Meeting Minutes

Name of meeting: **Opioid Epidemic Response Advisory Council (OERAC) Meeting**
Date and time of meeting: **18-December-2020 from 1:00 PM to 3:00 PM**
Location of meeting: **Microsoft Teams meeting**

Participants
Nicole Anderson; Dave Baker, Chair; Heather Bell; Boyd Brown; Wendy Burt; Peter Carlson; Senator Chris Eaton; Dana Farley; Sarah Grosshuesch; Alicia House; Katrina Howard; Erin Koegel; Mark Koran; Gertrude Matemba-Mutasa; Toni Napier; Kathy Nevins; Darin Prescott; Anne Pylkas, Vice Chair; Jolene Rebertus; Kristin van Amber; Judge DI. Korey Wahwassuck.

Speakers
Weston Merrick, MMB.

Meeting goal per agenda, dated 18-December-2020 and submitted by April Beachem:
"Determine top policy recommendations to recommend in the legislative report."

Review of ground rules, chat option, and opportunity for public comment at the end of the meeting.
Review of agenda item.
Review of meeting minutes (draft), dated 20-November-2020. Corrections are needed.

No update available.

Follow-up on OER performance measures discussion and proposed performance measures adopted from prior opioid-related coordination (see document distributed by Weston Merrick of MMB.)

For specific language with regard to "establishing goals, using existing measures and data collection systems to determine baseline data against progress to be measured," refer to:
2020 Minnesota Statutes, 256.042 Opiate Epidemic Response Advisory Council, Subdivision 1. Establishment of the Advisory Council, Paragraph (d) *"The council, in consultation with the commissioners of human services, health, public safety, and management and budget, shall establish goals related to addressing the opioid epidemic and determine a baseline against which progress shall be monitored and set measurable outcomes, including benchmarks. The goals established must include goals for prevention and public health, access to treatment, and multigenerational impacts. The council shall use existing measures and data collection systems to determine baseline data against which progress shall be measured. The council shall include the proposed goals, the measurable outcomes, and proposed benchmarks to meet these goals in its initial report to the legislature under subdivision 5, paragraph (a), due January 31, 2021."*

The following performance measures still need to be addressed:
- Fatal/non-fatal overdoses after release from incarceration
- Percent of recently released with OUD diagnoses who get MA within 30 days of discharge
- Jails or prisons using medication-assisted treatment (MAT)

Please refer to the document, *OER performance measures discussion follow-up*, distributed by Weston Merrick of MMB.

The aforementioned performance measures will take time, because it will be necessary to link data across various systems to gain the required data and insights. MMB will develop a survey and work with the Association of Minnesota Counties and sheriffs to collect more data about the number of justice-involved individuals with SUD/OUD and the challenges with medication assisted treatment (MAT) in jails or when justice-involved individuals are on probation. OERAC suggests to speak with probation officers to find out whether there are notable trends with regard to justice-involved individuals with OUD who are on probation. Currently, there is a high rate of American Indian justice-involved individuals with revoked probation status, and often this happens because of drug use.

Performance Measure: Retention in treatment for individuals with an OUD diagnosis (refer to table, *Proposed performance measures adopted from prior opioid-related coordination*)
Nurses from Fairview Hospital report they cannot admit individuals with OUD, because health insurance will not cover it (if the reason for admission is only OUD). OERAC wants to understand why health insurance providers cannot cover individuals with OUD in cases where they need to be admitted for inpatient treatment services in a hospital. The question to MMB is this: "What is your definition of (inpatient and outpatient) treatment?" There seems to be a discrepancy between the performance measure (Retention in treatment for individuals with an OUD diagnosis) and the reality that OUD patients cannot be admitted for inpatient treatment services in a hospital when they need it most. If the individual with OUD has a second or third morbidity and it is listed on the hospital admission form, then health insurance covers the inpatient treatment services. For example, the individual to be admitted uses alcohol or another drug. Weston Merrick will work with subject matter experts to find answers.

Weston Merrick of MMB suggests that "retention may not be a good proxy for wellbeing." MMB will need to explore further, also because OUD is more complex.

Note: MMB needs the data by 10-January-2021. OERAC members are asked to review the "Proposed performance measures adopted from prior opioid-related coordination", the "Performance measures wish list", and Proposed goals in report (refer to table). "Are OERAC members comfortable with these measures for this year?" (Weston Merrick of MMB)

All performance measures in the table, *Proposed performance measures adopted from prior opioid-related coordination*, will be in the legislative report due on 21-January-2021. There are no objections from OERAC members.

