SUBSTANCE USE DISORDER SERVICES

As a provider of chemical dependency services, your feedback is vital to the Results First analysis. The legislature asked MMB to create an inventory of services for all substance use disorder offerings in the state. Currently, there is not a comprehensive list of all the treatment and service options Minnesotans have to recover from addiction and substance use disorders. Your responses will help identify evidence-based treatments, identify adoption of evidence-based policies, conduct a benefit-cost analysis, and inform policymakers on the return on investment for chemical dependency services.

If you are an authorized agent for more than one organization, you only need to fill out one survey.

If you have any questions, do not hesitate to email ResultsFirstMN@state.mn.us. If you’d like more information on the Results First process or view past research, please visit our website: https://mn.gov/mmb/results-first/.

CONTENTS

Definitions ........................................................................................................................................ 2
Rule 31 requirements ..............................................................................................................................2
Rule 31 additional services .....................................................................................................................2
Medication Assisted Treatments ..............................................................................................................2
Early Intervention Services ....................................................................................................................3
Substance use disorder interventions ....................................................................................................4
Culturally specific ......................................................................................................................................7
Gender specific .........................................................................................................................................7

Frequently Asked Questions .............................................................................................................. 7
What is average? .......................................................................................................................................7
Which clients are relevant? .........................................................................................................................8
How do I enter services that do not appear elsewhere? ...........................................................................8
What are culturally/gender-specific services? ............................................................................................9
How do I use the percent of treatment modality page? ...........................................................................10
How do I enter relevant modality data? .....................................................................................................11
How do I submit my responses? .............................................................................................................12
Definitions
Rule 31 requirements
Minn. Rules 9530.6430 Treatment services. Subpart 1. Treatment services offered by license holder.

Individual and group counseling: to help the client identify and address problems related to chemical use and develop strategies to avoid inappropriate chemical use after discharge

Client education: strategies to avoid inappropriate chemical use and health problems related to chemical use and the necessary changes in lifestyle to regain and maintain health. Client education must include information concerning the human immunodeficiency virus, according to Minnesota Statutes

Transition services: to help the client integrate gains made during treatment into daily

Services to address issues related to co-occurring mental illness: including education for clients on basic symptoms of mental illness, the possibility of comorbidity, and the need for continued medication compliance while working on recovery from substance use disorder. Groups must address co-occurring mental illness issues, as needed. When treatment for mental health problems is indicated, it is integrated into the client's treatment plan

Service coordination: to help the client obtain the services and to support the client's need to establish a lifestyle free of the harmful effects of substance use disorder

Rule 31 additional services
Minn. Rules 9530.6430 Treatment services. Subpart 2. Additional treatment services.

Relationship counseling: provided by a qualified professional to help the client identify the impact of the client's substance use disorder on others and to help the client and persons in the client's support structure identify and change behaviors that contribute to the client's substance use disorder

Stress management and physical well-being: to help the client reach and maintain an acceptable level of health, physical fitness, and well-being

Living skills development: to help the client learn basic skills necessary for independent living

Employment or educational services: to help the client become financially independent

Socialization skills development: to help the client live and interact with others in a positive and productive manner
Room, board, and supervision provided by treatment site: to give the client a safe and appropriate environment in which to gain and practice new skills

Medication Assisted Treatments
Buprenorphine/Buprenorphine-Naloxone treatment: Buprenorphine/Buprenorphine-Naloxone is an opiate substitution treatment used to treat opioid dependence. It is generally provided in addition to counseling therapies. Buprenorphine/Buprenorphine-Naloxone is a partial agonist that suppresses withdrawal symptoms and blocks the effects of opioids. Two versions of buprenorphine are used in the treatment of opioid dependence. Subutex consists of buprenorphine only while Suboxone is version of buprenorphine that combines buprenorphine and naloxone. The addition of naloxone reduces the probability of overdose and reduces misuse by producing severe withdrawal effects if taken any way except for sublingually. Suboxone is generally given during the maintenance phase and many clinics will only provide take-home doses of Suboxone. Buprenorphine
and Buprenorphine/Naloxone are alternatives to methadone treatments and, unlike methadone, can be prescribed in office-based settings.

