

# ASAM Monthly Technical Assistance Series

## Therapies

### 1115 Waiver Demonstration for SUD

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Advanced Behavioral Health, Inc.



Department of Mental Health and Addiction Services



Department of Corrections



Department of Social Services



Judicial Branch - Court Support Service Division



Department of Children and Families

# Reminders:

- Questions related to the upcoming webinars should be submitted at least 7 days in advance of that webinar to [1115waiver@abhct.com](mailto:1115waiver@abhct.com). Please feel free to submit any questions in the Questions and Answers section for this webinar, but please note that they will not be addressed until after the presentation. The responses to your questions are being collected and will be posted to the DSS webpage.
- This webinar is being recorded. Please remain on mute during the presentation and exit now if you do not want to be recorded. You will be able to view the video in its entirety on the DSS webpage following this event. [Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment--Training Opportunities](#)
- Suggestions for future webinar topics should be submitted to [1115waiver@abhct.com](mailto:1115waiver@abhct.com).



# Disclaimers:

Alignment with the ASAM Criteria is required of drug and alcohol treatment providers participating in the 1115 SUD Demonstration Waiver.

The State Partners stress the importance of reviewing the ASAM Criteria text in its entirety, attending the ASAM two-day training, and reviewing the resources available through the state websites which include trainings and documents.

Please check with your administration for any additional resources or trainings your agency may have.



# Review of Resources: How to Subscribe to Updates

[CT.gov Home](#) / [Department of Social Services](#) / [Health & Home Care](#) / [Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment](#)

## Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment

- Overview**
- [Goals and Milestones](#)
- [Annual Forums and Public Comments](#)
- [Meeting Schedule](#)
- [Provider Resources](#)
- [Training Opportunities](#)
- [1115 Monitoring and Evaluation](#)

### Overview

Questions and comments about the Demonstration may be sent to [ct-sud-demo@ct.gov](mailto:ct-sud-demo@ct.gov).

\*\*\*[Click this link to subscribe to updates regarding this project.](#)\*\*\*

### Section 1115 Demonstration Waiver for Substance Use Disorder Treatment

As part of the U.S. Department of Health and Human Services' effort to combat the ongoing opioid crisis, the Centers for Medicare & Medicaid Services (CMS) created an opportunity under the authority of section 1115(a) of the Social Security Act for states to demonstrate and test flexibilities to improve the continuum of care for beneficiaries with substance use disorders (SUD) including Opioid Use Disorder (OUD).

Clicking the Overview button will bring you to where to subscribe for updates and also email any additional questions.

### [Substance Use Disorder Demonstration Project](#)



# Review of Resources: Continued

## Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment

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Provided by:  
Department of Social Services

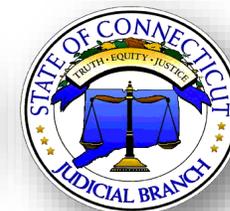
### Provider Resources

In alignment with the milestones of the Demonstration, SUD treatment services provided in the Medicaid fee-for-service (FFS) delivery system will comply with the current ASAM Criteria for activities including authorizations, utilization review decisions, multi-dimensional assessments and individualized treatment plans.

The below Policy and Clinical Assumptions Grids outlines the expectations for Medicaid treatment providers in areas including admissions, interventions and treatment services, documentation, staffing and supervision.

- [Residential Levels of Care for Adults \(ASAM 3.1, 3.3, 3.5, 3.5PPW, 3.7, 3.7RE, 3.2WM, 3.7WM\)](#) - Updated 05/2023
- [Residential Levels of Care for Adolescents \(ASAM 3.5 and 3.1\)](#) - Updated 05/2023
- [Residential Admission Guidance](#) - Updated 04/2023
- [Residential Flex Bed Guidance](#) - Updated 04/2023
- [Intensive Outpatient \(IOP\) and Partial Hospitalization \(PHP\) for Adults and Children \(ASAM 2.1 and 2.5\)](#) - Updated 06/2023 **NEW!**
- [Ambulatory Withdrawal Management \(ASAM 1-WM and 2-WM\)](#) - Updated 11/2022
- [Opioid Treatment Program \(OTPs\) \(ASAM 1\)](#) - Updated 02/2024 **NEW!**

