



Governor's Advisory Council on Opioids, Substance Use, and Addiction

Office of Addiction and Recovery

- Welcome from the chair

Council member reminders

When participating remotely

- **Please be on video**, if possible, to help with overall engagement.
- Ensure your **name** is reflected under your WebEx picture.
- **Mute** when not speaking.
- Use the **'raise hand'** button when you would like to speak.
- Do not post comments related to Council discussion in chat.

When participating in person

- **Raise your hand** when you would like to speak, and facilitator will cue you.
- **Share your name** before speaking.



Open meeting law requires public bodies to **record and maintain votes** of its members.



Formal votes will be held for meeting minutes and formal decisions made by the Advisory Council.



Virtual meetings require a vote by roll call and a quorum (simple majority) is required to vote.

Observer reminders

For those observing

- See the information table for the posted meeting materials.
- If you would like to address the Council, add your name to the public commentor list on the information table. When the formal public comment period is opened wait for the facilitator to call on you.

Roll call and introductions

- Share your name and any affiliation you would care to share.

Council organizational activities

- Approve August meeting notes

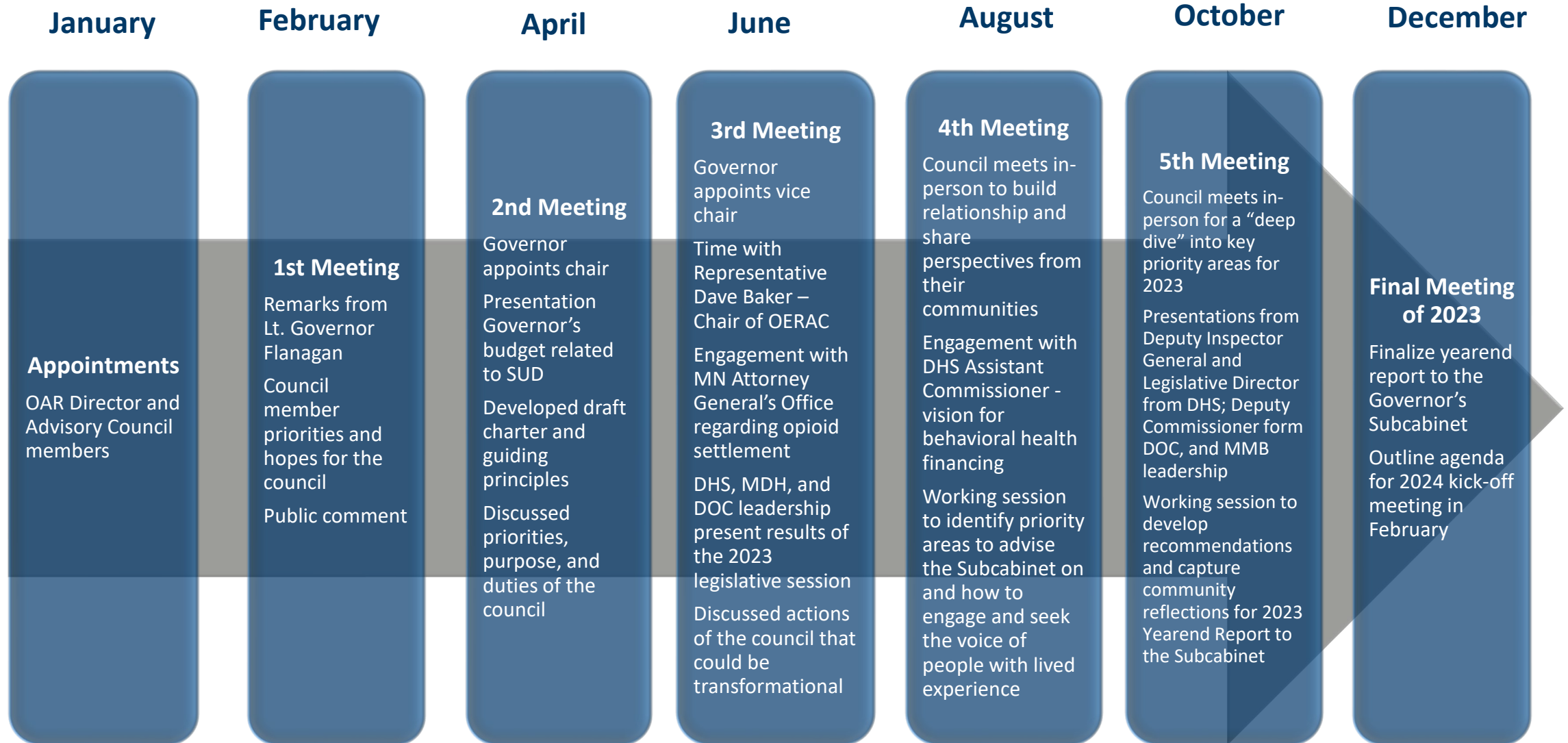
Agenda

- Council updates
- Context for the council's working session
- Background studies reform
 - Presentation
 - Working session
- *Break*
- Medications for Opioid Use Disorder (MOUD) in jails and prisons
 - Presentation
 - Working session
- Wrap up and next steps
- Public comment
- Adjourn

Council updates

- Office of Addiction and Recovery staff updates
- Council appointments
- Teva settlement
- Engagement highlights
 - East African listening session
 - American Indian SUD summit
 - Planning for community event in North Mpls.
 - Opportunity to volunteer to review the OAR engagement framework

Context for council work today



Approve August meeting notes



DHS' Statewide Background Study System

Dawn Davis | Deputy Inspector General | Background Studies Division
Office of Inspector General

DHS Background Studies

General Information

Appeals, Reconsiderations, and Data Overview

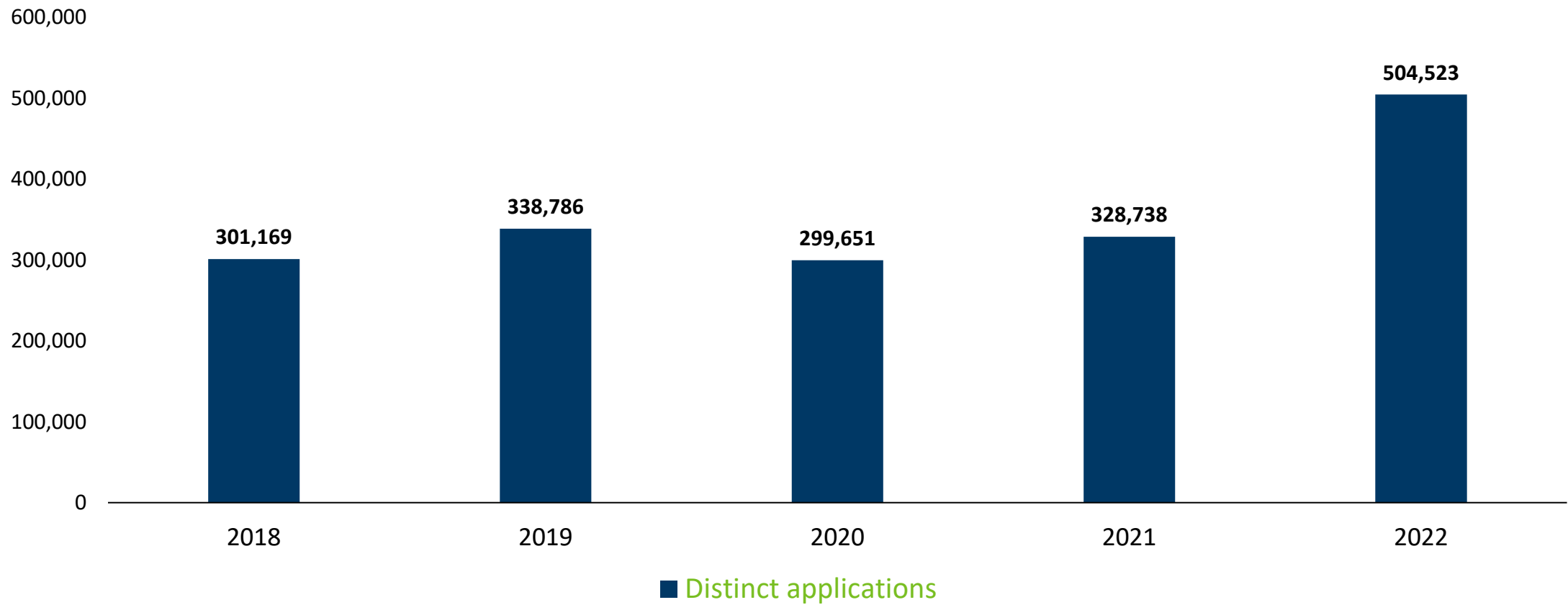
Federal Programs – Background Study Requirements