With regard to "Fatal/non-fatal overdoses after release from incarceration", is there data to connect this performance measure (on the wish list) to "homelessness"? Currently, this data is not available and possible data sources would need to be discussed. MMB will connect with Wilder to explore the data they may have on homelessness and SUD.

There is a great demand for more data from various data sources that can be used to provide a more accurate picture of the connection between SUD/OUD and adverse life circumstances, such as homelessness, abuse, neglect, etc.

For example, there may be a code for homelessness or housing instability on hospital discharge forms. The Minnesota Department of Health may be able to explore possibilities for capturing more data about SUD/OUD and homelessness, and within the scope of "continuous process improvement" of the work of OERAC.

For more information, click on the link in the agenda:
https://mn.gov/dhs/partners-and-providers/grants-rfps/open-rfps/#/detail/appId/1/id/457101

The State Opioid Response (SOR) grant Request of Proposal (RFP) or "SOR RFP" was posted on the Minnesota Department of Human Services website on 07-December-2020. All responses to the SOR RFP are due on 08-December-2020 by 4:00 PM CST. A conference for responders to the SOR RFP took place on 17-December-2020. The conference was well attended (with more than 60 responders). Responders were asked to submit their questions by 28-December-2020. The answers to these questions will be posted on the Minnesota Department of Human Services website within three business days or by 04-January-2021, depending on whether some research will be involved to determine the correct response. Contracts will start on 01-March-2021.

Minnesota Association of County Social Service Administrators (MACSSA), Minnesota Sherriffs' Association, Association of Minnesota Counties - Barriers to MAT in County Jails (to identify policy recommendations and add to the list of recommendation).
Council reps: Jolene Rebertus, Anne Pylkas, Dave Baker, Sarah Grosshuesch, Nicole Anderson, and Judge D. Korey Wahwassuck

A "county MAT" meeting was held on 17-December-2020. Results: Nobody knows which county jails provide MAT. There is no list. OERAC and MMB will develop a short and simple survey to help determine the data. The Minnesota Sheriffs' Association suggested they distribute the survey to all county jails in Minnesota. Some of the barriers to administering MAT in county jails are:

- Lack of funding.
- Size of the county jail (some jails do not have a lot of inmates).
- Philosophical barriers (some sheriffs believe MAT is not a good option for a correctional setting).
- Lack of doctors for MAT (in jail and then outside of jail).
- Lack of coordination between the county jail and outpatient treatment services when the justice-involved individual transitions back to the community of their choice; more staff is needed.
- Sustainability of grants ("grants are great, but they are short term").
- County commissioners do not want to pay (for MAT) for inmates who are jailed in their county but actually live in a different county. The county of residence pays for any medical care in the jail. However, sometimes county of residence can be difficult to determine if the person is homeless or moves frequently.
- Covid-19 has impacted many initiatives (in Dakota County) because of reduced resources.

Another meeting of OERAC members and aforementioned stakeholders is not planned. However, OERAC plans to keep stakeholders updated, specifically on the results of the MAT survey for jails. If stakeholders recommend a policy to OERAC, then OERAC members will discuss the policy recommendation within the scope of the OERAC work.

Neerja Singh is the new Behavioral Health Division Clinical Director for the Minnesota Department of Human Services and provides an update on “direct access for SUD treatment services.”
In the past, if an individual was in need of SUD treatment, they would go to their county of residence, undergo a Rule 25 assessment, and then wait approx. 20 days until the county (or the respective American Indian tribal nation) would find the appropriate SUD placement for either inpatient or outpatient treatment services.
Now, with direct access available, an individual with SUD can go directly to a SUD provider of their choice and undergo an assessment – now called Comprehensive Assessment instead of Rule 25 Assessment. The Comprehensive Assessment is a clinical tool similar to a diagnostic assessment for mental health services. The county of residence remains responsible for determining the financial eligibility of the individual with SUD seeking treatment. This determination is made after the treatment through a specific claims process that is initiated by the SUD provider who provided the SUD treatment. A systems check on 18-December-2020 verified that the Minnesota Department of Human Services has been receiving and paying SUD treatment claims without any apparent system interruptions.
For decades, the Minnesota Department of Human Services has a waiver from the Centers for Medicare and Medicaid Services (CMS). The waiver is called “1915b” or refer to: Section 1915 (b) (4) Waiver Fee-for-Service (FFS) Selective Contracting Program, directly operated by Medicaid, and called: Consolidated Chemical Dependency Treatment Fund (CCDTF). The Minnesota Department of Human Services had requested a waiver/renewal/amendment for a period of two years, beginning on 01-July-2020 and ending on 30-June-2022. CMS granted the extension.

