Welcome Everyone

Presenter audio is muted until the presentation begins.

If you are using your computer speakers and have trouble hearing the volume during the presentation, we recommend participating with a telephone line.

Attendee microphones are muted upon entry.

Teleconference call information is available in the Event info section.
Stakeholder Engagement: Opioids and Opioid Treatment Programs
Thursday, August 30th, 12:30pm-1:30pm

Presenter Today: Richard Moldenhauer, Tara Holt, Brian Zirbes, Kristi Strang, Jeffrey Hunsberger and Amelia Fink

Behavioral Health Division
How to participate today

• **For technical difficulties** please send your comments to “Jacob Owens” by selecting his name from the drop down menu in the Q&A section.

• **Questions/Comments**: Utilize the Q & A feature

• **Polling**: Polling feature will be used to gather live feedback

• **Questions for today**: YourOpinionMatters.DHS@state.mn.us and put “Stakeholder Engagement” in the subject line.

  ➢ Submit questions or comments following the WebEx
  ➢ Request a presentation about SUD reform (e.g. regional provider meetings, provider/county meetings, etc.)
  ➢ Provide suggestions for future WebEx topics
Today’s Agenda

• 2018 Stakeholder Engagement Overview

• Overview of documents

• Presentation
  • Polling question
  • Review of Topics
  • Additional time for Q &A

• Wrap-Up
2018 Stakeholder Engagement Overview

• Engage stakeholders for input on policy recommendations from Minnesota’s Plan for the Prevention, Treatment and Recovery of Addiction.

• The report was developed with stakeholder engagement input from a core and fiscal stakeholder workgroup that was convened in 2016. The core workgroup incorporated and built on the recommendations of the 2013 Legislative Report: Minnesota's Model of Care for Substance use Disorder and the input collected in the fall 2015 ADAD listening sessions.

• Several of the policy recommendations were included in legislation that passed as part of SUD reform legislation in 2017 (i.e. care coordination, peer recovery support, comprehensive assessments, direct reimbursement and withdrawal management).
2018 Stakeholder Engagement Overview

• WebEx sessions to review the policies that were not passed into law in the 2017 legislative session and other policy recommendations.

• Sub-workgroups will review policies and provide updates.

• The purpose of the clinical sub-group is to gather feedback, ideas and considerations to inform our policy recommendations in the 2019 legislative session and beyond.
Clinical WebEx schedule

• Behavioral Health Division Lead: Amelia Fink-Clinical Services

• WebEx topic meetings, dates and times:
  
  • **Opioids and OTP’s:**
    
    Thursday, August 30th 12:30pm-1:30pm

  • **Cultural Recommendations and Additional Topics:**
    
    Tuesday, September 4th 1:30pm-2:30pm

  • **245G Recommendations:**
    
    Tuesday, September 5th, 11:30am-12:30pm
Clinical Participant Engagement Process

• We will be using feedback received from responses gathered from the Guide on Reform Concepts Under Consideration, other documents that DHS has provided with recommendations, and other emails that were sent to youropinionmatters.dhs@state.mn.us.

• We will have an opportunity to take in questions, ideas or concerns for both Opioids and Opioid Treatment Programs during this WebEx.

• You can provide additional comments and suggestions after this WebEx by:
  • Emailing YourOpinionMatters.DHS@state.mn.us with “Clinical” or the specific topic, such as “OTPs”, in the subject line.
Behavioral Health Division: SUD Team Intros
Who is participating today?

Are you:

• An OTP provider
• A placing authority
• A 245G/tribally licensed program - currently accepts clients on MAT
• A 245G/tribally licensed program - currently does NOT accept clients on MAT
• A housing only program
Opioids and OTPs
Topics for today include:

1. Per Diem Reimbursement
2. Prescription Monitoring Program
3. Drug Testing
4. Enhancement in take out criteria
5. Counselor to staff ratio
6. System Support of clients on Medication Assisted Therapy (MAT)
1) 2018 Stakeholder Engagement: Clinical- Opioids and Opioid Treatment Programs

Per Diem Reimbursement:

- Make separate billing possible for OTPs, similar to out-pt. programs
- Allow for greater flexibility in service delivery and payment
- Allow more tailoring to individual treatment plans
2) 2018 Stakeholder Engagement: Clinical- Opioids and Opioid Treatment Programs

Prescription Monitoring Program

- Increase monitoring of client’s PMP record

- Increase safety of client, concern for reactivity of other medications
(b) When a medication used for the treatment of substance use disorder is administered or dispensed to a client, the license holder shall be subject to the following requirements:

(2) the medical director or the medical director's delegate must review the data from the PMP (PMP) no greater than 24 hours prior to initial dose of medication administered by the opioid treatment program described in section 152.126, as defined under section 152.126, subdivision 1, paragraph (c), including medications used for the treatment of opioid addiction. Medications that are identified in the PMP must be addressed in the initial services plan.
• (4) when the PMP data contains a history of a prescription for a controlled substance, the medical director or licensed prescriber must determine and document whether or not the prescription places the client at risk of harm if they proceed with the ordered medication and the actions to be taken in response to the PMP findings. The licensed prescriber must conduct subsequent review of the PMP on a monthly basis if there is a current prescription for controlled substance noted on PMP; and
3) 2018 Stakeholder Engagement: Clinical- Opioids and Opioid Treatment Programs

Drug Testing

- Increase the number of tests required per year*
- Ability to have greater monitoring of client progress and struggles
• **Previous:** Each client enrolled in the program must receive a minimum of eight random **weekly** drug abuse tests per **week** for the first ten weeks of treatment, and then monthly thereafter. **12 months of treatment.** Drug abuse tests must be reasonably **randomly** disbursed over the 12- month period. A license holder may elect to conduct more drug abuse tests.

