

Thursday Connections with SUD at DHS

May 15, 2024

3:00-3:05: Logistics and Introductions

3:05-3:20: Team Updates

3:20-3:40: Re-entry Demonstration

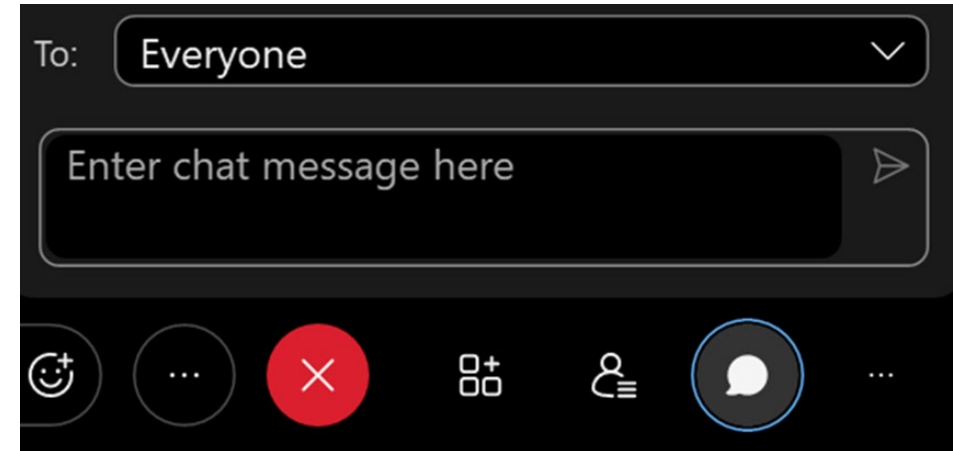
3:40-4:00: Q & A

Meeting Logistics

- All attendees, except presenters, will remain muted
- To save bandwidth, please keep cameras off
- We will work to address all questions during the time allotted.
- A summary of questions, comments and responses will be posted on the Thursday Connections with SUD webpage within two weeks of the meeting date.

Using Chat

1. Submit questions in the Chat
2. Questions submitted via chat will be addressed during Q&A portion of meeting
3. Post chat questions to everyone to allow for all attendees to see conversation
4. Refrain from using chat during presentations



Use chat feature to enter questions

SUD Unit Leadership at DHS

- **Jen Sather**, Deputy Director for Substance Use Disorder Services
- **Kim Maley**, Manager of SUD Recovery and Prevention Services
- **Andrea Abel**, Supervisor, Promotion, Prevention and Early Intervention Team
- **Nathaniel Dyess**, Supervisor, SUD Reform Team
- **Amelia Fink**, Supervisor, SUD Clinical Policy Team
- **Don Moore**, Supervisor, Behavioral Health American Indian Team
- **Jennifer Rennquist**, Supervisor, State Opioid Response Team

Thursday Connections Survey

- Let us know what you would like to hear about at these meetings
- Link in chat

SUD Clinical Policy Services Team

- Substance use disorder service codes can be used to provide services to individual with a primary dx of Tobacco Use Disorder. See e-memo: [Tobacco use disorder added as a primary diagnosis for SUD treatment services](#)
- Hoping to publish RFP for Programs serving Parenting People with Children to Provide Culturally Responsive Family Treatment Services in the next month
- Behavioral Health Fund Request (edoc [2780A](#)) is now in [Somali](#) and [Spanish](#)

Opioid Epidemic Response Services Team

- BHD, in conjunction with the Opioid Epidemic Response Advisory Council, is preparing to publish the council's annual RFP to fund services that will address the opioid crisis this summer. Individuals can be notified of the RFP's publication by subscribing to DHS's Grants and RFPs email list.
- Grant managers are in the process of amending contracts set to expire June 30 with no cost extensions, unspent funds to carryforward or working on closeouts
- Preparing the state's application to SAMSHA for SOR 2024 funding
- Working with MMB to prepare an updated opioid settlement spending [dashboard](#), targeted release June 2024.
- Next OERAC meeting will be May 17, 2024, from 12 to 1 pm. Link to join the meeting can be found on the OERAC webpage: [Opioid Epidemic Response Advisory Council / Minnesota Opioid Response \(mn.gov\)](#)

