

Position Statement

2020

Substance Use Disorder

Short Description

Issue:

With SUD reform came legislative changes intended to move the addiction field closer to a medical model did not take into account some of the realities that result from our current system. Primarily it did not take into account that counties are the only or a substantial provider of Rule 25's in many parts of MN. The change in professional requirements were too steep for many counties to meet and there has not been an influx of additional credentialed professionals to do Comprehensive Assessments (CA's). This has resulted in many areas of the State being without adequate access for people to an assessment to help them seek treatment. The different requirement of a county needing an LADC supervisor instead of an LADC to do comprehensive assessments is burdensome.

A shift to a more highly credentialed workforce has the potential to reduce access for rural recipients and those with diverse backgrounds. Workforce shortages may occur, especially in greater Minnesota. Access to a culturally responsive workforce will be a challenge. These factors will result in reduced access to assessment and treatment.

Additionally, it will result in delays in child protection and within the criminal justice system if people cannot get timely assessments. The original solution to these issues, a dual track for Comprehensive Assessments and Rule 25 assessments, is set to expire in July of 2020. However, the workforce issues have not been addressed and the reality of counties being the primary provider of assessments in parts of the State has not changed. The legislature has directed DHS to work with counties for a solution to this and report back on it by December 2019. The language of that is as follows:

The commissioner of human services shall, in consultation with county agencies, identify specific training, education, and experience requirements that would qualify individuals employed by a county who are not alcohol and drug counselors to perform comprehensive assessments and treatment coordination. The commissioner shall provide a list of resources available to meet the necessary training and education requirements. By December 1, 2019, the commissioner shall provide a progress update to the chairs and ranking minority members 164.24 of the legislative committees with jurisdiction over substance use disorder services and 164.25 provide recommendations on any statutory changes needed to implement this section. (Art. 2, Sec 131)

Implementation Strategy: We have proposed to DHS similar training to what we have now for Rule 25 assessors and additional training to meet the clinical aspects of the Comprehensive Assessment. This pathway would only be available to counties and could not be used in the private sector. (see attached proposal)

Rationale/Background:

Counties will be watching and gauging the impact to individuals needing to access SUD services in the following areas:

- Sufficiency of workforce for LADCs to do comprehensive assessments
- Implementation of Withdrawal Management as a Medicaid benefit
- Quality Assurance: How do we assure quality of care and documentation?
- Messaging statewide to the public, counties, tribes, and providers about SUD reform
- Mechanism for billing Medicaid for direct access
- Behavioral Health Fund (previously CCDTF) – clarity on what services are covered and what is the impact
- Behavioral Health Fund – future role of the county share as it moves to a medical model and counties do not have any input into the authorization of services and therefore expenditure of funds.
- MA enrollment/renewals – potentially causing barriers to continuity of care/access.

Additional Information:



Submitted by: Jerry Pederson/ Julie Ellis
Approved on: 8/22/2019