



Behavioral Health Division Update

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DHS Priority: Integration of Chemical and Mental Health Activities and Services

Integration of SUD and MN services:

- Strengthen wellness and prevention activities
- Improve access to services
- More user-friendly services
- Better recovery supports

SAMHSA's Framework

- **Coordinated Care**, which concentrates on communication.
- **Co-located Care**, which focuses on Mental Health proximity.
- **Integrated Care**, which emphasizes practice change.

Integration: The Long View

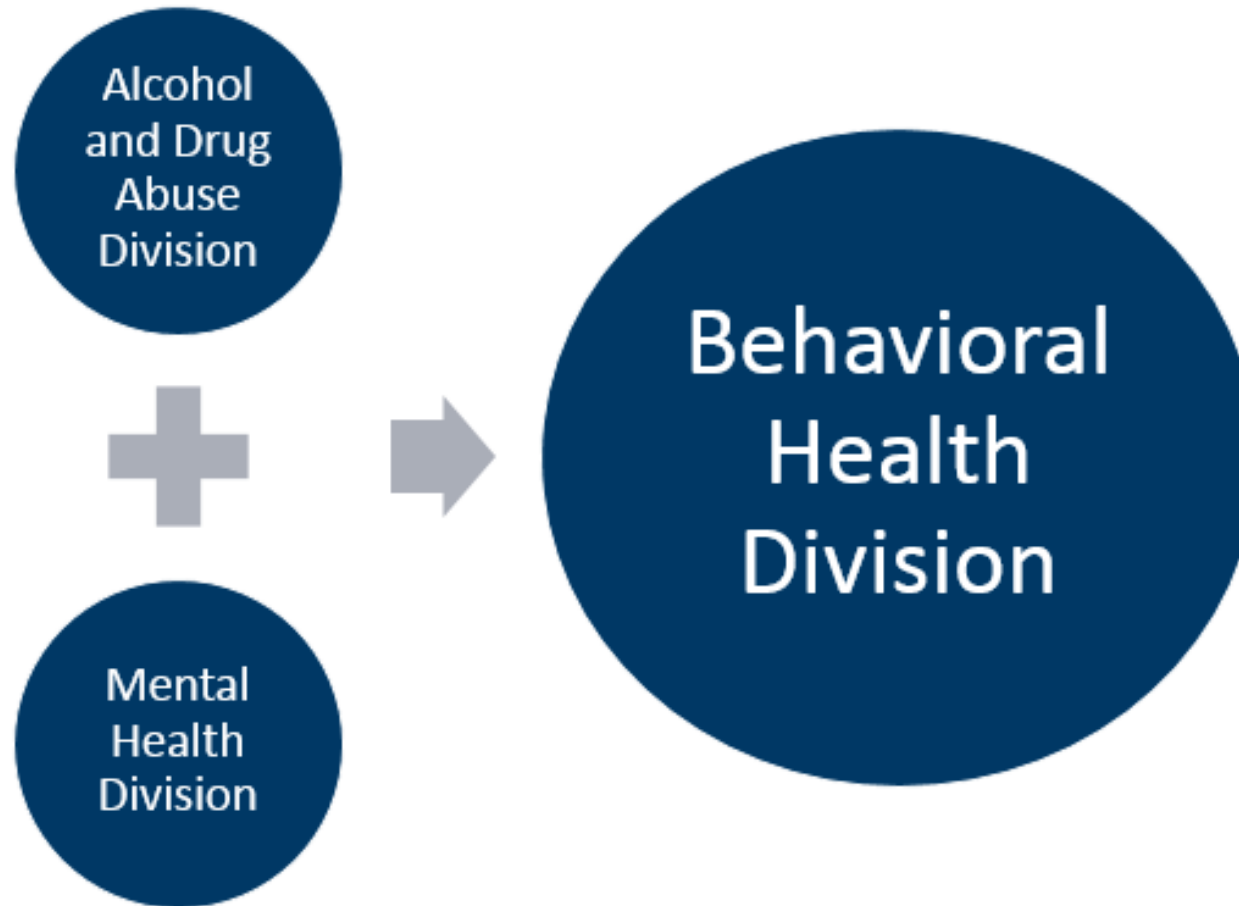
1970s-2019: Piecemeal efforts to integrate specific services for specific populations, including with physical health services..

2016-2020: Re-organization of DHS to integrate SUD and MH services.