### [Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment--Provider Resources](#)



### Additional Topics and Resources Listed:

- Fees by Level of Care
- Provider Bulletins
  - State Plan Amendments (SPAs)
- Certification and Monitoring
- Frequently Asked Questions (FAQs) and Answers
  - Important Documents
- Other Resources

# Review of Resources: Continued

## Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment

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[Goals and Milestones](#)

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[Training Opportunities](#)

[1115 Monitoring and Evaluation](#)

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### Training Opportunities

The State is committed to supporting the Connecticut Medical Assistance Program (CMAP) provider network with training opportunities to support the transition to adopting the ASAM Criteria, 3rd Edition and the State's standards for substance use disorder treatment. Training information will be shared here as new opportunities are identified.

- [Training Requirements for Residential Providers](#)  
- [Training Requirements for Ambulatory Providers](#)  

### ASAM Technical Assistance Webinar Series

Advanced Behavioral Health (ABH), in partnership with DMHAS, DCF, DSS, JBCSSD and DOC, host a monthly American Society of Addiction Medicine (ASAM) Technical Assistance webinar series. Monthly webinars will provide training on a specific topic related to ASAM alignment with the purpose of providing resources, training, and information to support providers with implementing and integrating ASAM across all levels of care. Topics include: Individualized Treatment Considerations, Individualized Documentation, Service Coordination/Case

### [Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment--Training Opportunities](#)



# Learning Objectives for Therapies Across Levels of Care

- Program Driven and Individualized Driven Treatment
- Individualizing Services using ASAM Assessment
- Services
  - Services Overview
    - Clinical Services
    - Psychoeducational Services
  - Additional Services and Considerations
    - Family Services
    - Trauma Informed care
    - Cultural Competency
    - Supervision and Trainings
- Additional Resources



## Program Driven Treatment

“Services received and the anticipated length of stay are determined primarily by the philosophy, design, and model of treatment rather than on the individual's multidimensional assessment and treatment outcomes. Such programs are often for a fixed length of stay from which a patient graduates and is said to then have completed treatment.” (p. 426)

Past



## Individualized Driven Treatment

“Treatment that is person-centered and collaborative designed to meet a particular patient's needs and preferences guided by services that are directly related to a specific, unique patient assessment” (p.420)

Present

# Individualizing Client Services and Modalities Utilizing the ASAM Assessment

- Step 1: Assess all 6 dimensions for immediate needs.
  - Immediate needs are determined by a severity level of 4 in any dimension. The dimension with the highest severity rating determines the immediate service need.
- Step 2: Determine risk in all dimensions.
- Step 3: Identify types of services and modalities needed for all dimensions with any significant risk ratings.
  - Not all dimensions may have sufficient severity to warrant service needs at the time of assessment.
- Step 4: Use the multidimensional risk profile produced by the assessment in steps 2 and 3 to develop an initial treatment plan in the level of care determined by the dimensional admission criteria for each level of care.
- Step 5: Make ongoing decisions about the client's continued service needs by repeating steps 1-4.



# Services



# ASAM Definition

## Skilled Treatment Services/Types of Services

- Such services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies.
- Attendance at self/mutual help meetings such as Alcoholics or Narcotics Anonymous; volunteer activities; or homework assignments involving watching videos, journaling, and workbooks do not represent “skilled treatment services” for the purpose of clinical service hours for each level of care. (p.429)



# Residential Clinical Assumptions Grids Treatment Services

The program offers a range of evidence-based cognitive, behavioral, and other therapies administered on an individual and group basis, medication education and management, medication for addiction treatment, educational skill building groups, and occupational or recreational activities, adapted to the individual's developmental stage and level of comprehension, understanding, and physical abilities.

Motivational enhancement and engagement strategies appropriate to the individual's stage of readiness to change, which are used in preference to confrontational approaches.

Counseling and clinical monitoring to promote successful initial involvement or re-involvement in regular, productive daily activity, such as work or school and, as indicated, successful reintegration into family living.