Summary of Task Force recommendations

General Information 1 of 2

- DHS conducts background studies for over 60 provider types with many having unique requirements
- Background studies are vital pre-screening processes intended to safeguard:
 - children
 - vulnerable adults,
 - individuals receiving health care and human services; and
 - health care and human service provider's workforce
- Background studies determine:
 - Whether a person has committed an act that would disqualify them from being employed or providing services that require a background study
- A background study is more than a check, it requires a thorough review of information from multiple sources

Volume of Requests



- All study subjects have the right to appeal for reconsideration
- Appeals occur when:
 - Information used to determine disqualification is incorrect and/or,
 - Does not pose a risk of harm to people receiving services.
- If the disqualification is “set aside,” the individual is allowed to work.

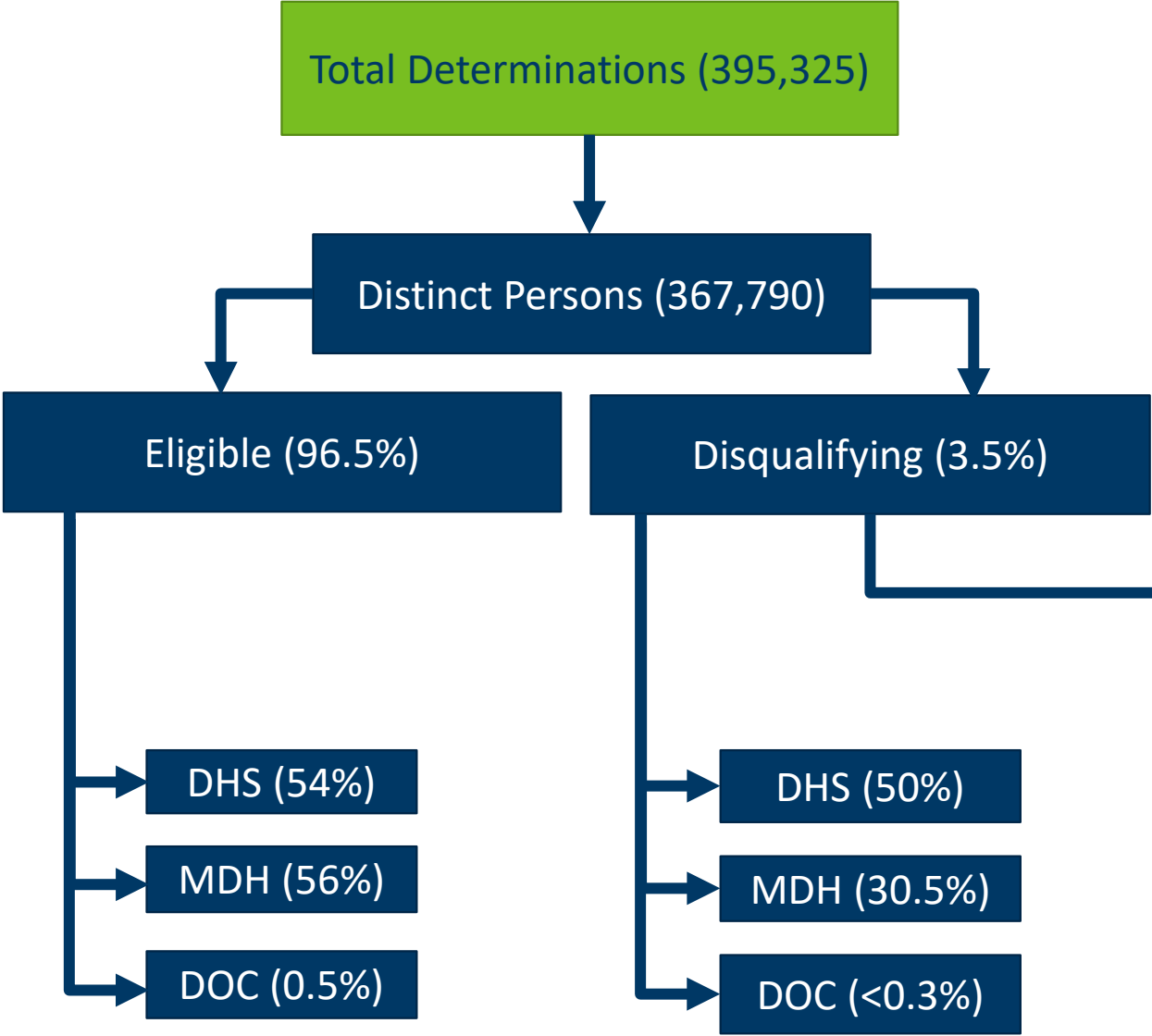
Reconsiderations

- OIG -Background Studies Legal team completes reconsiderations for:
 - Facilities or programs - licensed, certified, or regulated by DHS
 - Programs - certified by the Minnesota Department of Transportation (MnDOT)
- Minnesota Department of Health (MDH) completes reconsiderations for facilities or programs licensed/regulated by MDH
- Minnesota Department of Corrections (DOC) completes reconsiderations for programs - licensed/regulated by DOC

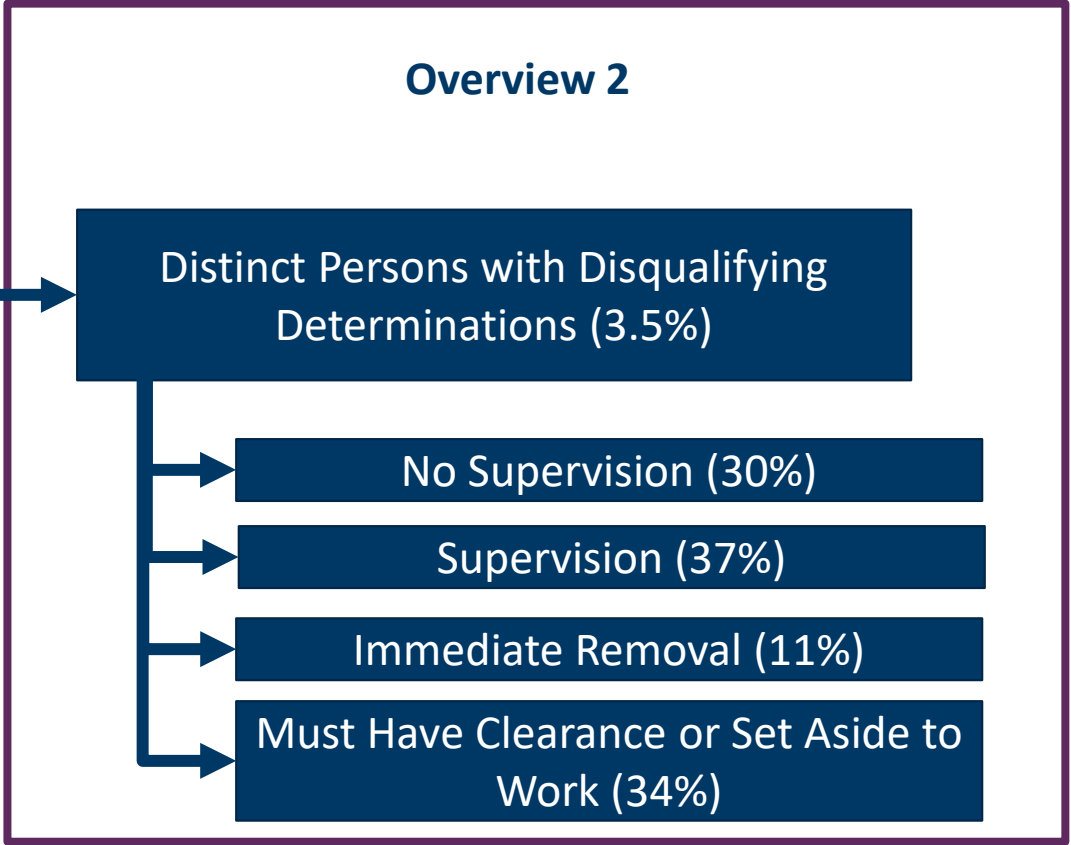
Data Overviews 1 and 2 (Completed)

Background Studies

Overview 1



Overview 2



Background Studies Overview 3

Disqualifying Determinations (20,611 [5%])

Total Crimes and Conduct (≈30,000)

Conviction

Admission

Alford Plea

Preponderance of the Evidence

Serious/Recurring Maltreatment

Involuntary Termination of
Parental Rights

Administrative Disqualification

Adjudicated Delinquent

Crimes and
Conduct by
Type and
Years
Disqualifying

Data Overviews 3 and 4 (In Progress)

