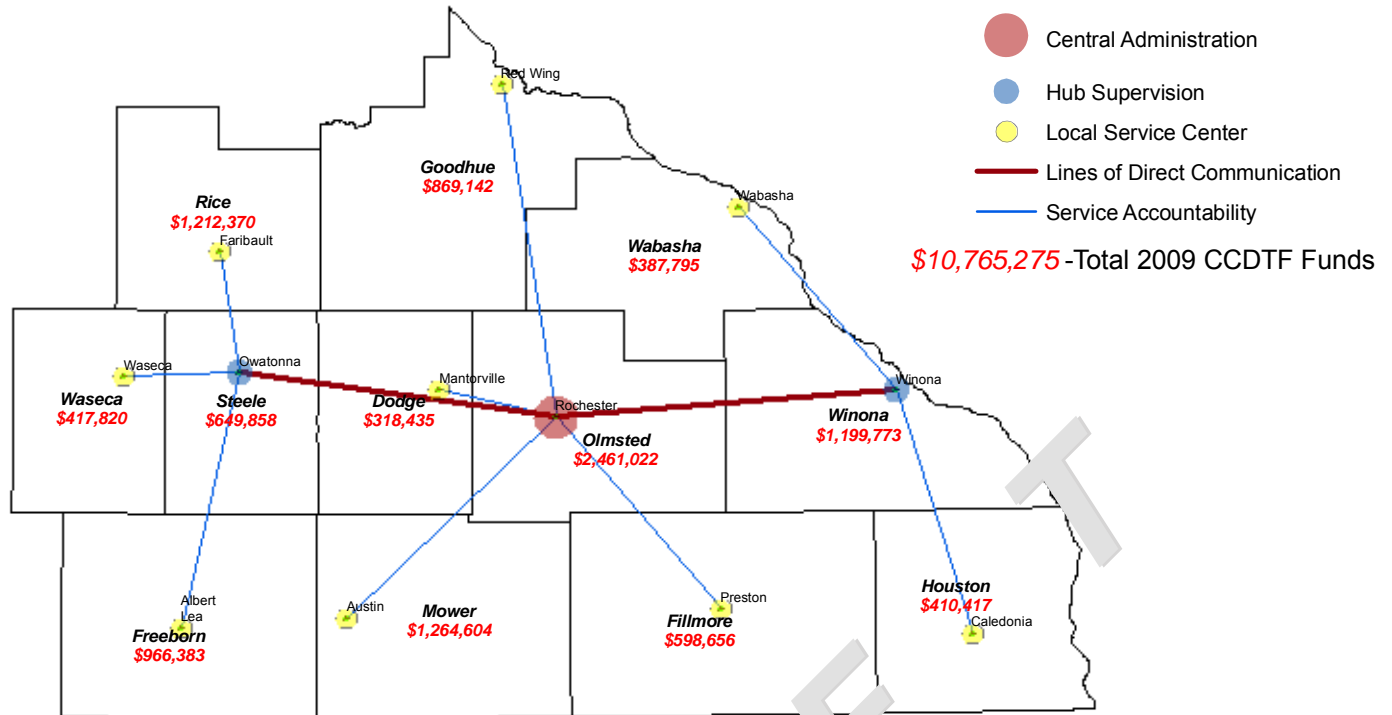


South East Minnesota Chemical Health / Dual Recovery Results Accountability Initiative. "County Charter"

* This model has not been processed or approved by any county represented.



Outcomes:

- Increased sobriety.
- Decreased detox bed days for each county.
- Decrease in overall costs for inpatient treatment services.
- Full integration of chemical and mental health services across the region.
- Programming that is unique and yet specific to adults and youth.
- Safer communities.
- Greater return on tax dollar invested.
- Increased employment
- Increased funding flexibility for community-based services.

Opportunities:

- Aligns with Governor Pawlenty's philosophy around 15 Human Service Delivery Centers Statewide.
- Aligns with AMC's County Redesign Project.
- Aligns with MACSSA's Voluntary Human Services Multi-County Collaboration.
- Aligns with MACSSA's legislative position of The State-County Results Accountability Initiative.
- Helps address the State's inability or unwillingness to rebase a 23 year old antiquated Chemical Health Maintenance Of Effort funding methodology.
- Builds upon an already successful infrastructure and integrated service delivery model within the CREST AMHI in SE Minnesota.
- Operates on evidence-based "best practices".
- Leveraging regional chemical and mental health professional resources.
- Video conference/telemedicine.
- Regional negotiation for rates/contracts with providers.
- Establish measurable and meaningful outcomes.
- Better integrate existing local chemical health centers and service across the region.
- Creates a capacity to leverage other local and regional resources through the integration of services.

Issues yet to be resolved:

- Currently do not have chemical health/dual recovery services established regionally.
- Is there adequate funding to do this, i.e. no additional state \$.
- Many unknowns around the role managed care companies will play.
- Agreed upon outcomes.
- Chemical health/dual recovery services are unique and may not follow the Crest AMHI HUB model easily.
- Variation of practice difference across region.
- Can we get adequate waivers through CCDF (state/feds) to be successful?
- We will need legislation?
- How do we best integrate comprehensively with the existing mental health delivery system (i.e. fully integrate mental health and chemical health case management duties, etc.)?