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
Behavioral Health Division SUD Reform
11:30-12:30

Presenter Today: Brian Zirbes, |Deputy Director
SUD Team, Behavioral Health Division

Teleconference call information is available in the Event info section of the WebEx.
Today’s Agenda

• SUD Reform Legislation Development/Implementation Timeline
  • Policy initiatives that passed into law
  • Policy initiatives that were vetoed
• MN’s Plan for the Prevention, Treatment and Recovery of Addiction Report
  • Report recommendations
  • Withdrawal management changes
• Stakeholder Engagement Survey for the 2019 Session
Questions or Comments

Q & A Section:

• **For technical difficulties** please send your comments to “Brytanie Mertes” by selecting her name from the drop down menu in the Q&A section------->

• **Questions for today:** [YourOpinionMatters.DHS@state.mn.us](mailto:YourOpinionMatters.DHS@state.mn.us) and put “SUD Reform" 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
Substance Use Disorder Reform Update

Presenter Today:
Brian Zirbes, Deputy Director, Behavioral Health division
SUD Reform Legislation Development Timeline

Model of Care Legislative Report 2013

Fall Listening Sessions 2015-2016

Core Policy Workgroup and Core Fiscal workgroup, Minnesota’s Plan for the Prevention, Treatment and Recovery of Addiction report with legislative recommendations 2016

SUD reform included in Governor's Budget 2017 Session

Pilots to test: Direct Access, Treatment Coordination, Peer Recovery Support 2014
Substance Use Disorder Reform Implementation Timeline

DHS anticipates a 12-month turn-around with CMS for July 1, 2018, implementation of direct access and direct reimbursement, treatment coordination, peer recovery support and comprehensive assessment. DHS would concurrently work with partners and providers from July 2017 to July 2018 so IT systems, codes and all related changes are up and running for July 1, 2018 implementation. DHS anticipates proposing to CMS that for the first two years Rule 25 placements and the direct access process run concurrently so as to not impact access to treatment. We anticipate implementation of withdrawal management on July 2019.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with CMS and Partners and Providers July 1, 2017 to July 1, 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHS IT system work with Partners and Providers July 2017 to July 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipate implementation of treatment coordination, direct access, peer recovery support and comprehensive assessment July 1, 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHS anticipates Rule 25 assessment and direct access running concurrently for the first two years July 1, 2018 to July 1, 2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipate implementation of withdrawal management July 1, 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Policy initiatives that passed into law

2017 Session

- Model of Care
  - Direct Access/Comprehensive Assessment
  - Direct Reimbursement
  - Treatment Coordination
  - Withdrawal Management (funding approved)
  - Peer Support
Policy initiatives that passed into law

2018 Session

• American Indian Advisory Council extension through June 30, 2023
• **Chapter 214, Article 1, Section 18,**

**Subd. 5 Regional Behavioral Health Crisis Facility Grants** 28,100,000

To the commissioner of human services for behavioral health crisis program facilities grants under Minnesota Statutes, section 245G.011.

**Subd. 7. Scott County - Regional Crisis Stabilization and Intensive Residential Treatment Services Facility** 1,900,000

To the commissioner of human services for a grant to Scott County to design, construct, furnish, and equip a facility in the city of Savage to provide regional intensive residential and treatment services (IRTS) and residential crisis stabilization subject to Minnesota Statutes, section 16A.695. This appropriation shall be used for construction of a 16-bed facility in conjunction with Guild Incorporated, a nonprofit organization based in St. Paul, to maximize the space available for 16 IRTS and crisis stabilization beds. The new facility shall provide acute stabilization and treatment for persons with a primary or secondary mental health diagnosis in lieu of inpatient psychiatric hospitalization.
Policy initiatives that were in the supplemental budget bill, but vetoed by the Governor.

- Allowing multi-disciplinary staff participation in the administration of the Comprehensive Assessment

**Section 245G.05, subdivision 1, Comprehensive assessment.**

(a) A comprehensive assessment of the client's substance use disorder must be administered face-to-face by an alcohol and drug counselor within three calendar days after service initiation for a residential program or during the initial session for all other programs. A program may permit a licensed staff person who is not qualified as an alcohol and drug counselor to interview the client in areas of the comprehensive assessment that are otherwise within the competencies and scope of practice of that licensed staff person and an alcohol and drug counselor does not need to be face-to-face with the client during this interview. The alcohol and drug counselor must review all of the information contained in a comprehensive assessment and, by signature, confirm the information is accurate and complete and meets the requirements for the comprehensive assessment. ...
Included in the supplemental budget bill but vetoed, cont. Rate Increase

• Rate increase of 1.74% for SUD providers, effective on or after July 1, 2018.
254A.03, Subdivision 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).
History of Recommendations in the Report

• Core Stakeholder and Fiscal workgroups - Summer 2016

Workgroups had representation from consumers/families, Tribal Nations, counties, providers, health plans, hospitals, prevention, problem gambling, culturally-specific providers and recovery community organizations.

• The recommendations in the report reflect ADADs policy recommendations following the stakeholder engagement and ADAD’s review of the discussions and feedback provided by stakeholders.
Workgroups and Key Stakeholder Outreach
Core Stakeholder Workgroup (20 Members)
Fiscal Stakeholder Workgroup (13 members)
Stakeholder Engagement Survey

- Survey to determine preferences for stakeholder engagement to update the policy recommendations
- Pop-up window after the WebEx ends
- If you have additional thoughts please send them to youropinionmatters.dhs@state.mn.us
- Minnesota’s Plan for the Prevention, Treatment and Recovery of Addiction
Recommendations from the report:
All of the recommendations are up for review, modification, confirmation, rejection

• Currently, to qualify as a culturally specific/special populations program, at least 50 percent of treatment staff must be of the culture or special population.