Daily programming includes a combination of clinical and recovery-focused education services to improve the individual's ability to structure and organize the tasks of daily living and recovery and to develop and practice prosocial behaviors.

\*This is not an exhaustive list, nor does it include LOC specific requirements. Please refer to the DSS website for more information.

[Connecticut Substance Use Disorders Services Policy and Clinical Assumptions Grid Residential Levels of Care](#)



# Ambulatory Clinical Assumptions Grids

## Treatment Services

Services are provided in amounts, frequencies and intensities appropriate to the objectives of the treatment plan and adapted to the individual's developmental stage and comprehension level.

Motivational enhancement and engagement strategies are preferred over confrontational approaches.

Services include, but are not limited to individual, group, and family counseling including psychoeducation on recovery.

Program services should include evidence-informed practices.

Services also include monitoring of alcohol/drug use and orientation and referral to community-based support groups, as appropriate and indicated by the individual's treatment plan.

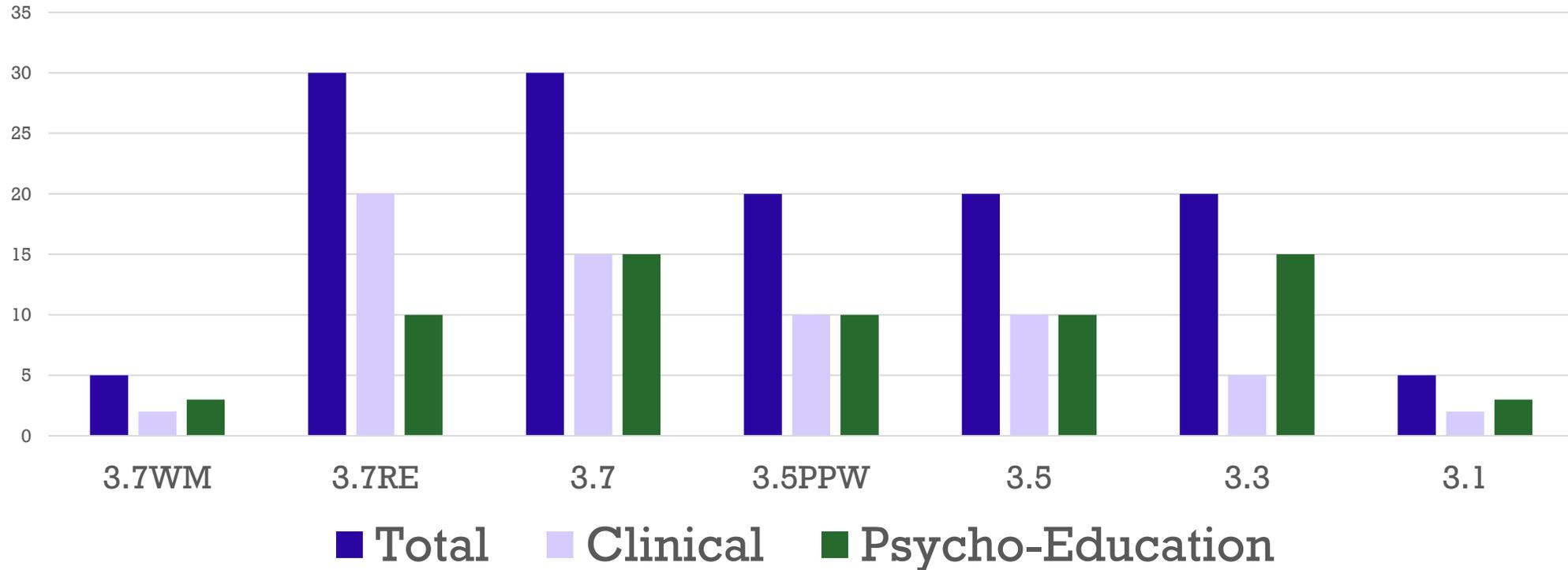
\*This is not an exhaustive list, nor does it include LOC specific requirements. Please refer to the DSS website for more information.