American Indian Team Updates

- Harm reduction vending machine funds are being offered from SFY24 Safe Recovery Site dollars.
- These are State legislated funds meant to expand access to harm reduction supplies and services, with priority given to communities disproportionately impacted by the opioid epidemic.
- These are state dollars which can be used for allowable harm reduction vending machine supplies in the below categories of the safe recovery site legislation:
 - Overdose reversal kits (nasal and intramuscular naloxone, rescue breathing barriers, etc.)
 - Drug checking strips (test strips for: fentanyl/xylazine/benzodiazepine)
 - Sterile use supplies (ex; sterile water, smoking supplies, syringes, etc.)
 - Educational and referral information
 - Health, safety, and wellness items
 - Hygiene and sanitation items

Bright Bound-SUD Prevention for Youth

This 2024 school year, the **Promotion, Prevention and Early Intervention** team finished the Life Skills Training program with participating school districts. [Life Skills Training](#) is an evidence-based SUD prevention program for schools, families and communities.

- These programs have anywhere from 6-12 lessons in the curriculum and are currently targeted at Middle School Students. They are mostly being delivered during Health Education classes by trained teaching staff. The curriculum taught students drug resistance skills, personal self management skills and general social skills.
- Lessons learned: Life Skills was an effective program, but did not meet the needs of all students, especially BIPOC Communities. Communities or school may adopt a program but should be able to mold or modify it to their current needs. Teachers need incentives to teach curriculum and be trained themselves. Curriculum should be opened to after school and community-based programs. Programs need to be youth centered but led by allied and trusted adults. Prevention programming should be started earlier than middle school.
- 2025-2026 School Year: PPEI staff are researching and meeting with other states about programs that can be used in the next school year. Staff are currently reviewing multiple. An example is: [Project Alert](#)- program that focuses on Nicotine, Alcohol and Marijuana Use. Education about Safe and Legal Use of Prescriptions. Credible Communicators working with youth. The team is also researching and considering problem gambling/gaming curriculum such as: [Kids Don't Gamble, Wanna Bet?](#)

Problem Gambling Team

- Problem Gambling Advisory Council currently has 9 open seats
 - If interested apply here:
[BOARD/COMMISSION: ADVISORY COMMITTEE ON COMPULSIVE GAMBLING](#)
- Next Advisory Council meeting is Thursday June 13th from 2-4pm
 - Link to attend meeting will be available at a later date.
- [House File 5274: Sports Betting](#)
 - Authorizes sports betting and fantasy contests; establishes licenses; prohibits local restrictions; provides for taxation and penalties; includes grants for amateur sports; modifies lawful gambling tax rates; supports charitable gambling and pari-mutuel horse racing; includes technical changes, reporting requirements, and appropriates funds.

SUD Reform & Redesign Team Updates - ASAM Implementation

- ASAM Criteria 4th Edition eBook distribution deadline now May 31, 2024
 - 4th Edition textbook distribution will begin summer 2024.
- Request for Proposal (RFP) for Evidence-Based Training
 - [RFP](#) was released on May 9, 2024. Proposals are due Wednesday, May 29, 2024.
- ASAM Criteria Assessment Interview Guide
- [Clinical Documentation Training PowerPoint](#)

SUD Reform & Redesign Team Updates - ASAM Training & Support

- On-the-Spot: ASAM Integration and Application
 - 3rd Friday at 11 am CST
- Monthly Portal Training Meeting
 - 2nd Friday at 11 am CST
 - June 14
 - July 12
- ASAM Quarterly Lunch & Learn Training Meeting
 - 4th Wednesday, every 3 months, at 12 pm CST
 - June 26
 - Sept. 25

SUD Reform & Redesign Team Updates – 1115 SUD System Reform Demonstration Waiver

- All residential programs mandated to attest to ASAM by Jan. 1, 2024, did so.
- 193 nonresidential programs must attest to providing an ASAM level of care (enroll) by Jan. 1, 2025, including secondary locations
 - Providers must have 245G or 245F licensure and be enrolled as a Minnesota Health Care Programs (MHCP) provider
 - Providers must have the 245G.20 co-occurring designation
- We continue to work with CMS and independent evaluator on revisions to the Interim Evaluation Report as part of MN application for extension.

SUD Reform & Redesign Team Updates— Paperwork Reduction & Systems Improvement

- Contract updated to include the creation of an ASAM Readiness Tool.
- Began internal discussion of DAANES survey feedback.
 - Big thank you for all who took the time to complete the survey!
- Steering Committee Meetings continue monthly.
 - May's focus: Review drafted recommendations for Licensing Audit & Licensing Application.