**Methadone maintenance treatment**: Methadone is an opiate substitution treatment used to treat opioid dependence. It is a synthetic opioid that blocks the effects of opiates, reduces withdrawal symptoms, and relieves cravings. Methadone is a daily medication dispensed in outpatient clinics that specialize in methadone treatment and is often used in conjunction with behavioral counseling approaches.

**Naltrexone treatment**: Naltrexone is a medication approved by the Food and Drug Administration (FDA) to treat opioid use disorders and alcohol use disorders. It comes in a pill form or as an injectable.

**Antabuse (Disulfiram)**: Antabuse (disulfiram) blocks an enzyme that is involved in metabolizing alcohol intake. Disulfiram produces very unpleasant side effects when combined with alcohol in the body. Antabuse (disulfiram) is used in certain people with chronic alcoholism. This medicine can help keep you from drinking because of the unpleasant side effects that will occur if you consume alcohol while taking Antabuse (disulfiram).

**Topiramate**: Topiramate is thought to work by increasing inhibitory (GABA) neurotransmission and reducing stimulatory (glutamate) neurotransmission, although its precise mechanism of action is not known. Although topiramate has not yet received FDA approval for treating alcohol addiction, it is sometimes used off-label for this purpose. Topiramate has been shown in studies to significantly improve multiple drinking outcomes, compared with a placebo.

**Acamprosate (Campral)**: Acamprosate (Campral) acts on the gamma-aminobutyric acid (GABA) and glutamate neurotransmitter systems and is thought to reduce symptoms of protracted withdrawal, such as insomnia, anxiety, restlessness, and dysphoria. Acamprosate (Campral) has been shown to help dependent drinkers maintain abstinence for several weeks to months, and it may be more effective in patients with severe dependence.

**Early Intervention Services**

**Brief Alcohol Screening and Intervention of College Students (BASICS)**: College students recruited or referred are screened for hazardous drinking (not alcohol dependence). Those reporting high rates of consumption receive one to two brief motivational sessions that include comparison of the students’ alcohol consumption relative to their peers. Interventions are typically delivered by graduate students or counselors.

**Brief Intervention in a medical hospital**: Inpatients in medical hospitals are screened for "hazardous" alcohol use (not dependence). Those screening positive receive a brief intervention, delivered by health care staff or other professionals. The intervention includes feedback on the patients’ consumption compared to their peers and a motivational interview to encourage reduction in consumption.

**Brief Intervention in emergency department (SBIRT)**: Screening, Brief Intervention, and Referral to Treatment (SBIRT) for patients in emergency departments is used to identify and address "hazardous" alcohol use (not alcohol dependence). Those screening positive receive a brief intervention, delivered by health care staff or other professional. The intervention includes feedback on the patients’ consumption compared to their peers and a motivational interview to encourage reduction in consumption.

**Brief Intervention in primary care**: Patients in primary care settings are screened for “hazardous” alcohol use (not alcohol dependence). Those screening positive receive a brief intervention. The intervention, commonly delivered by the primary care provider, includes feedback on the patients’ consumption compared to their peers and motivational interview to encourage reduction in consumption.
Substance use disorder interventions

12-Step Facilitation Therapy: 12-Step Facilitation Therapy is a stand-alone program that encourages patients’ active participation in 12-step programs such as Alcoholics Anonymous or Narcotics Anonymous.

Adolescent Assertive Continuing Care: This intervention was designed for youth returning to the community after residential substance abuse treatment. The aim of the intervention is to encourage youth to continue in outpatient treatment.

Adolescent Community Reinforcement Approach (A-CRA): The adolescent community reinforcement approach focuses on rearranging environmental contingencies so that abstaining from substance use is more rewarding than using it. A-CRA therapists teach adolescents how to find new reinforcers or enhance existing reinforcers for staying substance free, how to use existing community resources to support positive change, and how to develop a positive support system within the family.