Overview 4

Reconsideration
Requested

Reconsideration
Not Requested

Determination
Correctness

ROH

Rescinded

Upheld

Set Aside

Not Set Aside
Variance Granted

Not Set Aside

Administrative Hearing or Court of Appeals

Programs with federal background study requirements

Child Care - 42 USC §9858f

- Enhances some 245C disqualifications from time-limited to permanent

➤ **Child Foster Care and Adoption** - 42 USC §671(a)(20)(A)

- Requires certain disqualifications and bars
- CFC studies are for the funding and the contact/access to the child
- Adoption studies are for the funding only; district court decides whether to approve adoption

➤ **Head Start** - 45 CFR 1302.90; 42 USC 9858f

- Enhances some 245C disqualifications from time-limited to permanent

				Disqualifications and Bars			
Federal Law	Study Type	Who must be studied	Required record checks	Offense	Disposition	Disqualification	Bar to Set Aside
42 USC 671(a)(20); SSA section 471(a)(20) (Adam Walsh Child Protection and Safety Act)	Child Foster Care and Adoption	Prospective foster or adoptive parent(s)	Name-based criminal history record checks	Child abuse or neglect	Felony conviction	Permanent	Permanent
		All adults living in the home of the prospective parent(s)	FBI fingerprint-based criminal history record checks	Spousal abuse	Felony conviction	Permanent	Permanent
				Crimes against children, including child pornography	Felony conviction	Permanent	Permanent
		Relative or guardian(s)	Child Abuse Neglect Registry (CANR) -current state and where the individual has lived in the last 5-years	Crimes involving violence including rape, sexual assault, or homicide, but not including other physical assault or battery	Felony conviction	Permanent	Permanent
		All adults living in the home of the relative or guardian(s)		Physical assault/battery	Felony conviction	5 years from date of incident	5 years from date of incident
				Drug-related offenses	Felony convictions	5 years from date of incident	5 years from date of incident

Task Force Recommendations

Reform Chapter 245C's use of juvenile evidence in disqualification determinations

Simplify structure of "lookback periods" for making disqualification determinations

Remove disqualifying crimes that do not indicate an unacceptable risk to the health and safety of vulnerable individuals

Standardize when disqualification lookback periods begin

Task Force Recommendations (con't)

Remove Chapter 245C's bar to reconsideration requests from permanently disqualified individuals

Remove the use of the preponderance of the evidence standard to make disqualification determinations;

Undertake additional reforms to increase the efficiency and user-friendliness of the reconsideration process

New standardized timeline for requesting reconsideration

- Beginning July 1, 2024 - all requests for reconsideration of an ineligible study determination will need to be resubmitted within 30 calendar days of receipt of the Notice of Disqualification.

New disqualifications for certain drug-related offenses

- For studies requested on or after August 1, 2024, a new 5-year disqualifications tier for certain drug-related crimes (particularly those related to the possession of a controlled substance) goes into effect.

2024 Ideas for Consideration

Remove the bar to set-aside for any permanent disqualifications that do not require federal law compliance.

Review current disqualification structure to consider if changes should be made to the lookback period or the number of disqualification tiers.

The 2023 Legislature funded the planning portion for the automation of the request for reconsideration process.

The 2024 Legislature could consider funding the implementation portion of the automation for the request for reconsideration project.

- Please come back in 10 minutes

Thank You!

- What clarifying questions do you have?

Working session



DEPARTMENT OF CORRECTIONS



Health Services

- **Constitutionally mandated** to provide safe, timely, and quality medical care.
- Vast majority of those who are incarcerated require prescribed medication, have chronic diseases, and about **85% are diagnosed with substance use disorders.**
- SUD treatment services provided by DOC include:
 - Residential
 - Intensive outpatient
 - Regular outpatient



MOUD

- MOUD offered to those diagnosed with a Moderate or Severe Opioid Use diagnosis.
 - Vivitrol and Buprenorphine
 - Working on a new initiative to include Methadone
- 2 OUD Release Planners (soon to be 3) that work with those diagnosed that are not in specific programming. These RPs facilitate and complete referrals for MOUD as well as assist in coordinating continued care services in the community post release.
 - In the last 12 months, these two RPs have released planned with almost 400 IPs
- IPs releasing from any state prison that has a diagnosis of an OUD is released with a Harm Reduction Kit
 - Nasal Narcan (2)
 - Fentanyl strips (2)
 - Alcohol pads and rubber gloves
 - Overdose education
 - Letter of support written by another IP