SUD Reform & Redesign Team Updates – Community of Practice (CoP)

- Upcoming Meetings
 - [Aug. 20, 2024: 1-2:30 pm CT - Q3](#)
 - [Oct. 15, 2024: 1-2:30 pm CT - Q4](#)
- SUD [CoP Webpage](#) – provides overview, agendas and summaries.
- Working with vendor on revisions to first series of reports
 - MN Treatment Gaps
 - ASAM Implementation Roadmap
 - Culturally Specific Care

SUD Reform & Redesign Team Updates – Contingency Management MA Study

- [MN Laws 2023, Regular Session, Chapter 61, Article 4, Section 23](#) directed DHS to complete a Medical Assistance Behavioral Health System Transformation Study to evaluate the feasibility, potential design, and federal authorities needed to cover contingency management services under the medical assistance program.
- BerryDunn was awarded the contract in May to begin work on the study, and it is expected to be completed in June 2025.
- As we work through the study, we will be looking for providers who are implementing contingency management to participate.
 - Any interested providers can email andrea.suker@state.mn.us

SUD Reform & Redesign Team Updates – Re-entry Demonstration

DHS received legislative authority in the 2023 legislative session to:

- [MN Laws 2023, Regular Session, Chapter 61, Article 4, Section 23](#) to complete a Medical Assistance Behavioral Health System Transformation Study that directed DHS to evaluate the feasibility, potential design, and federal authorities needed to cover behavioral health services in correctional facilities under the medical assistance program.
- In February BerryDunn was awarded the contract to begin work on the study . The study is expected to be completed in late September.
- The study will inform any further legislative requirements that may come out of this upcoming session, including if DHS is directed to apply for the waiver.

The governor has included the 1115 reentry waiver and pilot program plan in his budget proposal. The bill to direct DHS to apply for the waiver and creates pilot programs is in the DHS house omnibus bill and is currently not in the DHS senate omnibus bill. The mandated services that MN will be required to provide beyond the minimum requirements from CMS are still being discussed.

SUD Reform & Redesign Team Updates – Re-entry Demonstration

DHS received legislative authority in the 2023 legislative session to:

- [MN Laws 2023, Regular Session, Chapter 61, Article 4, Section 23](#) to complete a Medical Assistance Behavioral Health System Transformation Study that directed DHS to evaluate the feasibility, potential design, and federal authorities needed to cover behavioral health services in correctional facilities under the medical assistance program.
- BerryDunn is currently working on that study, and it is expected to be completed in late September. The study will be one tool that will inform an application for the 1115 reentry waiver that DHS is expecting to be passed this session, in addition with a workgroup to start this year to help inform each step of the process and some pilot site funding.

SUD Reform & Redesign Team Updates – Re-entry Demonstration

The proposed pilot sites include:

- Three state correctional facilities to be determined by the commissioner of corrections, one of which must be the Minnesota Correctional Facility-Shakopee
- Two facilities for delinquent children and youth licensed under section 241.021, subdivision 2, identified in coordination with the Minnesota Juvenile Detention Association and the Minnesota Sheriffs' Association
- Four correctional facilities for adults licensed under section 241.021, subdivision 1, identified in coordination with the Minnesota Sheriffs' Association and the Association of Minnesota Counties; and
- One correctional facility owned and managed by a Tribal government, or a facility located outside of the seven-county metropolitan area that has an inmate census with a significant proportion of Tribal members or American Indians.
- Additional facilities may be added to the waiver contingent on legislative authorization and appropriations.

SUD Reform & Redesign Team Updates – Re-entry Demonstration

The 1115 reentry waiver allows for Medicaid coverage of a benefit package up to 90 days prerelease from a correctional facility. The services that are required if states are granted the waiver include:

- Case management
- Medication-Assisted Treatment
- 30 days supply of all prescription medications upon release

States can choose to cover additional services as part of the waiver. What those services that Minnesota will include is still being determined by the legislature.

Waivers are CMS timeline dependent. At the current time CMS has a backlog of waivers. Waivers can typically take a lot of back-and-forth negotiations with CMS before they get approved. Upon approval DHS will need to submit an implementation plan including a reinvestment plan within 120 days.

What questions do you have for the SUD Unit today?

We will try to answer your questions at this meeting.

Questions that require more research will be posted within two weeks on the Thursday Connections with SUD at DHS webpage.



Thank You!

For updates about future meetings and responses to questions not answered during this meeting, please visit the [Thursday Connections with SUD at DHS webpage](#).