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
2018 Stakeholder Engagement: Clinical- Workforce and Withdrawal Management
Monday, August 6th 11:30am-12:30pm

Presenter Today: Amelia Fink, Brian Zirbes, Cindy Swan-Henderlite, Dana Nelson, Jeffrey Hunsberger, and Patina Thomas

Behavioral Health Division
WebEx Technical Difficulties

• For technical difficulties please send your comments to “Jacobs Owens” by selecting his name from the drop down menu in the Q&A section.
Today’s Agenda

• 2018 Stakeholder Engagement Overview
• Clinical Overview
• Policy recommendations for Workforce
• Policy recommendations for Withdrawal Management
• 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:
  
  • Workforce and Withdrawal Management:
    Monday, August 6\textsuperscript{th} 11:30am-12:30pm
  
  • 245G Recommendations:
    Tuesday, August 14\textsuperscript{th} 3:00pm-4:00pm
  
  • Opioids and OTP’s:
    Thursday, August 30\textsuperscript{th} 12:30pm-1:30pm
  
  • Cultural Recommendations and Additional Topics:
    Tuesday, September 4\textsuperscript{th} 1:30pm-2:30pm
Intros for today
Polling questions

• Who is with us today?
  • Complete the poll and indicate which area best describes who you are representing. If you find your role falls under multiple areas, please pick one.

• Why are you participating today?
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 workforce and withdrawal management 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 “Workforce”, in the subject line.
Clinical: Workforce Policy Recommendations

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
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

• There were responses both in support and not in support of this recommendation

• Recommended Changes:
  • 1) “In past times, there was a grandfathering that was offered with so many hours of work experience. Is that something that is being entertained? For example, if you can show that you have completed 10,000 hours of work experience, you don’t need to go back to school and spend considerable time away from your family and the money invested?”

• Additional things to consider
  • 1) “If DHS values work experience in this field, you would hope that a person with so many hours of hands on experience would not need a course titled, “Intro to Assessment.” ”
  
  • 2) “Many Rule 25 assessors have no interest in providing treatment to clients and the focus has been and will continue to be on placing and assessing. I do not see how a course about groups process would be beneficial for the comprehensive assessment.”
1) Rule 25 County Workforce Preservation Feedback

• Additional things to consider cont.

• 3) “Allow non-qualified Rule 25 assessors to work as treatment coordinators—this helps the counties retain workers, helps the clients with treatment coordination and keeps the evaluation process professional and clinical.”

• 4) “Changing this because we want to help county workers is commendable but not in the best interest of the clients. We need experienced Licensed professionals developing diagnosis and treatment recommendations. It is like asking your LPN to diagnose and write treatment plans. What happened to the Doctors? Cutting corners on this is a bad direction and it is what got us into this place in the first place. I would not support this effort. We really need to be putting clients first and not county workers. We need best clinical practice.”
1) Rule 25 County Workforce Preservation Feedback

• 5) “There is already a significant work force shortage and to not allow for this will make things worse. Without this, client care and access to treatment would be significantly impacted and delayed.”

• 6) “I do not agree one bit...And I know other LADCs are not happy about this either. What is the purpose of having a license? I didn't work my butt off, do 880 hours of non-paid internship...my three kids were affected by this.... for nothing. For billing purposes, I believe there needs to be some type of diagnosis. I wonder how licensed mental health providers would feel if someone where to say that non-licensed people can diagnosis mental health disorders? It really drops the value on being licensed.

• 7) “If veteran assessors want to do assessments, then do them but not as a billable service.”
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

• Recommended Changes:
  
  • 1) Add UMICAD (Upper Midwest Indian Council on Addictive Disorders) as one of the boards to collaborate with
  
  • 2) “Adding additional resources for all licensing agencies responsible for licensing professionals in the workforce”
  
  • 3) “Consider reducing the cost of testing and licensing for LADC’s. LADC’s pay over $250 more than other professions, such as registered nurses. Cost of renewal every two years adds up and is discouraging for our workforce.”
  
  • 4) “Although in support of policy, not in favor of tiered licensing options”
2) Increasing diversity and capacity of the SUD Workforce feedback

• Additional things to consider:
  
  • 1) “Working on decreasing the amount of time it takes to become active and licensed. Typically it takes weeks and months to become legally certified to provide services, which impacts quality of patient care.”
  