Behavioral Couples Therapy for Substance Abuse: Behavioral Couples Therapy (BCT), a treatment approach for married or cohabiting drug abusers and their partners, attempts to reduce substance abuse directly and through restructuring the dysfunctional couple interactions that frequently help sustain it.

Behavioral Self-Control Training (BSCT): Behavioral Self-Control Training (BSCT) is a standalone treatment approach often used to pursue a goal of moderate or non-problematic drinking rather than complete abstinence, although abstinence goals are also permissible. This approach teaches self-monitoring, managing drinking speed and duration, identifying high-risk situations, goal setting, rewards for goal attainment, and coping skills.

Brief Cognitive Behavioral Intervention: Brief Cognitive Behavioral Interventions for Amphetamine Users is a manualized, standalone treatment that consists of two to four individual weekly sessions of cognitive-behavioral therapy. Key approaches included in this intervention include motivational interviewing, coping skills, controlling thoughts, and relapse prevention.

Brief Marijuana Dependence Counseling: Brief Marijuana Dependence Counseling is a stand-alone treatment that combines motivational enhancement therapy and cognitive-behavioral therapy as well as case management. Sessions focus on motivations and readiness for change; building cognitive, behavioral, and emotional skills; and assisting the client with access to additional support services.

Brief Strategic Family Therapy: Brief Strategic Family Therapy is an evidence-based, culturally sensitive family intervention which reduces delinquency and drug use in adolescents and strengthens the family unit. It is a structured, problem-focused, directive, and practical approach to the treatment of conduct problems, associations with antisocial peers, early drug use and the accompanying maladaptive family interactions (relations), and other recognized youth risk factors.

Certified peers specialist for substance abuse: This intervention is a brief motivational intervention with out-of-treatment illicit drug users in a medical setting. The peers delivering the treatment resemble the patients with whom they interact in three critical ways: similar race/ethnicity, non-professionals who can meet each participant as an equal, and they are in recovery from cocaine and/or heroin use for at least three years OR had grown up in a home dominated by substance. The goal of this intervention is to negotiate with heroin and cocaine users to increase their commitment to reduce drug use and change drug-associated behaviors. The peer helps create an action plan based on examples of the enrollee’s past successes in making behavior change.

Cognitive-Behavioral Coping Skills Therapy: Cognitive-behavioral coping-skills therapy is a manualized, standalone treatment for alcohol and/or drug abuse or dependence. This intervention emphasizes identifying
high-risk situations that could lead to relapse such as social situations, depression, etc. and developing skills to cope with those situations. Clients engage in problem solving, role playing, and homework practice.

**Cognitive-Behavioral Therapy for substance abuse:** Cognitive-behavioral therapy addresses harmful thought patterns, helps clients practice alternative ways of thinking, and regulates distressing emotions and harmful behavior.

**Combined Behavioral & Nicotine Replacement Therapy:** Combined behavioral and pharmacological therapies treat treating tobacco dependence. Behavioral therapies change maladaptive thinking patterns and the negative behaviors associated with them. Nicotine replacement therapies (NRT) is a medically-approved way to take nicotine by means other than tobacco.

**Community Reinforcement Approach:** This intervention combines the Community Reinforcement Approach with contingency management. The Community Reinforcement Approach to therapy is a relatively intensive therapy that consists of four main topics: (1) minimizing contact with known antecedents to substance use and recognizing consequences of use, (2) counseling to find alternative activities, (3) employment counseling (if needed), (4) reciprocal relationship counseling if partner was not involved in substance use. The contingency management portion of the intervention rewards clients with vouchers if they have negative urinalysis exams. These vouchers can be exchanged for prizes that range in value.

**Contingency management for substance abuse:** Contingency management is a supplement to counseling treatment that rewards participants for attending treatment and/or abstaining from substance use. We are aware of two possible methods: a) voucher system where abstinence earned vouchers are exchangeable for goods provided by clinic or counseling center; and b) a prize or raffle system where clients who remain abstinent can earn the opportunity to draw from a prize bowl. If your organization provides this service, we will follow-up for more questions on maximum value of vouchers or prizes.

