

# Chemical Dependency Treatment Services in Minnesota

Minnesota Department of  
Human Services

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# Today's Objectives

- Genesis of the current system.
- Statutory Basis
- Rule 25 – Assessment and Placement
- Rule 24 – Consolidated Chemical Dependency Tx Fund
- Treatment Service Delivery System
- Partnerships in providing good treatment

# Out of Chaos...

- 1980's - the treatment service delivery system was driven by
  - Non-aligned funding streams, and
  - Program centered treatment
- Data collection was not developed.

# Form and Function

- Rule 25 – Developed as state wide assessment and placement criteria
- Rule 24 – The Consolidated Chemical Dependency Treatment Fund (CCDTF) is the single fee-for-service public payment source
  - DAANES – Drug and Alcohol Normative Evaluation System

# Rule 25

- MS, section 254A (254A.10)
- Minnesota Rules, parts 9530.6600 to 9530.6660
- Administrative requirements, assessment and placement criteria, appeals
- 9530.6610 and 9530.6615 Assessment Mandate
- Applies to counties, tribes, and state contracted pre-paid health plans
  - Excludes Commercial Insurance Products

# Rule 24

- MS, section 254B
- State appropriation, tribal/county allocations, Maintenance of effort requirements, and % county match
- Vendor requirements
- Requirements for payment/denial
- Client eligibility (handout)
- Fee determination/collection
- DAANES data requirements

# Rule 25 and Rule 24

- Treatment Service Delivery System in which the funding source follows the client's identified tx need.
- Clients meeting clinical and financial eligibility must be placed.
- Federal 1915b Waiver
- CCDTF pays the provider and collects from other sources.

# The CCDTF pays for...

- 254B – Services that are part of a licensed residential or non-residential CD treatment program.
- Provider must have one lead county purchase of service contract.
- There are currently over 200 providers in Minnesota and the immediately surrounding states.



# Service Access

- Rule 25 assessment –Chemical Dependency or Abuse – results in placement in one of 4 levels of care.
- Rule 24 Financially eligible clients must be placed.
  - PPHP clients are eligible based on enrollment
- Treatment provided
- Continued service requires re-assessment, re-determination of additional level of care.

# Ethical Roles and Responsibilities

## The Chemical Health Perspective

- Learn about and understand the nature of addiction.
- Have a working knowledge of the resources in your community that address issues of use, abuse and dependence.

# Different Risks to Children Based on Type of Parental Involvement

- Each situation poses different risks and requires different responses
- Child welfare workers need to know the different responses required
- The greatest number of children are exposed through a parent who uses or is dependent on the drug
- Relatively few parents “cook” the drug

# Parent Uses or Abuses

Risks to safety and well-being of children:

- Parental behavior under the influence: poor judgment, confusion, irritability, paranoia, violence
- Inadequate supervision
- Inconsistent parenting
- Chaotic home life
- Exposure to second-hand smoke
- Accidental ingestion of drug
- Possibility of abuse
- HIV exposure from needle use by parent
- Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy

# Parent Is Dependent

Risks to safety and well-being of children:

- All the risks of parents who use or abuse, but the child may be exposed more often and for longer periods
- Chronic neglect is more likely
- Household may lack food, water, utilities
- Chaotic home life
- Children may lack medical care, dental care, immunizations
- Greater risk of abuse
- Greater risk of sexual abuse if parent has multiple partners

# Related Mandates

- Rule 31 – CD Treatment Licensing
  - Residential and non-residential
- MS 169A.70 – Required Chemical Use Assessment
  - Offense described in 169A.20, 169A.31, or 360.0752
- MS 144.343 and 144.347 – Minor's consent valid (effective consent)
- MS 256G – Unitary Residence and Financial Responsibility

Questions?

