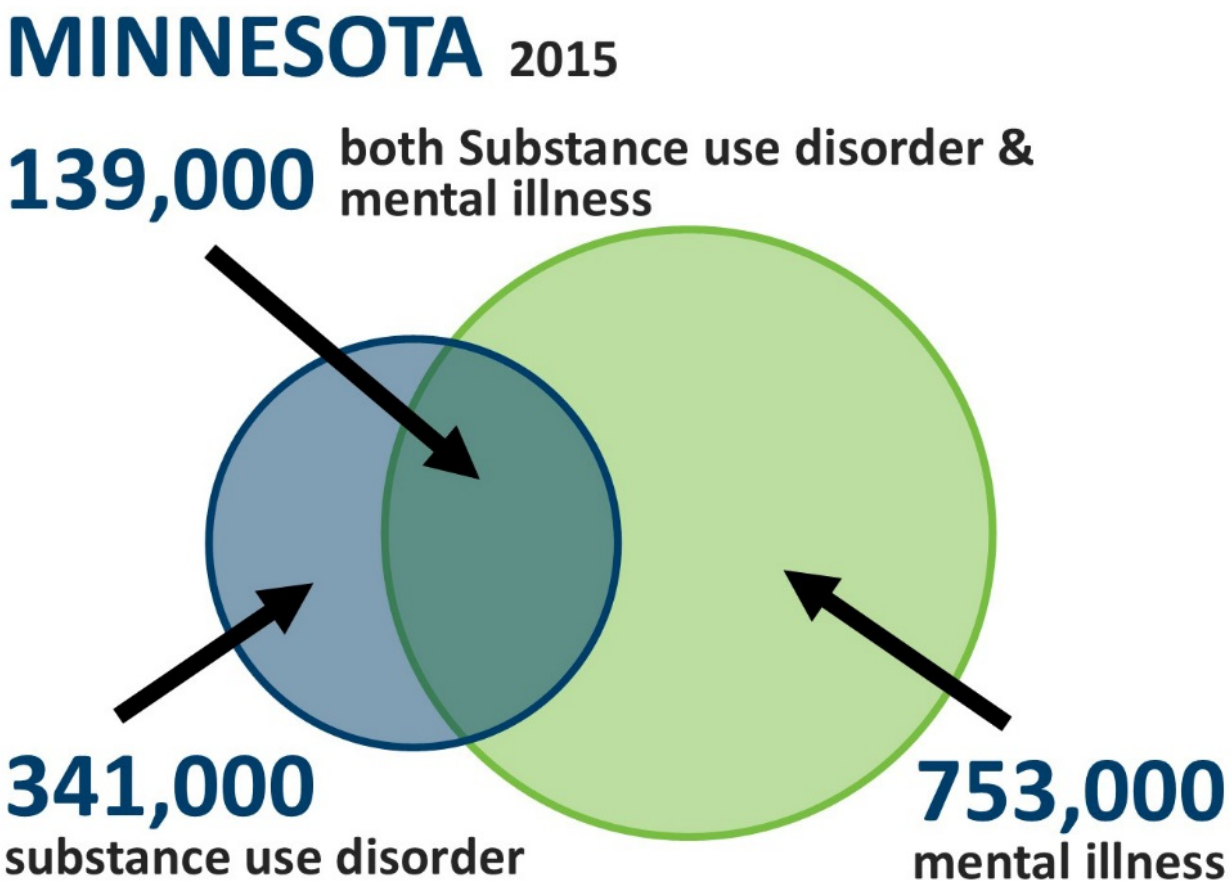
Why integration

Integration at DHS

- DHS is bringing together the Alcohol and Drug Abuse Division and Mental Health Division, in order to:
  - Improve the operation of both
  - Better partner in creating an integrated service system
  - Better support resilience and recovery for the people we serve

Why integration?