**Dialectical Behavior Therapy (DBT):** Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment originally developed by Marsha Linehan at the University of Washington to treat those with severe mental disorders including chronically suicidal individuals often suffering from borderline personality disorder. DBT for substance abusers was developed by Dr. Linehan and colleagues to treat individuals with co-occurring substance use disorders and borderline personality disorder. For substance abusers, the primary target of the intervention is the substance abuse and specific goals include reducing abuse, alleviating withdrawal symptoms, reducing cravings, avoiding opportunities and triggers for substance abuse, and creating a healthy environment and community.

**Enhanced Illness Management and Recovery for Co-occurring Disorders (E-IMR):** E-IMR is a new model that combines two evidenced based practices (Integrated Treatment for Dual Disorders and IMR) to advance training in integrated treatment for co-occurring disorders, leading to improved client outcomes.

**Family Behavior Therapy (FBT):** Family Behavior Therapy is a standalone behavioral treatment based on the Community Reinforcement Approach aimed at reducing substance use. Participants attend sessions with at least one family member, typically a parent or cohabitating partner. The treatment consists of several parts including behavioral contracting, skills to reduce interaction with individuals and situations related to drug use, impulse and urge control, communication skills, and vocational or educational training.

**Functional Family Therapy for substance abusing adolescents (FFT-SA):** Functional Family Therapy (FFT) is a structured family-based intervention that uses a multi-step approach to enhance protective factors and reduce risk factors in the family. Functional Family Therapy is a Blueprint program identified by the University of Colorado’s Center for the Study and Prevention of Violence.
**Holistic Harm Reduction Program (HHRP+):** The Holistic Harm Reduction Program (HHRP+), also called Holistic Health Recovery Program, is a manualized treatment for those with drug abuse or dependence who are HIV positive. The primary goals of HHRP+ are harm reduction, health promotion, and improving quality of life. These goals are achieved by providing the knowledge, motivation, and skills necessary to make choices that reduce harm to oneself and others. HHRP+ also addresses medical, emotional, social, and spiritual problems that can impede harm reduction.

**Moral Reconciliation Therapy (MRT):** Moral Reconciliation Therapy is a cognitive-behavioral counseling service combining education, group and individual counseling, and structured exercises to foster moral development in treatment-resistant clients.

**Motivational Enhancement Therapy (MET):** Motivational Enhancement Therapy was designed as a stand-alone intervention, delivered in four individual sessions over six weeks. MET seeks to build motivation to change, strengthen the commitment to change, develop a plan for change, and review of progress and motivation.

**Motivational Interviewing for substance abuse:** Motivational interviewing is a non-confrontational technique, used early in treatment, to help clients increase their motivation and commitment to change.

**Multidimensional Family Therapy (MDFT):** Multidimensional Family Therapy (MDFT) is an integrative, family-based, multiple systems treatment for youth with drug abuse and related behavior problems. The therapy consists of four domains: (1) engage adolescent in treatment, (2) increase parental involvement with youth and improve limit-setting, (3) decrease family-interaction conflict, and (4) collaborate with extra-familial social systems.

**Reinforcement-Based Treatment (RBT):** RBT integrates the most effective behavioral techniques with motivational interviewing, highly individualized treatment plans, and case management. The goal is to help clients avoid substance use triggers and develop recreational outlets and support systems that are incompatible with substance use.

**Relapse Prevention Therapy:** This intervention, developed by Marlatt & Gordon, uses a cognitive-behavioral approach to help patients anticipate problems and identify strategies to avoid using alcohol and drugs. Typically patients are receiving outpatient treatment; sometimes Relapse Prevention is part of aftercare following inpatient treatment and sometimes as a stand-alone intervention.

**Seeking safety:** Seeking Safety is a manualized, standalone therapy designed to treat comorbid trauma/PTSD and substance use disorders. Seeking Safety covers 25 topics, each is independent of the others, and allows for flexible use (mixed settings, fewer topics, etc.). The five main principles of Seeking Safety are (1) safety in relationships, thinking, behavior, and emotions; (2) treating trauma/PTSD and substance abuse at the same time; (3) a focus on ideals; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes (e.g. clinician self-care).