  • 2) “Make the exemption requirements easier for LSW’s, LPC’s, etc to transition into treating AODA patients. MN has too many treatment centers and not enough counselors and most treatment centers are understaffed. This would greatly assist our workforce.”
3) Increase cultural competence through education and training and feedback

- 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.

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

- Recommended Changes:
  - 1) Add UMICAD (Upper Midwest Indian Council on Addictive Disorders) as one of the stakeholders to collaborate with
  - 2) “Offer 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

• Recommended changes
  • 1) Add UMICAD (Upper Midwest Indian Council on Addictive Disorders) as one of the stakeholders to collaborate with
  • 2) Multiple responses indicated that it should be changed to 1 year

• Additional Things to Consider:
  • 1) “Put more emphasis on development of viable treatment programs than more research”
5) Tiered workforce and feedback

- 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.

- **Recommended Changes:**
  - 1) “Start the licensing off with a certificate in substance abuse counseling and tier it with Associates, Bachelors, and Masters”
  - 2) Include UMICAD (Upper Midwest Indian Council on Addictive Disorders) in these conversations

- **Additional Things to Consider:**
  - 1) “Make the initial certificate include co-occurring certificate as a requirement”
• Please use the next 5 minutes to ask questions, share ideas or express concerns

• We will share feedback and respond to questions with the group today for as long as our time allows. Additional items not addressed today will be incorporated into the final 2018 Stakeholder engagement report.
Withdrawal Management
Clinical: Withdrawal Management Poll

• Polling question- How would you rate your level of familiarity with withdrawal management and 245F?
  • 1 being no knowledge and 5 being an expert level
Clinical: Withdrawal Management Brief Overview

• Reform legislation adds withdrawal management services to Medicaid benefit set on 7/1/19 or upon federal approval, whichever is later and directs the Department to seek this approval (Found in 254B.05, subdivision 5, paragraph (b), clause (5))

• A withdrawal management program is a licensed program that provides short-term medical services on a 24-hour basis for the purpose of stabilizing intoxicated patients, managing their withdrawal, and facilitating access to substance use disorder treatment as indicated by a comprehensive assessment. (245F.02, subdivision 26, )

• The Withdrawal Management statute (245F) was enacted in 2015 to add two new levels of service to the SUD service continuum to address intoxication and withdrawal.
  • Clinically Managed Program (245F.02, subdivision 7)
  • Medically Monitored Program (245F.02, subdivision 14)
Clinical: Withdrawal Management Brief Overview

• Withdrawal management and 1115 Waiver application

• Withdrawal management and IMD status as it relates to federal funds
Clinical: Withdrawal Management Policy Recommendations

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

• Recommended Changes:
  
  1) “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.”

• Additional things to consider:
  
  1) “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 and feedback

• 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

• Recommended changes:

  • 1) 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.
2) Delete requirement for withdrawal management statement of need and feedback

• Additional things to consider:

  1) Statement of needs are hard to get, communities are resistant to these programs.

  2) 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 and feedback

• 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

• Recommended changes:
  
  • 1) 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

• Recommended changes:
  • None identified

• Additional things to consider:
  • 1) “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
• If you are interested in applying for a 245F license you can contact Keith Koegler in DHS Licensing directly. He will set up a time to discuss the proposed program. He will then provide an application and explain the application process.

• Keith Koegler
  • keith.koegler@state.mn.us
  • O: 651-431-6610
Feedback on withdrawal management

• Please use the next 5 minutes to ask questions, share ideas or express concerns

• We will share feedback and respond to questions with the group today for as long as our time allows. Additional items not addressed today will be incorporated into the final 2018 Stakeholder engagement report.
How did this go?

• Please provide any feedback or comments you feel comfortable with sharing
  
  • What worked? What didn’t work? What do you feel was missing? What do you hope we can incorporate in future Clinical Stakeholder WebEx sessions? Any additional comments?
  
  • You will also be able to provide additional feedback after the WebEx ends.
Clinical WebEx schedule

• Behavioral Health Division Lead: Amelia Fink-Clinical Services

• Upcoming Clinical WebEx topic meetings, dates and times:
  
  • **245G Recommendations:**
    
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  • **Opioids and OTP’s:**
    
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  • **Cultural Recommendations and Additional Topics:**
    
    Tuesday, September 4th 1:30pm-2:30pm
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)
• 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.
Next Clinical Stakeholder WebEx: Tuesday, August 14th 3:00pm-4:00pm
Thank you for joining us
Behavioral Health Division