# Rule 25 Assessment Components

- Face to face interview
- Gather information – Data Privacy
- Importance of Collateral Contacts
- Determine impact of chemical use on life of client/others
  - No problem; at risk; chemical abuse; chemical dependency
- Determine Level of Care
  - Primary Inpatient      Primary Outpatient
  - Extended Care      Halfway House



# Form follows function

- Clients accessing treatment in the 1980's
  - More homogeneous
  - Program focused treatment
- Clients accessing treatment now
  - Needs are varied, much more serious
  - Treatment that identifies treatment issues, ranks the severity, and resolves with appropriate treatment response

# New Rule 25 – to implement 1/1/08

- Information, collaterals
- Universal Assessment Tool
- Determination of DSM IV Substance use disorder
- Use of 6 dimension matrix
  - Based on ASAM 6 dimensions
  - Further developed by DHS/MN CD TX field representatives
- Client has more control of access to culturally appropriate treatment

# 6 Dimensions / 5 Severity levels

(handout)

- Intoxication/Withdrawal
- Biomedical
- Emotional/Behavioral/Cognitive
- Readiness for Change
- Relapse/Continued Use Potential
- Recovery Environment

# New Rule 25 -Timelines

- The placing authority must provide the assessment within 20 days of the request.
- The assessment must be completed within 10 days of its initiation.

# The Right Treatment, at the Right Time, in the Right Amount

- Identify, Rank, and Resolve
- Provide residential when appropriate
- Provide the appropriate continuum of treatment each client requires, as indicated by continued assessment, re-assessment, and treatment planning by the treatment provider
- Collect and Develop Data
- Program availability - disparity

# Evidence Based/Best Practices

- What has shown positive outcomes through research.
  - Different things work for different people
    - Pharmacological interventions
    - Cognitive/behavioral
    - Contingency management
    - Self help

# Treatment Provider

- Comprehensive assessment within
  - 3 calendar days in- residential
  - 3 sessions – non-residential
- Assessment Summary - 6 dimensions
- Individual tx plan - 6 dimensions
  - Weekly tx plan review/after each tx service
  - Address each goal in tx plan worked since last review
- Discharge summary – 6 dimensions
- Request for continued services
  - Based on evaluation of progress within tx plan

# Scientifically Based Approaches to Drug Addiction Treatment

- Relapse Prevention
- The Matrix Model
- Supportive-Expressive Psychotherapy
- Individualized Drug Counseling
- Motivational Enhancement Therapy
- Behavioral Therapy for Adolescents
- Community Reinforcement-Approach
- Voucher Based Reinforcement Therapy in Methadone Maintenance
- Day treatment w/Abstinence Contingencies and Vouchers.



# Systematic Capture of Data Using the 6 Dimensions

- Rule 25 assessment
- Placement authorization
- Treatment assessment
- Treatment planning
- Discharge summary
- Continued service authorization
- Provider payment
- DAANES information
- Directory of service providers

# DAANES

- Drug and Alcohol Normative Evaluation System
  - Annually distributed to counties
- Reported directly from Provider to DHS
- Demographic data, chemical use history, all admissions, add'l info, discharge info

# Recommended Practices

<http://www.courts.state.mn.us/?page=1769>

- Case Monitoring
- Incentives and Rewards
- Intensive Family Preservation Services
- Family Dependency Treatment Court
- Individualized Services for Children/Early Intervention Programs
- Focus Groups for Fathers
- Father Specific Case Planning and Agency
- Cross Training
- Brochures for Fathers
- Support Groups
- Interagency Communication Protocols
- "Father Friendly" Agency Checklist

# Samples of the Best Practice Strategies in the “Tool Kit”

- Parent Mentors/Recovery Specialists
  - Parent mentors - work as a guide for parents working to enter and maintain recovery, they can help educate the family on child welfare concerns.
  - Recovery Specialists - facilitate immediate access to services by assisting the parent/family in navigating and removing barriers as it relates to treatment and recovery
- Shared Family Care
  - designed to prevent out of home placement, allowing the entire family to be placed in a supervised setting while parent works on recovery
- Family Dependency Treatment Court
  - Court based system combining criminal and juvenile protection matters to quickly identify and assess parental AOD issues with frequent court supervision.

- Motivational Interviewing
  - training and client-centered, directive method for enhancing self-motivation to change by exploring and resolving ambivalence thus better engaging the parent in the treatment and recovery process.
- Wellbriety - Culture of Healing
  - culturally specific training that applies the traditions of the American Indian culture to the healing and recovery from AOD issues.
- Individualized AOD Services for Children
  - Developmentally appropriate interventions to address individual needs, based on comprehensive assessment

# How you can help

- Support timely access to Assessment
- Establish effective local process
- Contribute to collateral information
- Develop good working relationships that are inclusive of stakeholders

# Chemical Dependency Treatment Services in Minnesota

Minnesota Department of  
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