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

Alcohol and Drug Abuse Division + Mental Health Division → Behavioral Health Division
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.
DHS’s integration work is happening in alignment with the strategic plan of the Community Supports Administration.
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.
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
• 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
• 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.
Thank you!