[Substance Use Disorders Services Policy and Clinical Assumptions Grids Outpatient Levels of Care](#)



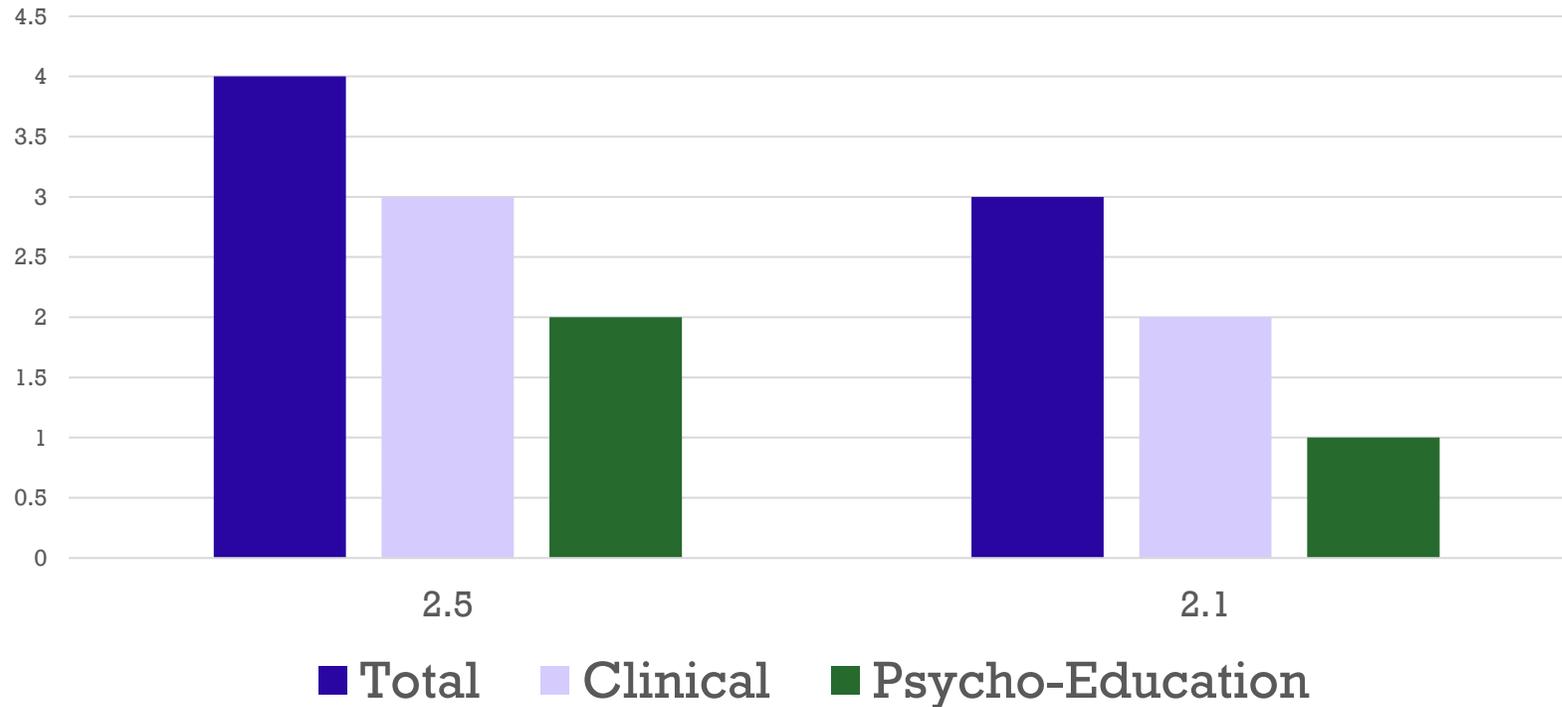
# Residential Levels of Care

## Program Hours



# Ambulatory Levels of Care

## Program Hours



**2.5**  
 20+ hours per week  
 Minimum contact of four days per week

**2.1**  
 9-19 hours per week  
 Minimum contact of three days per week

**2.1 Adolescents**  
 6-19 hours per week  
 Minimum contact of three days per week



# Individualizing Client Services and Modalities Utilizing the ASAM Assessment

- Step 1: Assess all 6 dimensions for immediate needs.
  - Immediate needs are determined by a severity level of 4 in any dimension. The dimension with the highest severity rating determines the immediate service need.
- Step 2: Determine risk in all dimensions.
- ***Step 3: Identify types of services and modalities needed for all dimensions with any significant risk ratings.***
  - ***Not all dimensions may have sufficient severity to warrant service needs at the time of assessment.***
- Step 4: Use the multidimensional risk profile produced by the assessment in steps 2 and 3 to develop an initial treatment plan in the level of care determined by the dimensional admission criteria for each level of care.
- Step 5: Make ongoing decisions about the client's continued service needs by repeating steps 1-4.



# Group Therapy Models

1. Psychoeducation Groups
  - Designed to educate clients about substance use, recovery and change.
2. Skills Development Groups
  - Cultivates the skills needed to attain and sustain abstinence, such as those needed to manage anger or cope with urges to use substances.
3. Cognitive-Behavioral/Problem Solving Groups
  - Alter thoughts and actions that lead to substance use.
4. Support Groups
  - Provides a forum to share pragmatic information about maintaining abstinence and managing a day-today, chemical free life.
5. Interpersonal Process Groups
  - Delves into major development issues that contribute to addiction or interfere with recovery.

[TIP 41 Substance Abuse Treatment: Group Therapy \(samhsa.gov\)](https://www.samhsa.gov)



# Specialized Groups in Substance Use Treatment

1. Relapse prevention
  - Helps clients maintain their sobriety by providing them with the skills and knowledge to “anticipate, identify, and manage high risk situations” that lead to relapse into substance use “while also making security preparations for their future by striving for broader life balance”.
2. Communal and culturally specific treatment groups
  - Groups and practices that accentuate cultural affinity help curtail substance use by using a particular culture's healing practices and tapping into the healing power of communal and cultural heritage.