2019-2020: DHS partners with stakeholders to lay out long-term vision for integration and choose priority projects to collaborate on.

2020+: Gradual progress on integration toward a smooth continuum of care across SUD and MH services and with physical health services.

DHS Organizational Integration



Our Draft Vision

We envision a behavioral health care system that meets the needs of individuals, families, and communities across the continuum of care. This system will ensure access to culturally-responsive behavioral health services that are respectful and empowering.

Our Draft Mission

We partner with stakeholders to optimize mental health and substance use/misuse services and activities across Minnesota.

Together we will:

- **Develop and foster person- and family-centered policies, models, and practices that promote wellness**
- **Strengthen prevention and early intervention**
- **Deliver culturally-responsive behavioral health services to promote resilience and recovery.**

Strategic Plan

DHS's integration work is happening in alignment with the strategic plan of the Community Supports Administration.



Equity

**Operational
Excellence**

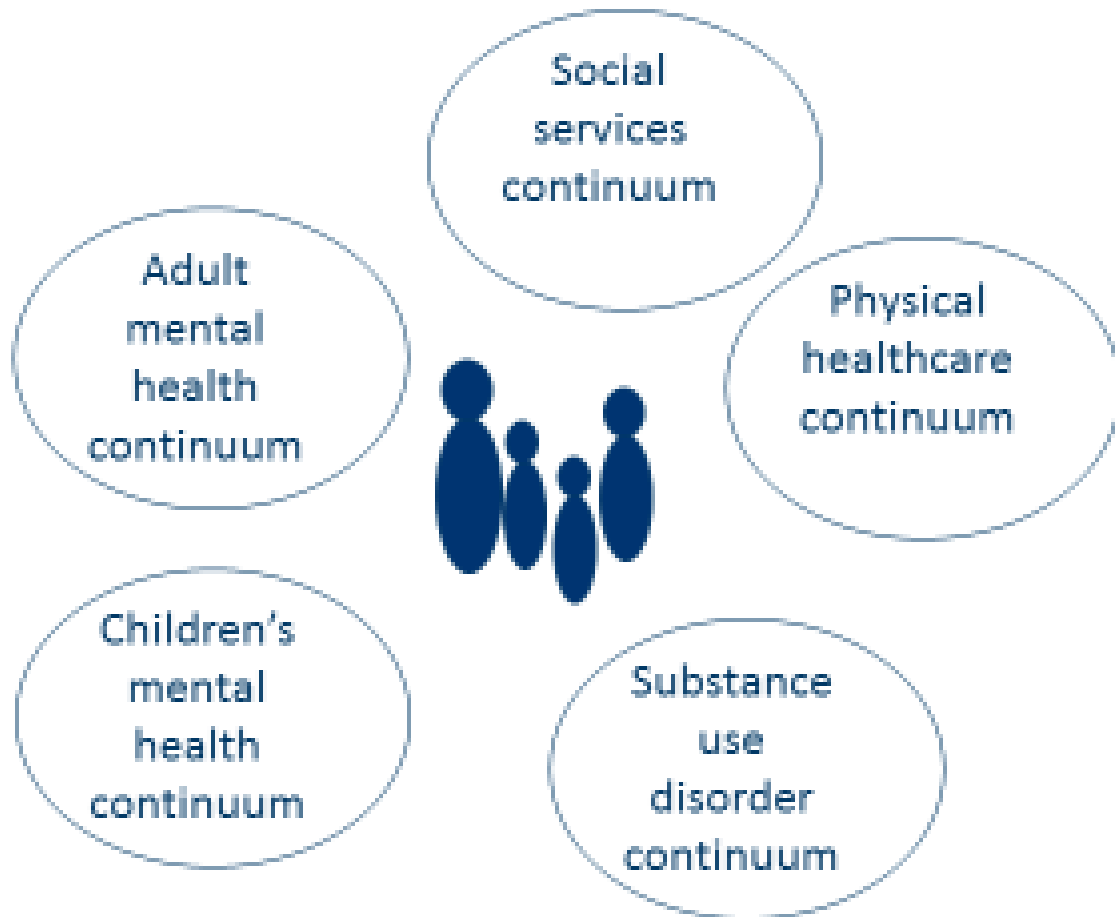
**People,
Families, and
Communities**

The Big Ideas

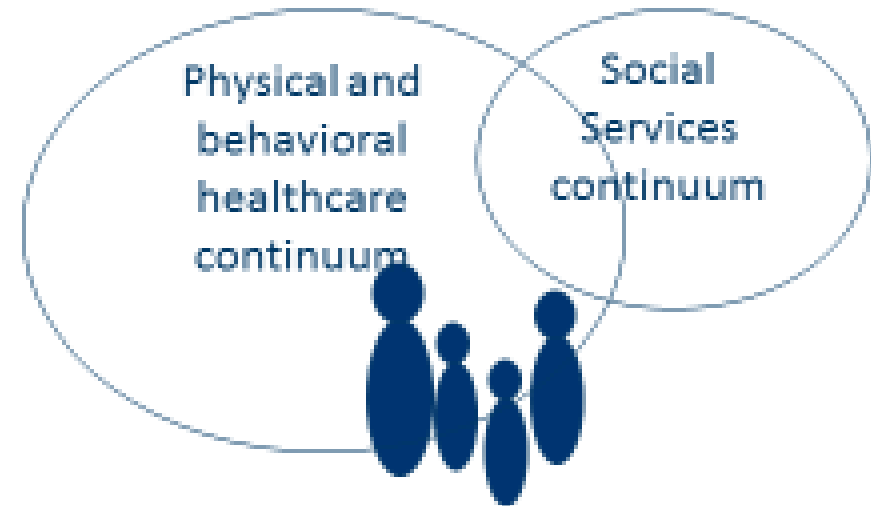
- **Healthcare model of care.**
- **Ensuring basic needs (social determinants of health).**
- **Community engagement.**
- **Life-span continuum-of-care lens.**
- **Prevention framework.**
- **Collaboration across disciplines.**
- **Training and the use of EBP for integrated treatment.**
- **Culture shift, disrupting patterns, and broader focus.**
- **Creating outcome measures for integrated treatment effectiveness.**
- **Providing person-centered care.**