- 64% of people who use drugs meet criteria for a mental health diagnosis
- Integrated treatment has been found to be more effective than treating one at a time



Integration priorities/opportunities

- A healthcare model of care
- A life-span and family-centered model
- A prevention framework
- Ensuring access to basic needs (the social determinants of health)
- Equity Lens
- Services for cultural and ethnic minorities
- Community engagement

Integration opportunities: efficiency

- Administrative sharing & streamlining
- Contract management improvements
- Data reporting
- Providing training for providers

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Challenges

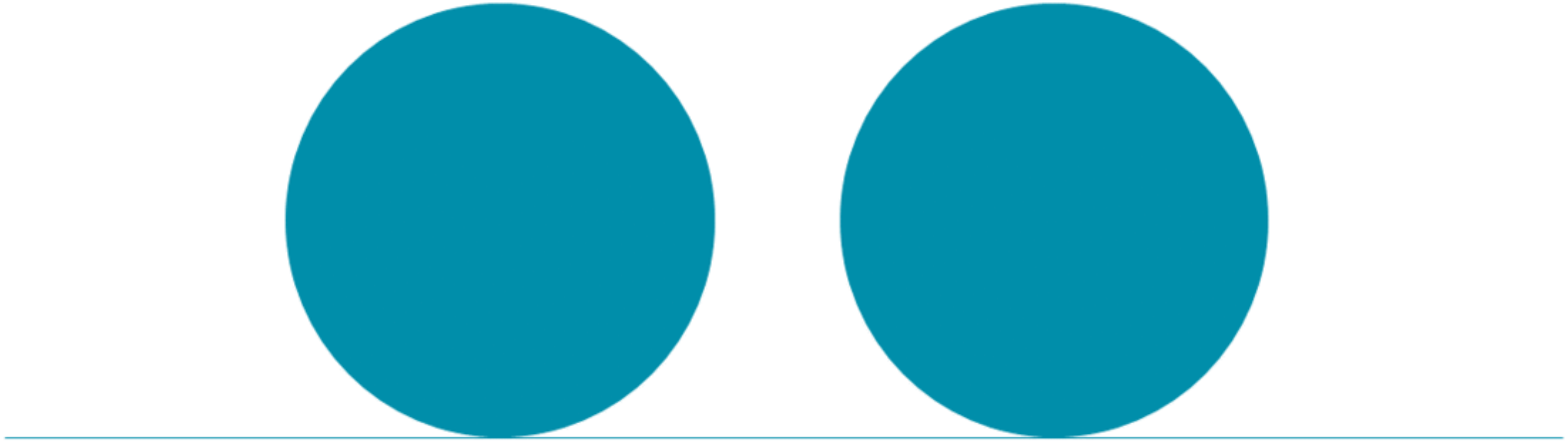
Challenges for SUD/mental health integration

- Population characteristics
- Service delivery systems
- Advocacy communities
- Funding structures
- Professionalization of staff
- Statute and policy structures
- Data and quality management systems
- Organizational cultures

