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 Update WebEx
11:30-12:30

Presenters Today: Brytanie Mertes, Trevor Urman, Amelia Fink
Substance Use Disorder Section, 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
Behavioral Health Division: SUD Team Intros
Today’s Agenda

• Stakeholder Engagement Overview

• Update on Topics:
  • Primary Prevention
  • Problem Gambling
  • Clinical Services

• Q & A

• Wrap up
Stakeholder Engagement Overview

Brytanie Mertes | Legislative and Communications
Previous Stakeholder Engagement

• The 2016 Minnesota’s Plan for the Prevention, Treatment and Recovery of Addiction report was developed with stakeholder engagement input from:
  ❖ Core and fiscal stakeholder workgroups that were 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.

• A 2018 Minnesota’s Plan for the Prevention, Treatment and Recovery of Addiction report will be published later this year. The updated report will reflect the 2018 Behavioral Health Division substance use disorder policy recommendations.
2018 Stakeholder Engagement Timeline

- July 12 Announce Stakeholder Engagement Plan
- July 12th-July27th Stakeholder Engagement Feedback Window
- August-September Stakeholder Engagement Topic WebEx’s
- October-November Listening Sessions on Policy Recommendations
Stakeholder Engagement Plan

• Stakeholder Feedback Window: Completed
  • July 12th - July 27th - Submit questions, comments, considerations on policy recommendations to youropinionmatters.dhs@state.mn.us. An e-Memo will be sent out following this WebEx with a link to the previous policy report, and a document to utilize when inputting feedback.
  • Feedback received will guide the information and format for the WebEx topics.

• Topic specific WebEx's begin:
  • August 6th-September 7th - Topic specific WebEx's will be held to gather feedback on previous policy recommendations

• Two Stakeholder Engagement “Updates” will be held:
  • Thursday, August 23rd 11:30am-12:30pm
  • Thursday, September 13th 11:30-12:30pm
Attendee Participation Data

• **Location:** Large variety of participation from all around the state- White Earth, Granite Falls, Mankato, Duluth, Bemidji, Minneapolis, Rochester, Willmar, Ely, Park Rapids, Two Harbors, Pine City, Madison, Sandstone, Brainerd, Blue Earth, Anoka, Long Prairie, East Grand Forks, Aitkin, Loretto, Crookston, Fargo, Fridley, Windom, Milaca, Cambridge, Ostego, Bloomington and more

• **Attendee Representation includes:** Education/Prevention Specialists, LSW, Chief Compliance Officers, Medical Directors, Program Managers, Counselors, LPCC, LADC, Behavioral Health Supervisors, Clinical Supervisor, Social Workers, Coalition Members, School affiliates, Billing & Coding Specialists, Rule 25 Assessors etc.

• **Feedback:** People seemed to like the polling questions. The expansion of WebEx has allowed more people to participate. There was hope to include more detailed information in future WebEx topics.
Primary Prevention Sub-Workgroup

• Behavioral Health Division lead: Phyllis Bengtson, Primary Prevention Policy Lead

• WebEx topic meeting dates and times:
  
  • **Planning & Implementation (P&I) Grants:**
    Tuesday, August 7th 12:00pm-1:00pm-Phyllis Bengston
  
  • **Strategic Prevention Framework Partnerships for Success Grant (SPF-PFS):**
    Thursday, August 9th 10:00am-11:00am- Darren Reed
  
  • **Regional Prevention Coordinators (RPC’s), Minnesota Prevention Resource Center (MPRC), State Epidemiological Outcomes Workgroup (SEOW):**
    Tuesday, August 14th 11am-12:00pm- Phyllis Bengston
  
  • **Strategic Prevention Framework for Prescription Drugs (SPF Rx):**
    Thursday, August 16th 12:00pm-1:00pm- Darren Reed
• **Prevention planning and implementation.** Expand the Prevention Planning and Implementation Program, which focuses on environmental strategies and has demonstrated positive outcomes and improved health.

