

9533.0020 DEFINITIONS.

Subpart 1. **Scope.** For purposes of parts 9533.0010 to 9533.0180, the following terms have the meanings given them.

Subp. 2. **Alcohol and drug counselor.** "Alcohol and drug counselor" has the meaning given in Minnesota Statutes, section 148F.01, subdivision 5.

Subp. 3. **Care coordination.**

A. "Care coordination," for an adult, means helping the client obtain the services and supports needed by the client, and ensuring coordination and consistency of care across these services and supports, ensuring ongoing evaluation of treatment progress and client needs to establish a lifestyle free from the harmful effects of substance use and oriented toward ongoing recovery from a co-occurring substance use disorder and mental illness. Examples of services and supports include medical, social, educational, and vocational services. For the purposes of this chapter, the phrase "care coordination" is interchangeable with the phrases "service coordination" and "case management."

B. "Care coordination," for a child, means a community intervention to ensure the consistency of care and coordination of services and supports across the child's medical, social service, school, probation, and other services, oriented toward aiding the child in refraining from substance use and ongoing recovery from mental disorders. For the purposes of this chapter, the phrase "care coordination" is interchangeable with the phrases "service coordination" and "case management."

Subp. 4. **Certificate holder.** "Certificate holder" means a controlling person for the corporation, partnership, or other organization, who is legally responsible for the operation of the integrated treatment program certified under this chapter.

Subp. 5. **Certification.** "Certification" means the commissioner's written authorization that the program meets the conditions to be certified under this chapter as an integrated treatment program.

Subp. 6. **Certified integrated treatment program.** "Certified integrated treatment program" means a program that meets the requirements of parts 9533.0010 to 9533.0170.

Subp. 7. **Certified peer specialist or peer specialist.** "Certified peer specialist" or "peer specialist" means a person who the commissioner has certified as a peer specialist and meets the requirements of either Minnesota Statutes, section 256B.0615, subdivision 5, for services provided to adults, or section 256B.0947, subdivision 2, paragraph (h), for services provided to children.

Subp. 8. **Chemical dependency.** "Chemical dependency" means a substance use disorder.

Subp. 9. **Child with severe emotional disturbance.** "Child with severe emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 6.

Subp. 10. **Client.** "Client" means a person accepted by a certified integrated treatment program for assessment or treatment of co-occurring disorders. A person remains a client until the program no longer provides or plans to provide integrated treatment services to that client.

Subp. 11. **Cognitive-behavioral approaches, techniques, and strategies.** "Cognitive-behavioral approaches, techniques, and strategies" means therapeutic approaches, techniques, and strategies founded in the theories of cognitive-behavioral counseling, which is a general approach to psychotherapy based on the systematic application of theories about learning to human problems. Cognitive-behavioral counseling emphasizes development of new skills and competencies for overcoming problems and achieving life goals.

Subp. 12. **Collateral sources.** "Collateral sources" means persons who possess clinically relevant information about the client, including family members, caregivers, teachers, community agencies, and previous treatment providers.

Subp. 13. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designee.

Subp. 14. **Competency.** "Competency" means possession of the requisite abilities to fulfill work obligations.

Subp. 15. **Co-occurring substance use disorder and mental illness or co-occurring disorders.** "Co-occurring substance use disorder and mental illness" or "co-occurring disorders" means a diagnosis of at least one substance use disorder that involves alcohol or drug use, excluding the use of nicotine, and at least one form of mental illness.

Subp. 16. **Counseling.** "Counseling" means the use of skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; the examination of attitudes and feelings; the consideration of alternative solutions; and decision making.

Subp. 17. **Department.** "Department" means the Department of Human Services.

Subp. 18. **Diagnostic assessment.** "Diagnostic assessment" has the meaning given in part 9505.0370, subpart 11. A diagnostic assessment must be provided according to part 9505.0372, subpart 1.

Subp. 19. **Emotional disturbance.** "Emotional disturbance" has the meaning given in Minnesota Statutes, section 245.4871, subdivision 15, as applied to a child.

Subp. 20. **Evidence-based practices.** "Evidence-based practices" means nationally recognized treatments, techniques, and therapeutic approaches that are supported by substantial research and shown to be effective in helping individuals with serious mental illness and substance use disorders obtain specific treatment goals.

Subp. 21. **Illness management and recovery or IMR.** "Illness management and recovery" or "IMR" means the mental health evidence-based best practice that helps clients manage their illness more effectively in the context of pursuing their personal recovery goals.

Subp. 22. **Integrated assessment.** "Integrated assessment" means an assessment that identifies the interaction between substance use and mental health symptoms and disorders and how this relates to treatment during periods of both stability and crisis. The assessment analyzes and uses data on one disorder in light of data related to another disorder, which includes the history of both disorders and the interactions between them. The integrated assessment is a formal process of conducting clinical interviews, using standardized instruments, and reviewing existing information. The integrated assessment results form the basis for a summary and recommendations used to establish the integrated treatment plan.

Subp. 23. **Integrated treatment.** "Integrated treatment" means the integration of documented clinical services and documented treatment for substance use disorders and mental illness to produce better patient outcomes. It includes treatment coordination, organizational policy, and treatment practice within an entire agency to help practitioners provide integrated treatment.