**Service Outreach and Recovery (SOAR):** SOAR is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.

**Supportive-Expressive Psychotherapy for substance abuse:** Supportive-expressive psychotherapy (SEP) is a manualized, time-limited psychotherapy originally developed for treating psychiatric disorders that has been adapted for use with individuals with heroin and cocaine addictions. SEP is provided in an individual format with two components: (1) supportive techniques to allow patients to feel comfortable discussing experiences, and (2) an expressive component to help patients to understand problematic relationship patterns.
The Matrix Model (Intensive Outpatient Program): The Matrix Intensive Outpatient Model (Matrix Model) is a manualized, standalone outpatient program for treating individuals with stimulant use disorders. The program includes individual, group, and family sessions and covers topics including skills training, relapse prevention, drug education, social support, and self-help groups.

Rational Emotive Behavioral Therapy (REBT): Rational Emotive Behavior Therapy (REBT) seeks to help individuals change their self-defeating thoughts, so they can feel better about themselves and alter their behavior. This will help them become more adaptive in situations and results in effective behaviors to help them achieve goals.

Culturally specific program
Minn. Statutes 254B.01 Definitions. Subd. 4a. Culturally specific program.

"Culturally specific program" means a substance use disorder treatment service program or subprogram that is recovery-focused and culturally specific when the program: improves service quality to and outcomes of a specific population by advancing health equity to help eliminate health disparities; and ensures effective, equitable, comprehensive, and respectful quality care services that are responsive to an individual within a specific population's values, beliefs and practices, health literacy, preferred language, and other communication needs.

Gender specific program
Minn. Statutes 254B.01 Definitions. Subd 4a. Amended 2016 c 189 art 16 s 4 Culturally specific program.

The 2014 Legislature defined culturally specific program in M.S. 254B.01. Since that time, DHS has determined the language failed to include other, existing specialty CD programs for sub-populations that have DHS support. These programs serve people who are GLBT, deaf and hard of hearing, and seniors, and have been called “special populations.” The 2016 HHS policy bill included the language 'or subprogram' to M.S. 254B.01.

Frequently Asked Questions
What is average?
The survey will ask you to list the services your organization provides. It will also ask you to determine the average duration of stay, average number of treatment sessions, and average length of treatment sessions. We understand that substance use disorders and addictions are not constant across individuals, and there is not a one-size-fits-all approach to treatment and recovery. For purposes of analysis, however, we need to determine the average cost to assist in estimating the average cost to provide a treatment modality.

As you fill out the survey, please use this definition of “average” for the purpose of this survey: A number expressing the typical or central value in a set of data.

Example
**Inpatient treatment**

For inpatient treatment, what is the average duration of stay for a treatment episode? Answer should reflect all clients, regardless of completion status.

Ex: If two weeks, please type in "14"

- This question asks about average stay; not average completion length. Answer for the average client, regardless of their completion status.
• We prefer to know the true average or the total participant days divided by the total number participants. For example, 2,500 inpatient days and 90 clients is an average stay of around 28 days.

• We understand this data is not always available; in which case, we rely on your clinical experience. In this case, it may be useful to consider the mode or number that appears the most. You could find the typical value by looking at your clients’ total duration of stay for an episode, and see which number appears most.

Which clients are relevant?
Please record the services and service lengths you use for all clients, no matter if they have private insurance, public insurance, or no insurance.

How do I enter services that do not appear elsewhere?
This is a dynamic survey; meaning, the questions that appear on your survey are tailored to the services you provide.

Starting on page three, the survey will ask what Medication Assisted Treatments your organization provides. Please select all that apply to your organization. If there is a service you provide that is not in the list, or you offer a modified version of a listed service, choose “Other”. This will prompt the survey to expand your options. Please type in the Medication Assisted Treatments your organization provides, that are not already listed.

If your organization does not offer Medication Assisted Treatments or Early Intervention services, please select “None. My organization does not provide Medication Assisted Treatments/Early Intervention services.

Example
Page four is a list of substance use disorder treatments. Please select all the services your organization provides. If your organization offers modifications of any of these services, please select “Other”. This will prompt the survey to expand your options. Please type in the service name and modification.