• **More RPCs.** Increase the number of Regional Prevention Coordinators (RPCs), which provide training and technical assistance on substance use prevention. Currently, the state is divided into seven large geographical areas covered by RPCs. Increased investment in this program would allow each RPC to have a smaller geographical area and permit more concentrated efforts.
What we learned

It would be a benefit to provide more awareness of Primary Prevention efforts across Minnesota including community initiatives, opportunities, and funding options such as grants. (Primary Prevention E-memo)

There is interest from many about what primary prevention services are being provided

There is great support from those that have attended the Primary Prevention Web-Exs for increased funding for:

- More Planning and Implementation (P&I) grants
- More Regional Prevention Coordinators (RPCs) so each can have a smaller geographical area to cover and more communities can receive services
Problem Gambling Update

Trevor Urman | Prevention and Problem Gambling Section

8/29/2018

Minnesota Department of Human Services | mn.gov/dhs
Problem Gambling Sub-Workgroup

• Behavioral Health Division lead: Trevor Urman, Prevention and Problem Gambling Section

• WebEx meeting dates and times:
  • August 29th 11:30am-12:30pm
  • September 4th 10:30am-11:30am
Upcoming WebEx Topics

Overview of Problem Gambling Program

- Russel Herder - Awareness campaign

- Helpline – 800 #, text line, online chat

-Northstar Problem Gambling Alliance – Minnesota state affiliate of the National Council on Problem Gambling providing advocacy, awareness, education, training, speaking and more

-Scholarship Funds – helping therapists obtain training to provide problem gambling treatment services

2016 Policy Recommendations:

A. Cross addiction education

B. Ensure best practices

C. Telehealth

D. Research
Clinical WebEx schedule

- Behavioral Health Division Lead: Amelia Fink-Clinical Services

- WebEx topic meetings, dates and times:
  - **Workforce and Withdrawal Management: COMPLETED**
    Monday, August 6th 11:30am-12:30pm
  - **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:**
    Wednesday, September 5th 11:30am-12:30pm
How we engaged in the conversation

- Gathered feedback and shared feedback from the Reform Concepts grid that was previously sent out.
- Incorporated polling questions
- Had opportunities for additional comments and questions within the WebEx time regarding the topics of Workforce and Withdrawal Management
- Included live feedback over the phone by an individual who volunteered to share prior to the WebEx
- Had two sections, separated by a time for questions on the first topic
Who was involved?

Attendees were asked to choose the position that describes them best.

- County Employee (30%)
- SUD 245G Provider (22%)
- Other (19%)
- Current Rule 32 employee (15%)
- Independent Alcohol and Drug Counselor (7%)
- Tribal Employee (7%)
Why did you choose to attend the WebEx today?

• To be a part of making the SUD delivery system better (68%)
• To fully participate in civic engagement (13%)
• Other (13%)
• Nothing about us, without us (6%)
• Because my boss told me to (0%)
Reform Concepts discussed within Workforce Topic

Workforce

1) Rule 25 County Workforce Preservation

2) Increasing diversity and capacity of the SUD Workforce

3) Increase cultural competence through education and training

4) Data collection on workforce

5) Tiered workforce
1) Rule 25 County Workforce Preservation

254A.03 Subd. 3

• ...(c) Notwithstanding section 254B.05, subdivision 5, paragraph (c), an individual employed by a county on July 1, 2018 who has been performing assessments for the purpose of 9530.6615 is qualified to do a comprehensive assessment if the following conditions are met on July 1, 2018:

1. The individual is exempt from licensure under section 148F.11, subdivision 1;

2. The individual is qualified as an assessor under Minnesota Rules part 9530.6615, subpart 2; and

3. The individual has three years employment as an assessor or is under the supervision of an individual who meets the requirements of an alcohol and drug counselor supervisor under 245G.11, subdivision 4. After June 30, 2020, an individual qualified to do a comprehensive assessment under this paragraph must additionally demonstrate completion of the applicable coursework requirements of 245G.11, subdivision 5, paragraph (b).
1) Rule 25 County Workforce Preservation Feedback

