

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

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005

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

Source: Nancy Young, Ph.D., Testimony before the U.S. House of Representatives Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources, July 26, 2005

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

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

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