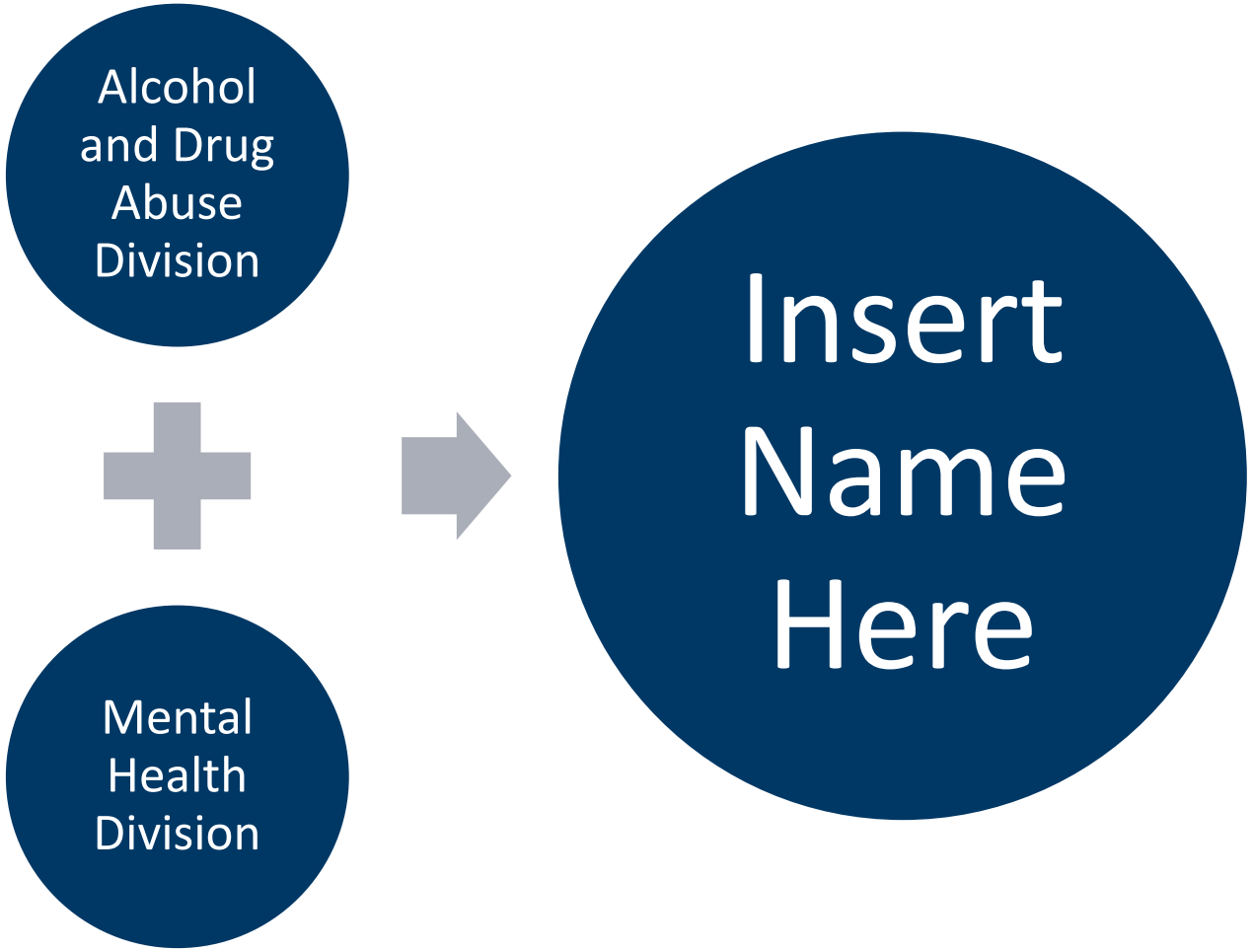
Our worst fears

Our worst fears

Our goal



Behavioral Health Division?