• Report recommends legislation to modify the enhanced rate requirements to allow non-treatment program staff to count toward the 50 percent when providing cultural services.
Culturally Specific-Stakeholder engagement

• Conduct meaningful stakeholder engagement that is transparent and committed to honestly and persistently working through conflicts and challenges.
Culturally Specific-Quality assurance for enhanced rates

• Commit to ongoing stakeholder engagement to identify quality assurance methods for the enhanced rate for culturally specific/special population services. Seek any necessary statute or rule changes to require that clients seeking treatment services be screened for culturally specific needs and ensure that those requesting culturally specific treatment services are provided access to them.
Culturally Specific-Funding for culturally specific providers

• Seek non-Medicaid funding opportunities for culturally specific providers such as traditional healers or other unlicensed individuals who provide cultural services to support a client’s treatment goals.
Culturally Specific-Decrease disparities in outcomes

• Support the development of culturally appropriate and effective treatment modalities that decrease disparities in outcomes.
Culturally Specific-Develop standards with stakeholders

• Work with stakeholders to consider external standards that could be undertaken to improve the quality and inclusiveness of a program. Explore how culturally competent and inclusive services could also be achieved through staff training requirements and specific attention to clients’ needs and desires.
Culturally Specific-Workforce development

• Work with stakeholders to support workforce development that increases the number of providers competent to provide culturally specific services and encourages a workforce with increased demographic diversity.
Culturally Specific-Prevention funding for underserved communities

• Seek increased prevention funding to target underserved communities experiencing disparities. Develop prevention efforts with a holistic and tailored focus for different populations.
• Eliminate the per diem reimbursement methodology of opioid treatment programs, but retain the basic per diem for the medications and allow opioid treatment programs to bill hourly for non-residential behavioral support services.
• Require programs to ask patients to voluntarily sign a written consent to permit the disclosure of medications dispensed for the treatment of opioid addiction to the Minnesota Prescription Monitoring Program. Not giving consent would have no effect on their ability to receive treatment services.
• Require opioid treatment programs to report to DHS how many clients receiving “take-home” doses have unexpected drug test results and mandating under what circumstances the program must revoke client’s right of “take-homes” following problematic drug tests.
• Identify incentives for providers to accept people receiving medically assisted treatment (MAT) for opioid dependence. Currently clinics treating people using MAT may not offer a full range of behavioral treatment services. Meanwhile, many treatment providers who focus on behavioral strategies may feel a disincentive to accepting MAT patients. Therefore, treatment providers who focus on behavioral strategies need to be incentivized to accept MAT clients to insure people receive a full range of needed services.
Opioid Related-Expanded definition of opioid treatment programs

• Expand the definition of opioid treatment programs to include both agonist and antagonist medications and to serve not only intravenous drug users.
Opioid Related-Naloxone availability

• Support the increased availability of naloxone and support providing clients with access to Naloxone upon discharge.
Monitor barriers to behavioral support services for individuals who use medication-assisted treatment. Continue stakeholder engagement to ensure appropriate access to behavioral supports across the state for all clients, including those engaging in medication assisted treatment.
Prevention planning and implementation

• Expand the Prevention Planning and Implementation Program, which focuses on environmental strategies and has demonstrated positive.
• 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.
Problem Gambling-Cross-addiction education

• Support increased education regarding the risks of cross-addiction when treating gambling disorder or substance use disorder. Support increased cross-referral, integrated treatment services and continuing care when providing services to individuals with gambling and substance use disorder.
Problem Gambling-Ensure best practices

• Work with stakeholders to enhance the current requirements to ensure the use of best practices and person-centered recovery-driven outcomes.
• Support increased use of telehealth to expand access to problem gambling treatment. Increase awareness of telehealth technical assistance opportunities and the availability of teleconferencing services.
• Establish and develop research to provide data-driven decision-making.
Tobacco Prevention-Screening for and addressing nicotine addiction

• The department will provide external communication to SUD treatment providers about screening for and addressing nicotine addiction in treatment as part of an integrated treatment process. Communication will include information on the effectiveness and value of including tobacco cessation as a part of the individual’s treatment plan. Done
• Alcohol and Drug Abuse Division will continue to work with treatment providers to explore initiatives to support smoking cessation and to increase awareness of the nicotine cessation services available to all Minnesotans.
Withdrawal Management changes to align with 245G and to allow WM reimbursement for 1115 Participants

- Amends chapter 245F to make changes necessary for implementation of the new WM service:
  - Updates citations to reflect repeal of Rule 31 and enactment of 245G.
  - Deletes requirement for statement of need for a new or expanding WM program to facilitate quicker implementation, reflect the reality that programs receive clients from statewide geographic areas and reduce paperwork.
  - 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)
Withdrawal Management for 1115 Participants

• Amend Chapter 254B to:

  ❖ 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.

  ❖ Remove requirement to submit an annual financial statement.
Updates and Resources
• Visit our [website](#) to sign up for the E-memo to receive updates from the Behavioral Health Division on SUD.

• We are encouraging participants to review the SUD Reform e-memos and website resources available on the [website](#) prior to attending the WebEx's. These materials provide information that is helpful to understand reform and its implications.
• **Visit our website to:**
  
  • Subscribe for email updates (e-Memo) to receive updates from the Behavioral Health Division on SUD
  
  • SUD Resources and presentations are posted on the SUD Reform Page at our website: DHS Website
  
  • 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 SUD WebEx: July 12th
Thank you for joining us

Behavioral Health Division