• **Current- Retain it as it is:**

• Each client enrolled in the program must receive a minimum of eight random drug abuse tests per 12 months of treatment. Drug abuse tests must be reasonably disbursed over the 12-month period. A license holder may elect to conduct more drug abuse tests.
Enhancement in take out criteria

- Increase the measurability of the federal 8 point criteria for demonstration of client stability
- More objectivity would produce greater consistence across OTPs
- Better evaluation of clients stability and safety in handing unsupervised medication
245G.22 subdivision 6: Criteria for unsupervised use

•(a) To limit the potential for diversion of medication used for the treatment of opioid use disorder to the illicit market, medication dispensed to a client for unsupervised use shall be subject to the following requirements:

•(1) any client in an opioid treatment program may receive a single unsupervised use dose for a day that the clinic is closed for business, including Sundays and state and federal holidays; and

•(2) other treatment program decisions on dispensing medications used for the treatment of opioid use disorder to a client for unsupervised use shall be determined by the medical director.
(b) In determining whether a client may be permitted unsupervised use of medications, a physician with authority to prescribe must review and document consider the criteria in this paragraph. The criteria in this paragraph must also be reviewed and documented considered when determining whether dispensing medication for a client's unsupervised use is appropriate to implement, increase or to extend the amount of time between visits to the program. A physician must review and document the following criteria: The criteria are:
245G.22 subdivision 6- Criteria for unsupervised use

• (1) (i) absence of recent abuse of drugs including but not limited to opioids, non-narcotics, and alcohol, as demonstrated by the last three immediate drug screens;

• (2) (ii) regularity of program attendance for dosing;

• (iii) level of participation in individual or group therapy;

• (3) (iv) absence of serious behavioral problems at the program as required in 245G.16;

• (4) (v) absence of known recent criminal activity such as drug dealing within the previous 90 days;

• (5) (vi) stability of the client's home environment and social relationships;
245G.22 subdivision 6- Criteria for unsupervised use

• (6) (vii) length of time in comprehensive maintenance treatment as defined as admission to a program licensed under 245G.22;

• (7) (viii) reasonable assurance that unsupervised use medication will be safely stored within the client's home; and

• (8) (ix) whether the rehabilitative benefit the client derived from decreasing the frequency of program attendance unsupervised use outweighs the potential risks of diversion or unsupervised use.

• (c) (2) The determination, including the basis of the determination must be documented in the client's medical record by the medical director or prescribing practitioner.
5) 2018 Stakeholder Engagement: Clinical- Opioids and Opioid Treatment Programs

Counselor to staff ratio

- Decreasing “caseload” to allow for more attention with each client
- More time with fewer clients allows greater contact and more individualized treatment experience
6) 2018 Stakeholder Engagement: Clinical- Opioids and Opioid Treatment Programs

System Support of clients on Medication Assisted Therapy (MAT)

- Discussion about incentives around non-MAT programs accepting MAT clients (e.g.: residential programs refusal to accept clients on MAT)

- Continued education to non-MAT providers

- Inclusion of non-discriminatory language in MS 245G

- Possible financial incentives to accept clients on MAT
Stakeholder Engagement Q and A

Please submit questions/comments pertaining to the Stakeholder Engagement topic of today

(Presenter Line will be muted while questions are coming in)
What is Next?

Sign-up for the Stakeholder Engagement WebEx's

A link to register has been sent out via e-memo. If you are not signed up to receive e-Memos from us then go to the SUD Reform Page on the DHS website to subscribe.

Next Week’s Stakeholder WebEx Schedule:

• Cultural Recommendations and Additional Topics:
  Tuesday, September 4th 1:30pm-2:30pm

• 245G Recommendations:
  Wednesday, September 5th, 11:30am-12:30pm
Ways to Stay Informed

• **Visit our website to:**
  
  • Subscribe for email updates (e-Memo) to receive updates from the Behavioral Health Division on SUD
  
  • Learn more about substance use disorder policies and procedures, initiatives, workgroups, training and conferences, grant announcements, access forms and more

  **Look for our “Friday’s Digest” E-memo!**

• **We want to hear from you about YOUR substance use disorder system.** Send input to: [YourOpinionMatters.DHS@state.mn.us](mailto:YourOpinionMatters.DHS@state.mn.us)
THANK YOU!

• We appreciate all of you who have taken time to join us today and who have provided feedback. We need you and your feedback to assist in making Minnesota’s substance use disorder programs, services, and systems more efficient and effective.
Thank you for joining us
Behavioral Health Division