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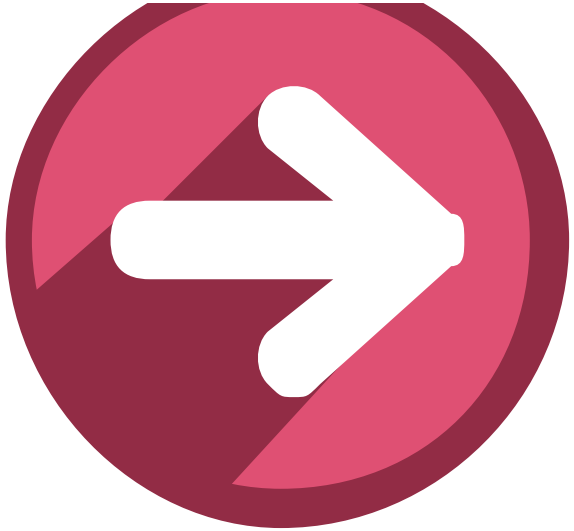
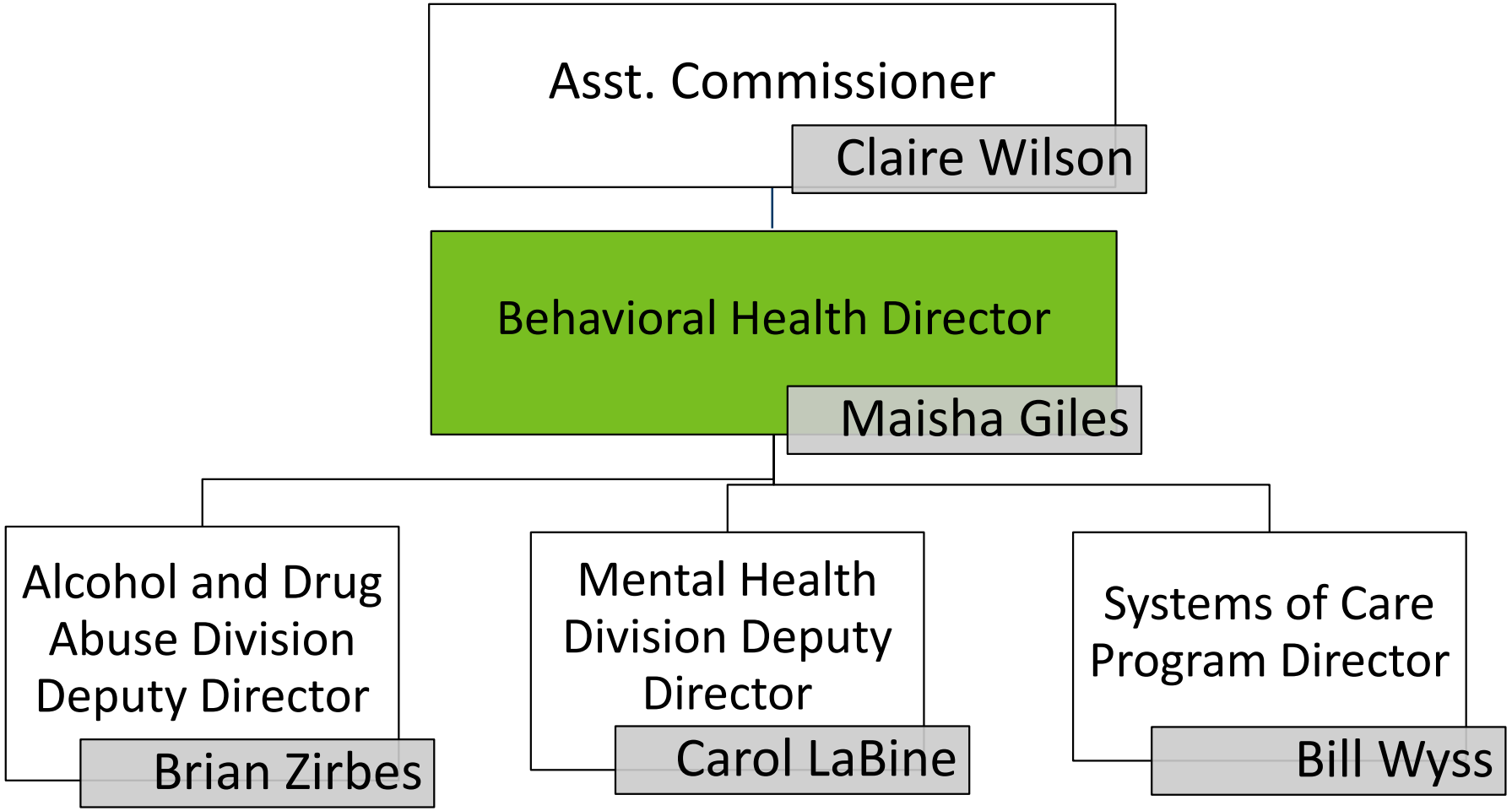


Moving forward

Behavioral Health Director



Putting into practice

- Articulate a vision and timeline for integration
- Take an incremental approach
- Rely on experts internally and externally to help guide the work
- Get to know each other's work
- Support staff to tackle small projects

Stakeholder engagement

- Convened a stakeholder engagement planning group in December
- The first round of stakeholder meetings planned for January, February and March
- Survey
  - Electronic
  - Paper format available for meetings

What will make a difference?

A. **Collaboration and inclusion:** partners will be informed about, and included in, the decisions about changes to DHS processes and practices.

B. **Awareness:** DHS will increase awareness of the significance of inequities, their impact on all Minnesotans and on specific populations, and move to action to reduce inequities and achieve equity.

C. **Leadership:** DHS will strengthen relations among the Cultural and Ethnic Communities Leadership Council (CECLC) and state agencies to promote clear and meaningful dialogue about equity.

D. **Community health and health systems:** implementation efforts will lead to a health and human services system that addresses complex needs, respects cultural beliefs, and imbeds cultural practices in healing.

We want to learn from you

Thank you!

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