Example

What are culturally/gender-specific services?
Page five and six allow you to write-in any culturally specific, gender specific, or other services not already mentioned. Please type one service per line. Culturally or gender specific modalities refer to modifications to existing treatments or new treatments tailored for a specific group (for example, Trauma-Informed Substance Abuse Treatment for Women). Do not include instances where a treatment modality is offered to a range of races, ethnicities, or gender without alterations for that group. Interventions that are offered in a similar way to a range of clients should be included in the previous substance abuse treatment page.
How do I use the percent of treatment modality page?

Please enter units as a whole number. The total percent of inpatient and outpatient stays and percent of client session time should equal 100. The example below does not reflect a real organization or real service information.

Example

The following page requests information about the average client's use of treatment modalities at your organization. We understand that the number of client sessions can vary widely based on need, and there is no "average" client. This analysis, however, requires an estimate of the average number of sessions.

What percent of your clients utilize an inpatient treatment stay?
Ex: If 25% of your clients utilize an inpatient treatment stay, please type in "25"

What percent of your clients utilize outpatient treatment?
Ex: If 75% of your clients utilize outpatient treatment, please type in "75"

Inpatient treatment

For inpatient treatment, what is the average duration of stay for a treatment episode? Answer should reflect all clients, regardless of completion status.
Ex: If two weeks, please type in "14"

For inpatient treatment, what is the average number of treatment sessions per day?
Ex: If twice a day, please type in "2"

For inpatient treatment, what is the average length of each treatment session?
Ex: If one hour, please type in "60"

For the average inpatient client, estimate the percent of session time clients spend on each service (total should equal 100%):

<table>
<thead>
<tr>
<th>Service</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive-Behavioral Therapy for substance use disorder</td>
<td>25%</td>
</tr>
<tr>
<td>Enhanced IMR for Co-occurring Disorders (E-IMR)</td>
<td>50%</td>
</tr>
<tr>
<td>DBT skills group (modified DBT)</td>
<td>25%</td>
</tr>
</tbody>
</table>

Outpatient treatment

For outpatient treatment, what is the average total duration for a treatment episode? Answer should reflect all clients, regardless of completion status.
Ex: If two months (8 weeks), please type in "8"

For outpatient treatment, what is the average number of treatment sessions per week?
Ex: If twice a week, please type in "2"

For outpatient treatment, what is the average length of the sessions?
Ex: If one hour, please type in "60"

For the average outpatient client, estimate the percent of session time clients spend on each service (total should equal 100%):

<table>
<thead>
<tr>
<th>Service</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive-Behavioral Therapy for substance use disorder</td>
<td>33%</td>
</tr>
<tr>
<td>Enhanced IMR for Co-occurring Disorders (E-IMR)</td>
<td>33%</td>
</tr>
<tr>
<td>DBT skills group (modified DBT)</td>
<td>33%</td>
</tr>
</tbody>
</table>
How do I enter relevant modality data?

Many survey items ask you to report the “average” duration of treatment or details about the “average” client. We understand that substance use disorders and addictions are not constant across individuals, and there is not a one-size-fits-all approach to treatment and recovery. Our analysis uses a statistical model to estimate a benefit-cost ratio for services.

The analysis also requests an estimate of the minutes used in each session for the modality. This should include only the time used to apply that specific modality. Do not include other treatment modalities applied during the session. We recognize that treatments or practices are often offered together, do your best to estimate the number minutes used for each modality. Our analysis requires that we examine each treatment modality individually. The example below does not reflect a real organization or real service information.

Example

For every client that participates in CBT, about how many are group sessions, and about how many are individual sessions? Estimate should equal 100%.
How do I submit my responses?
If you are willing to participate in a follow-up discussion, please provide your name, title and an e-mail address we can use to contact you. Do not forget to click “Submit”.

As you take the survey online, you can go back, reset your answers for the current page, or save your responses and continue at another time. The next button will bring you to the next page in the survey. Do not use your web browser’s navigation buttons.