St. Cloud State Correctional Facility



Wilkin County Jail



State Facilities (Prison) vs. Local Facilities (Jails/Detention Centers)

Prisons vs Jails

- State Prisons
 - 9 prisons and two CIPs
 - Felony sentence of 1 year plus 1 day
 - Some short-term but mostly long-term
- Jails
 - Mostly short-term stays – revolving doors
 - Varying capacities to provide health care
 - Varying capacities to provide programming



Results First Team

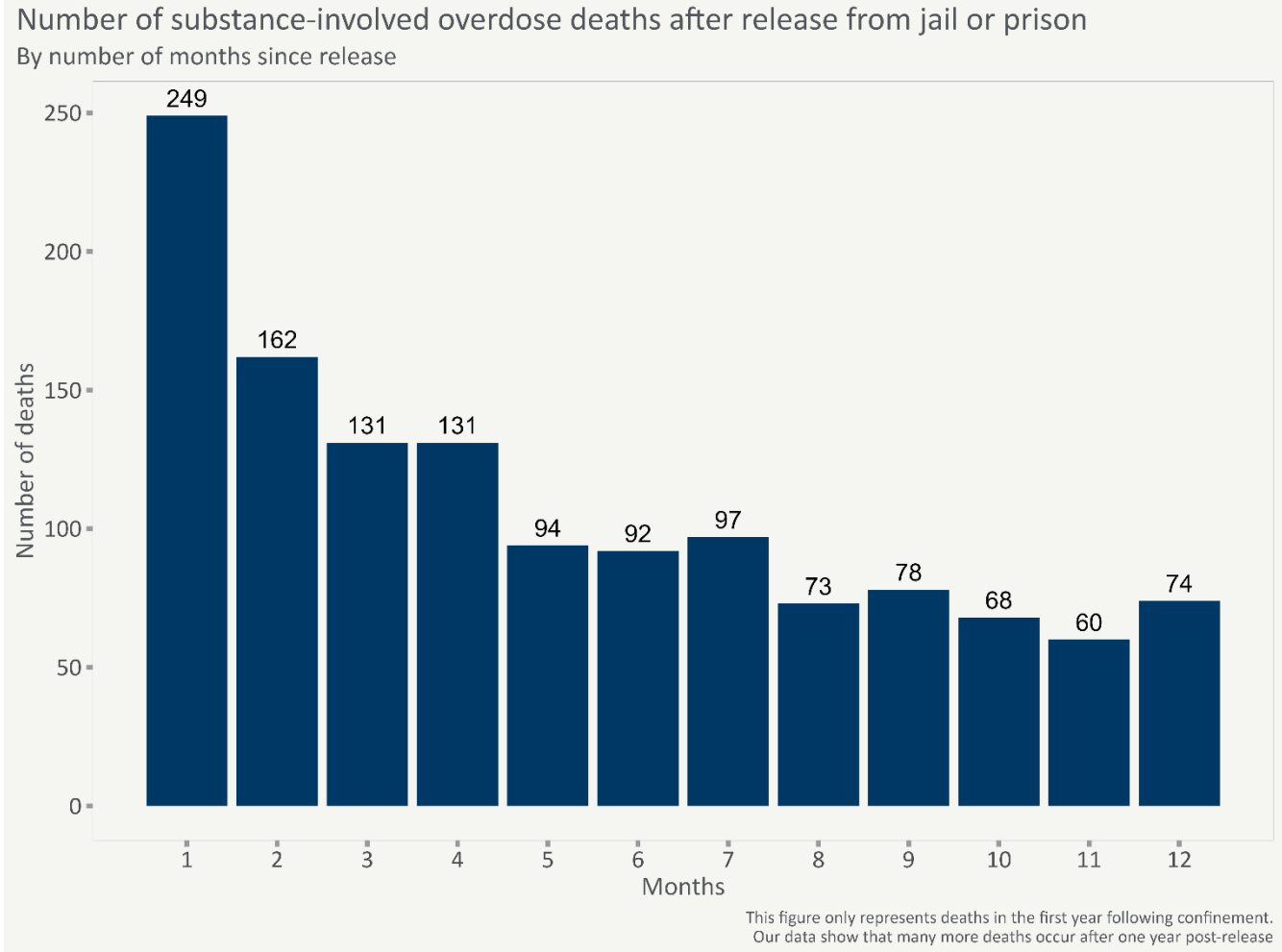
Weston Merrick

There are many reasons for this disproportionate harm

- Research shows this disproportionate risk of death after incarceration is a combination of factors, including:
 - Loss of opioid tolerance;
 - Social isolation,
 - Lack of opportunity/poverty;
 - Insufficient early intervention, treatment, and recovery options for individuals in the criminal justice system;
 - Lack of connection to health insurance and other public programs