Behavioral Health Continuum

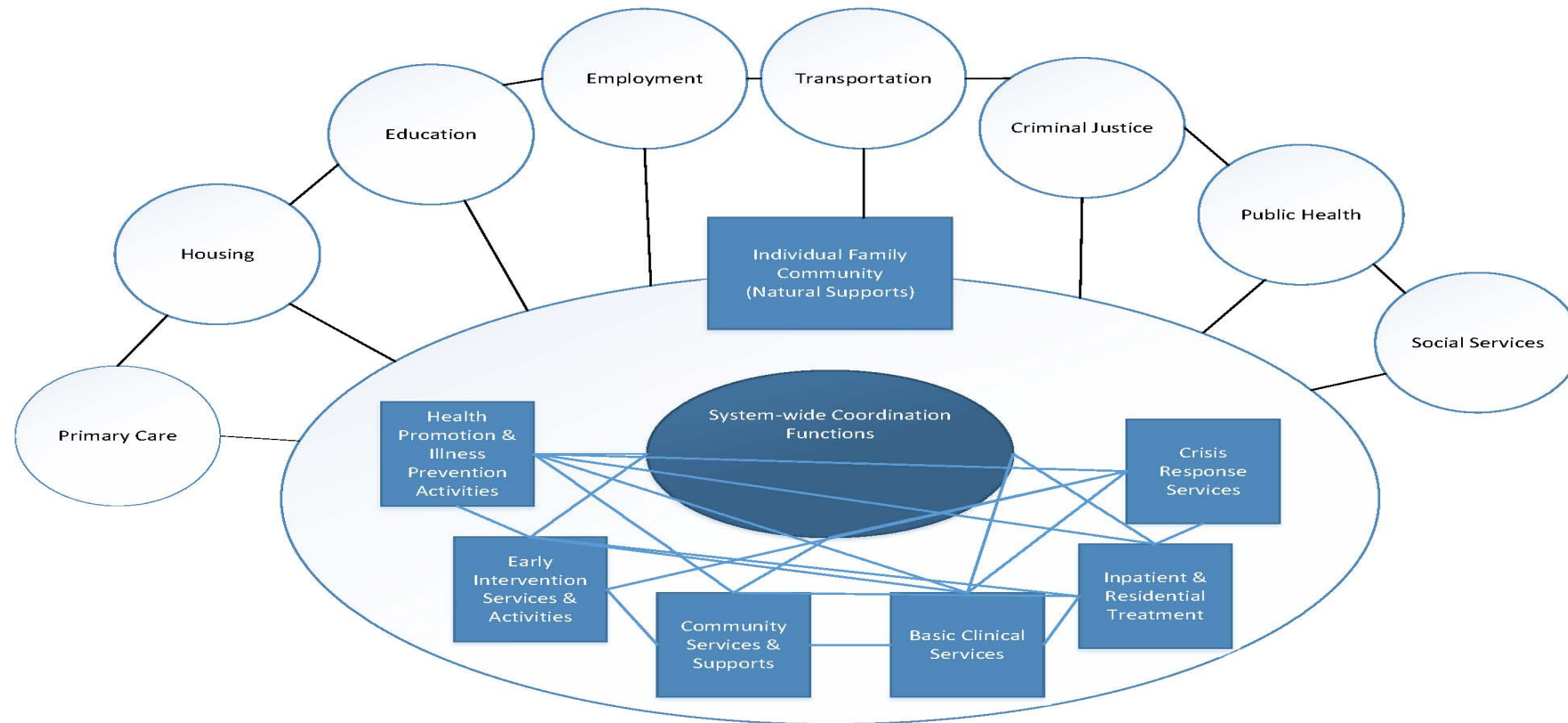
Current situation



Future situation



Behavioral Health Continuum



Behavioral Health Continuum of Care

DHS Re-organization

- Teams have been re-organized to include both mental health and SUD staff:
 - Shared vision
 - Increased collaboration and communication between disciplines
- Team designs support an integrated planning and delivery framework:
 - Children and Multi-generational Team
 - Clinical Treatment Team
 - Community Capacity Building Team
 - Health Promotion, Illness Prevention, and Early Intervention Team

Integration Opportunities in the Continuum of Care

- Certified Community Behavioral Health Clinics (CCBHC)
- Peer support services
- School-linked mental health services
- Psychiatric Residential Treatment Facilities (PRTF)
- Crisis services
- Systems of care
- Prevention
- Problem gambling
- Tobacco prevention

Fighting Opioids in Minnesota

- Community Prevention

- Strategic Planning
- Community & Provider Education
- Harm Reduction
- Medication Disposal

- Crisis Services

- Naloxone distribution & education: 1st responders, patients, family
- ER overdose education (MAT initiation)
- Detoxification
- Link ER/Detox

Fighting Opioids in Minnesota (cont.)

- Clinical Practice
 - CDC Pain Management Guidelines
 - Screening & Assessment
 - Medication Assisted Treatment
 - SUD Levels of Treatment
 - Prescription Monitoring Program (PMP)
 - Tele-Health
- Recovery Support
 - Access to Health Care
 - Safe & Affordable Housing
 - Education & Employment
 - Social & Community Connections

Fighting Opioids in Minnesota (continued)

- Workforce
 - Clinician Support & Continuing Education
 - Recruitment and Retention Plans
 - Integrated Care Competencies
 - Peer Recovery

Elements of Opioid Use Disorder

- Medication

- Naltrexone: once a month injectable medication; office based treatment (OBOT)
- Methadone: long acting; once daily/once monthly; Specially licensed opioid treatment programs (OTP)
- Buprenorphine: long acting, once daily/once monthly; office based treatment (OBOT)
- Addressing Safety: Naloxone dispensing

- Psychosocial Therapies/Treatment Components

- Counseling: Coping skills/relapse prevention
- Prescription Monitoring Program (PMP) use
- Toxicology screening

