Integrating Mental Health and Substance Use Disorder

Maisha Giles | Behavioral Health Director | Mental Health & Alcohol and Drug Abuse Divisions

Brian Zirbes | Deputy Director | Alcohol and Drug Abuse Divisions
• Why
• The challenges
• Moving forward
• We want to learn from you
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

MINNESOTA 2015

139,000 both Substance use disorder & mental illness

341,000 substance use disorder

753,000 mental illness
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
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
Behavioral Health Division?

Alcohol and Drug Abuse Division

Mental Health Division

Insert Name Here
Moving forward
Behavioral Health Director

Asst. Commissioner
Claire Wilson

Behavioral Health Director
Maisha Giles

Alcohol and Drug Abuse Division Deputy Director
Brian Zirbes

Mental Health Division Deputy Director
Carol LaBine

Systems of Care Program Director
Bill Wyss
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

What lessons learned or input can you provide us?

Questions?

Reactions/ responses to integration?
Thank you!

Maisha Giles | Behavioral Health Director | Mental Health & Alcohol and Drug Abuse Divisions
Brian Zirbes | Deputy Director | Alcohol and Drug Abuse Divisions