Subp. 24. **Integrated treatment plan.** "Integrated treatment plan" means a single treatment plan that addresses both the client's mental health and substance use disorders, and integrates information obtained during the screening, diagnostic assessment, functional assessment, and contextual analysis into a set of actions to be taken by the treatment team. The plan is an evolving document that the certificate holder continues to review and refine throughout treatment.

Subp. 25. **Level of care.** "Level of care" means the intensity of services being provided based on the assessed needs of the client. The number of hours of care and the credentials of the individual providing the care reflect the level of care.

Subp. 26. **Mental illness.**

A. "Mental illness," for a child, has the meaning given in Minnesota Statutes, section 245.4871, subdivision 6 or 15.

B. "Mental illness," for an adult, has the meaning given in Minnesota Statutes, section 245.462, subdivision 20.

Subp. 27. **Program of origin.** "Program of origin" means the licensed or certified program eligible for certification as an integrated treatment program under part 9533.0030, subpart 1.

Subp. 28. **Protocol.** "Protocol" means a set of steps or actions to be taken to implement a process or standard procedure.

Subp. 29. **Psychoeducation.** "Psychoeducation" means individual, family, or group services designed to educate and support the individual and family in understanding symptoms, treatment components, and skill development; preventing relapse; and achieving optimal mental and chemical health and long-term resilience.

Subp. 30. **Recovery coach.** "Recovery coach" means an individual who has a mental health disorder, substance use disorder, or co-occurring disorder, or an individual who has experience with addiction or mental illness in the individual's family, or in close friendships, and has had experience that supports the individual's understanding of the complications of the disorders. Recovery coaches provide a set of nonclinical, peer-based activities that engage, educate, and support an individual with co-occurring disorders, using the coach's own personal, lived experiences of recovery.

Subp. 31. **Recovery philosophy.** "Recovery philosophy" means a philosophical framework for organizing health and human service systems that affirms hope for successful treatment and ongoing long-term treatment success, and includes a significant reduction in acute and chronic symptoms, a focus on client strengths, and the availability of a wide spectrum of services and supports that promote resilience and reduce the risk of relapse and its harmful effects.

Subp. 32. **Screening.** "Screening" means a brief process that occurs soon after an individual seeks services and indicates whether the individual is likely to have co-occurring mental health and substance use disorders.

Subp. 33. **Staff or staff member.** "Staff" or "staff member" means an individual who works under the direction of the certificate holder regardless of the individual's employment status. Examples include interns, consultants, and other individuals who work part time or who volunteer, and individuals who do not provide direct contact services as defined in Minnesota Statutes, section 245C.02, subdivision 11.

Subp. 34. **Stage of change.** "Stage of change" means an individual process involving progress through a series of psychological stages that relate to treatment readiness and acceptance of one's problems. These stages are typically described as:

A. precontemplation, which refers to the stage at which one is not intending to take action in the foreseeable future, and unaware that one's behavior is problematic;

B. contemplation, which refers to the stage at which one is beginning to recognize that one's behavior is problematic, and beginning to look at the pros and cons of one's continued actions;

C. preparation, which refers to the stage at which one is leaning toward taking action in the immediate future, and may begin taking small steps toward behavior change;

D. action, which refers to the stage at which one is making specific, overt modifications in modifying problem behaviors or in acquiring new healthy behaviors; and

E. maintenance, which refers to the stage at which one is sustaining action over time and working to prevent relapse.

Subp. 35. **Stage of treatment.** "Stage of treatment" means specific, identifiable phases of treatment that include:

A. engagement, which is forming a trusting working alliance or relationship between the provider and the client;

B. persuasion, which is helping the engaged client develop the motivation to participate in recovery-oriented interventions;

C. active treatment, which is helping the motivated client acquire skills and supports for managing illnesses and pursuing goals; and

D. maintenance, which is helping the client to sustain relapse prevention, or helping a client in stable remission develop and use strategies for maintaining recovery.

Subp. 36. **Stage-wise treatment.** "Stage-wise treatment" means interventions tailored to a client's stage of treatment by considering a client's readiness for and attitudes toward change, and whether the client is at the engagement, persuasion, active treatment, or relapse-prevention stage of treatment that is documented. The objective is to maintain a productive working relationship by avoiding pressure on the client to change too much, too quickly. Stage-wise treatment is based on research that shows that interventions appropriate at one stage may be ineffective or contraindicated at another stage.

Subp. 37. **Substance use disorder.** "Substance use disorder" means a pattern of substance use as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM), and subsequent editions of the DSM. The section of the DSM that defines "substance use disorder" is incorporated by reference. The current DSM was published by the American Psychiatric Association in 2013. It is not subject to frequent change. The DSM is available through the Minitex interlibrary loan system.

Subp. 38. **Telemedicine.** For integrated treatment, "telemedicine" has the meaning given to the phrase "mental health telemedicine" in Minnesota Statutes, section 256B.0625, subdivision 46, when telemedicine is used to provide integrated treatment.

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