• Received the most feedback of the reform concepts presented
• Included telephone participation from a county representative

• Highlights:
  • Support for grandfathering Rule 25 assessments to complete comprehensive assessments if they have a certain amount of hours of work experience (10,000 hours)
  • Many assessors are not interested in providing individual and group counseling and do not need to seek further education to complete an appropriate assessment
  • Already a significant workforce shortage, not allowing this will make things worse
  • Have Rule 25 assessors work as treatment coordinators- this will help them retain workers and keep evaluation process professional and clinical
  • Allowing this devalues the Licensed Alcohol and Drug Counselor’s role and the work people have put in to obtain this licensure
2) Increasing diversity and capacity of the SUD Workforce

• In collaboration with essential boards, associations and licensing agencies (Minnesota Certification Board, Social Work, Nursing, Board Behavioral Health and Therapy (BBHT), Department of Employment and Economic Development, Minnesota Association of Resources for Recovery and Chemical Health (MARRCH)), the 2016 Workforce/Licensing workgroup recommended that DHS examine disparities in education and the potential to revise licensing requirements to include tiered licensing options.
2) Increasing diversity and capacity of the SUD Workforce

Feedback

• All who responded indicated they were still in support of this recommendation

• Highlights:

  • Add UMICAD (Upper Midwest Indian Council on Addictive Disorders) and NAADAC (National Association for Alcoholism and Drug Abuse Counselors) as additional stakeholders to work with

  • Add additional resources to licensing agencies responsible for licensing professionals in the workforce

  • Concern identified regarding cost of testing and licensing for LADCs and the time it takes to become active and licensed

    • This is under the purview of the Board of Behavioral Health and Therapy

  • Make the exemption requirements easier for LSW’s, LPC’s, etc to transition into treating AODA patients.
3) Increase cultural competence through education and training

• In collaboration with stakeholders [treatment providers, Minnesota Certification Board, consumers, Minnesota Coalition of Addiction Studies Education (MN CASE)], increase cultural competence through education and training.
3) Increase cultural competence through education and training Feedback

- All who responded indicated they were still in support of this recommendation

- Highlights:
  - Add UMICAD and NAADAC as stakeholders to connect with
  - Add an official certification and make access easier
4) Data collection on workforce

• In collaboration, DHS, other state agencies and stakeholders, improve longitudinal data collection regarding demographics (cultural/ethnicity) of clinical workforce, client population, outcome measures [BBHT, Drug and Alcohol Abuse Normative Evaluation System (DAANES), MARRCH, Minnesota Association of Treatment Directors (MATD)].

• Accomplished in 2017 session: Modifies policy requirements for personnel policies to permit programs increased discretion to respond to individuals who may participate in treatment for substance use disorder or in other ways may experience symptoms of substance use disorder during employment, where previously programs were required to remove staff from direct access for two years following an incident or treatment participation. (align with 245G)
4) Data collection on workforce Feedback

• All who responded were still in favor

• Highlights:
  • Add UMICAD and NAADAC as one of the stakeholders to collaborate with
  • Put more emphasis on development of viable treatment programs than more research
  • In regards to accomplished items- multiple responses suggested having the removal of direct client contact be a year
5) Tiered workforce

- Coordinate efforts with BBHT regarding current legislation to examine a tiered workforce system capable of providing the entire continuum of effective efficient SUD treatment and recovery support services.

- A strong majority of those who responded said they were in support of this.

- Highlights:
  - Include UMICAD (Upper Midwest Indian Council on Addictive Disorders) in these conversations
  - Start the licensing off with a certificate in substance abuse counseling and tier it with Associates, Bachelors, and Masters
  - Make the initial certificate include a co-occurring certificate as a requirement
How would you rate your level of familiarity with withdrawal management and 245F?