There is a parallel assessment process right now: If an individual with SUD prefers to go to their county of residence for a Rule 25 assessment, they still can do this until 01-July-2022. If the individual wants to access direct care, they can do this as well via the Comprehensive Assessment. Starting on 01-July-2022, the county of residence will no longer administer a Rule 25 assessment for SUD treatment services, be they inpatient or outpatient services.

Note: “Direct access” started on 01-July-2020. The SUD provider will need to work with the county of residence to determine financial eligibility. It will be difficult for justice-involved individuals who are leaving jails or prisons to prove where they live. The Minnesota Department of Human Services will work on solutions.

Identify the policy recommendations the council would like to emphasize for the next year by considering what is important, possible, and feasible
https://padlet.com/rendarappa/z6lce2m27nsasoj8

Group discussion on draft policy priorities for next year, looking through this lens: heavy lifts, feasibility, and importance.

Document displayed on screen: *Opioid Epidemic Response Advisory Council Policy Initiatives for FY 2022*
This is a list of priorities in "no particular order." The purpose of the list of priorities is to discuss the items and include them in the legislative report for January 2021.

A review of the following "Priorities" follows:

- Support buy and bill legislation
- Licensing and regulation of sober living
- Address lack of and/or easy access to health care after release
- Clarify/improve laws around needles, paraphernalia
- Legislative equitable access to treatment, sober housing, etc. to those with felony histories
- Urine drug screen limits
- Telemedicine reimbursement permanent
- Ease background checks for those working in addiction field
- Paperwork reduction for those working in the addiction field

Note:
Support buy and bill legislation: Providers should not have to buy injectable medications. Right now, if the client is on a medical assistance plan, the provider has to pay $1000 for the medication and try to get reimbursed by the health insurance company.
Urine drug screen limits: Health insurance companies limit the number of urine drug screens per year.

The practice of "co-prescribing" should be discussed. This idea seems to be "pushed" by a company that would benefit financially from this practice. However, prescribers should not be mandated to do something they don't want to do. This item would fit under "Prevent overdose deaths and other harms (Harm Reduction)."

"Reimbursement reform for addiction medicine, counselors, recovery coaches" and "Public money to support addiction medicine fellowship and other professional workforce development" may not be included in the legislative report for January 2021 because of the lack of available funding. However, some OERAC members indicate the items should be added to the legislative report to make it clear that OERAC desires the respective public funding.

With regard to which items to include in the legislative report for January 2021, OERAC members need to find a solution for this dilemma: What do we want compared to what is doable? The thought is to include all items in the report even though it is already clear that not every item will pass.

The Padlet, OERAC Policy Initiatives for FY 2022, has been updated on 17-December-2020.
Please review the content.

Treatment (Columns A – D)
"Treatment centers for non-addicted patients tapering" was added on 17-December-2020. This item will need funding. This will be difficult to obtain. The thought is to leave the item in the policy recommendation for now to lay the groundwork for future public funding.

- **A – Treat Opioid Use Disorder**

"Residential treatment settings for parents with children present" was added on 17-December-2020. This item also requires funding.

- B – **Intervention and Connection**
- C – **Address the need of criminal justice involved persons**
- D – **Support people in treatment and recovery and reduce stigma**

"Support Federal Disability for Tapering Patients" and "Train GPs how to support Tapering" are new items. However, it is not clear who added the items to the list. Items are placed on Hold, because a discussion is needed.

Prevention (Columns E&F)
E – **Prescribing Tools, patient education, alternative medicine and prevention of opioid use disorder**
F – **Prevent Overdose Deaths and Other Harms (Harm Reduction)**

Other Strategies (Columns G&H)
G – **Research**
H – **Reimbursement Policy**

For the legislative report for January 2021, OERAC members need to prioritize the items in every column. All items can be included in the legislative report for January 2021. It will be up to Legislature to "make them happen." However, it is helpful to determine beforehand whether there is a legislative pathway for the item, given the state's budget deficit that lies ahead.

Kristin van Amber will resend the link for the padlet with items marked for 2021, and items marked for 2022. OERAC members will review the items and the respective comments.

For the recording of the meeting, click on the link: https://web.microsoftstream.com/video/16a5efa3-3115-4fe4-887e-f1fd8bd9a323

The next meeting will take place on: 15-January-2021
Preliminary meeting agenda items: TBD