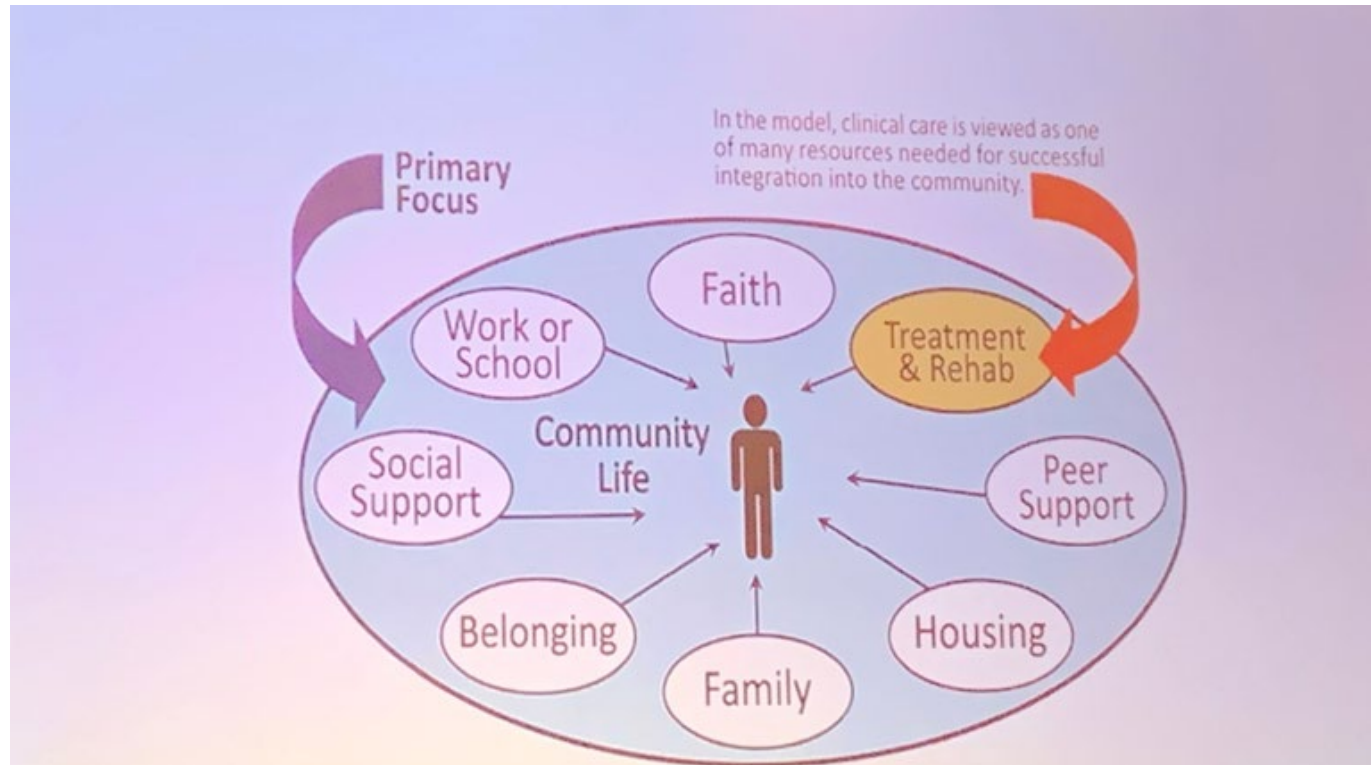
Elements of Opioid Use Disorder (cont.)

- Chronic Disease Management/Rehabilitation/Recovery Supports
 - Social Supports: family, friends, peers, faith-based supports
 - Recovery housing

Four Dimensions of Recovery

- Health-overcoming or managing one's disease(s) or symptoms
- Home-having a stable and safe place to live
- Purpose-conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- Community-having relationships and social networks that provide support, friendship, love, and hope

Recovery Oriented System of Care



Great Lakes Addiction Technology Transfer Center Network

- Scope
 - Substance use disorder & recovery services treatment providers
 - Workforce development
 - Science to service: implementing evidence-based practices (EBPs)
- Types of technical assistance
 - Universal: Mailings, publications, website, social media
 - Targeted: Online courses, webinar series, short-term training
 - Intensive: Ongoing consultation in specific communities, states and systems

Great Lakes Addiction Technology Transfer Center Network (cont.)

- Activities in Region 5
 - NIATx (model of process improvement) Change Leader Academies in all 6 states
 - Recovery-Oriented Systems of Care
 - Culturally Competence Service Delivery
 - Training in EBPs

Great Lakes Mental Health Technology Transfer Center

- Scope
 - Mental Health and Co-Occurring Disorders Treatment Providers
 - School-based mental health supplement
 - Workforce development
 - Science to service: implementing evidence-based practices
- Activities in Region 5
 - Relationship building: state associations and state “nodes”
 - Needs assessment survey; state profiles
 - NIATx (model of process improvement) Change Leader Academies

Next Steps

- DHS engages systematically with stakeholders about the present and future possibilities of integration. Hoping to hold a conference this summer to kick this off. The goal is to prioritize promising projects and work on them together.
- DHS facilitates sharing among providers and other stakeholders so that we learn from each other and implement promising strategies as they are identified. A clearinghouse of ideas?
- We continue to move forward with existing collaborations.



**DEPARTMENT OF
HUMAN SERVICES**

Thank you!