Overdose deaths post-release are tragically common

- Between Jan. 2015 and May 2022, **1,309** individuals died of substance-use overdoses within **1 year** of leaving jail and prison.
 - 752 of those involved opioids.
 - That represents **1 in 5** of the state's 6,369 substance-used involved overdose deaths during the period.
 - Of those deaths, almost 20% (249) occurred in the first month of release.

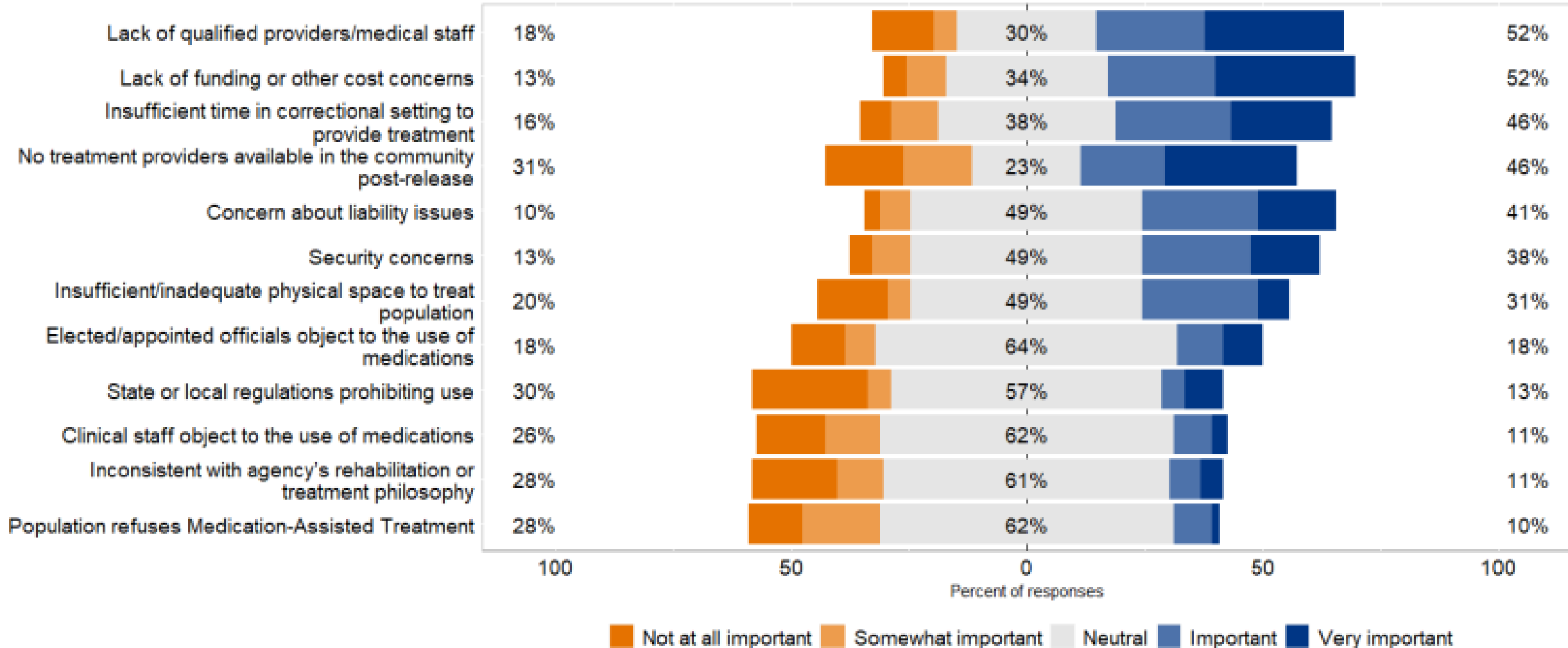


Medications for opioid use disorder (MOUDs) in prisons and jails

- Across the state, there is wide variation in screening for OUD and use of life-saving MOUDs for individuals in jails.
- In 2021, less than half of counties were using MOUDs in jail.
 - Even in counties where it was available, often it was only provided to a subset of the population with a need for this evidence-based treatment.
 - Counties pointed to workforce shortages, funding, and hand-offs to community providers after incarceration as a major constraints.

