



A Behavioral Health Agency? – In Summary  
Commissioner Jodi Harpstead  
March, 2022

# Challenges with a Separate Agency

- We'd like to finish our work of hard-wiring our process improvement work in the Behavioral Health Division.
- The state-of-the-art is integrating care across behavioral health and physical health – not separating it.
- The Behavioral Health Division as a separate agency would be tiny and have to add Finance, Legal, Compliance, HR, Tribal and County Relations, etc. - very expensive.
- This would be the most complex potential split of DHS with the federal requirement of a single Medicaid Agency and then handle < 20% of all behavioral health funding.
- This would be the Governor's 27<sup>th</sup> Commissioner and is only DHS's 4<sup>th</sup> Administration Assistant Commissioner.

# What we Would Offer as an Alternative

- Holding a statewide summit this summer to level-set on the state-of-the-art and best practices to develop a roadmap for all the Opioid Settlement dollars coming into Minnesota and focus attention statewide post-COVID on this epidemic.
- Passing the Governor's budget proposals that invest over \$100 million in this area.
- Applying the entire capacity of the Department of Human Services over the next three years moving Minnesota's mental health, substance use disorder and opioid addiction services to whole new levels instead of working to create a new agency that would have to do the forming, norming and storming we've done over the past three years!



Thank you!