1- No knowledge (0%)

2- Minimal knowledge (67%)

3- I feel I understand most of the components (29%)

4- I have a solid understanding (4%)

5- I am an expert (0%)
Reform Concepts discussed within Withdrawal Management and 245F Topic

1) Add withdrawal management statute to Medicaid benefit set
2) Delete requirement for withdrawal management statement of need
3) Withdrawal management and 1115 Waiver project
4) Withdrawal management and annual financial statements
5) 245F and 245G
1) Add withdrawal management statute to Medicaid benefit set

• Add Minnesota Statutes, Chapter 245F withdrawal management services to the state’s Medicaid benefit set. Withdrawal management services include the provision of treatment services, including care coordination and peer support services. Withdrawal management programs will increase linkages for clients and provide support through either more treatment or connection to support in their community. In addition to freestanding withdrawal management programs, opportunities for programs to provide 245F services in 245G and other appropriate settings will be explored.
1) Add withdrawal management statute to Medicaid benefit set Feedback

• All who responded are in support of this recommendation

• Highlights:
  • “Allow for an increased rate for withdrawal management services in the residential programs. The stakeholder should be reimbursed for these services for the time period in which the patient was in need of these services, for up to 7 days. These services should be reimbursed by PMAPs, CCDTF, and commercially insured patients.”
  • “When the patient is receiving withdrawal management services in a residential program they should be exempt from attending 30 hours of programming during that week.”
2) Delete requirement for withdrawal management statement of need

• Deletes requirement for statement of need for a new or expanding withdrawal management program to facilitate quicker implementation, reflect the reality that programs receive clients from statewide geographic areas and reduce paperwork.

• Strong majority of responders were in favor of this policy recommendation

• Highlights:
  • I agree for the state to get rid of the letter of need statute. It is biases against programs that treat addiction. I don’t see this for primary care.
  • Statement of needs are hard to get, communities are resistant to these programs.
  • Negative impact on current non-profit providers who have successfully served communities for decades and cannot compete with the larger for profit companies. (Not in support of change)
3) Withdrawal management and 1115 Waiver project

• Allow tribally and DHS licensed WM programs that are participating in the 1115 waiver project and are eligible for federal financial participation to begin providing and be reimbursed for WM services July 1, 2018, or upon approval of the federal waiver, whichever is later. 254B

• Highlight:

  • Withdrawal management service organizations must provide at least two forms of MAT to qualify for this benefit.
4) Withdrawal management and annual financial statements

• Remove requirement to submit an annual financial statement.

• Very mixed responses on this, but not much narrative around why

• Highlight:
  • “Additional cost burden placed on the organization. Access to this data is available on the Form 990 filed annually by Non Profit agencies.”
5) 245F and 245G

- Although not officially a part of the stakeholder engagement documents sent out, DHS received feedback to align 245F standards with 245G. Here is the beginning of the list of potential updates, please feel free to provide others if you come across them.

- Change 245F.02 Subd 3 to reference 148F.01 Subd 5 and 245G.01 Subd 4
- Change 245F. 02 Subd 5 to “treatment coordination”
- Change 245F.02 Subd 7 to delete Rules reference with 245G
- Change 245F.06 Subd 2 (a) & (b) to delete Rules reference with 245G.05 Subd 1
- Change 245F.08 Subd 1 (4) to “treatment coordination” and reference 245G.07 (6) i-vii
- Change 245F.08 Subd 2 to “treatment coordination” in several areas and reference 245G.11 Subd 7 qualifications
- Change 245F.08 Subd 3 (b) to reference 245G.07 Subd 5 and 245G.11 Subd 8
- Change 245F.15 Subd 1 (d) to reflect 245G.11 (c)
- Change 245F.15 Subd 7 (1) to reflect 245G.11 Subd 8
Stakeholder Engagement Q and A

Please submit questions/comments pertaining to the Stakeholder Engagement process and update

(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 Schedule:

August 29th, Wednesday, 11:30am-12:30pm: Problem Gambling

August 30th, Thursday, 12:30-1:30pm: Opioids and OTPs
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)
Next Stakeholder Engagement WebEx: August 29th
Thank you for joining us
Behavioral Health Division