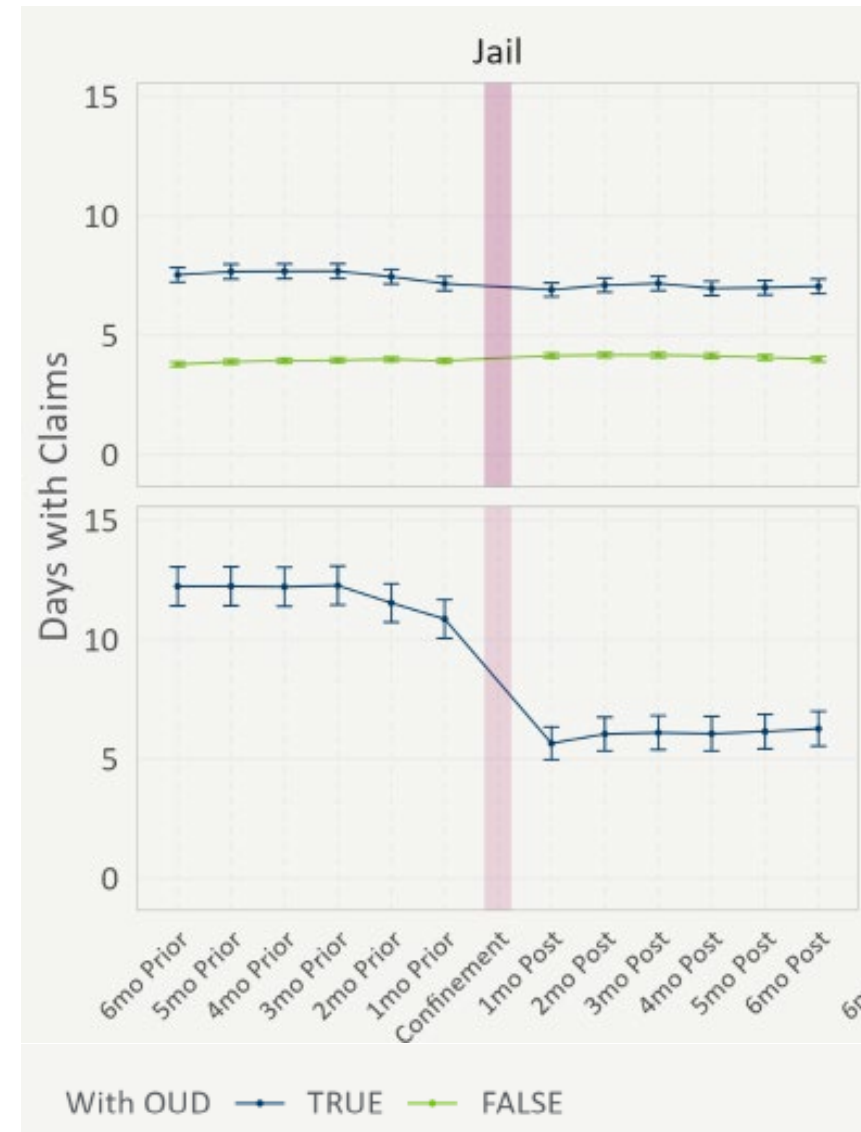
Barriers in jails to provision of MOUDs

Barriers to Providing MOUD



MOUD decline after release

- We see small declines in the overall healthcare claims pre- and post release.
- MOUD use, however, declined by 50% after release from jail for inmates with OUD and didn't return to baseline even 6 months post release.



Question and Answer

- What clarifying questions do you have?

Working session

Looking ahead to the next meeting

- December 6, 2023 – Virtual meeting

Public comment opportunity

- Try to limit comments to two minutes so others may speak.
- Facilitator will help you mind the time.
- You are also welcome to communicate with Jeremy Drucker, Addiction and Recovery Director Jeremy.drucker@state.mn.us

Next Meeting: December 6, 2023

Virtual Meeting