3. Expressive groups
  - Includes a range of therapeutic activities that allow clients to express feelings and thoughts, conscious or unconscious, that they might have difficulty communicating with spoken words alone.

**[TIP 41 Substance Abuse Treatment: Group Therapy \(samhsa.gov\)](https://www.samhsa.gov)**



# Clinical Services



# State Plan Amendment (SPA) Definition

## Therapy:

- Individual, group, couples, and family therapy, or any combination thereof, as medically necessary based on the beneficiary's treatment plan, to address an individual's major lifestyle, attitudinal, and behavioral problems. This component focuses on symptom reduction associated with the individual's diagnosis(es), stabilization and restoration to the person's best possible functional level, including the use of appropriate evidence-informed practices. Collateral contact is permitted as needed to address the therapeutic goals of the Medicaid beneficiary receiving treatment. Any family therapy must be for the direct benefit of the beneficiary.

## Qualified Practitioners:

- Independent licensed practitioners, and associate licensed practitioners, or graduate-level interns, working under the supervision of an independent practitioner.

[ct-22-0020 approval.pdf](#)



# ASAM Definitions

- **Motivational Enhancement Therapy**
  - A patient-centered counseling approach for initiating behavior change by helping patients to resolve ambivalences about engaging in treatment and stopping substance use or gambling. This approach employs strategies to evoke rapid and internally motivated change in the patient, rather than guiding the patient stepwise through the recovery process. (p.423)
- **Motivational Interviewing:**
  - Layperson's definition: Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.
  - Practitioner's definition: Motivational interviewing is a person-centered counseling style for addressing the common problems of ambivalence to change
  - Technical definition: Motivational interviewing is a collaborate, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. (p. 423-424)



# Clinical Services: Generalized Treatment Models & Interventions

- Cognitive Behavioral Therapy (CBT)
  - Motivational Interviewing
- Acceptance and Commitment Therapy
  - Matrix Model
  - Solution-Focused Therapy
- Dialectical Behavioral Therapy (DBT)
- Motivational Enhancement Therapy
  - Living in Balance
  - Hazelden Model
- Rational Emotive Behavioral Therapy (REBT)
- Self Managing And Recovery Training (SMART) Recovery
- Mindfulness-Based Stress Reduction (MBSR)
  - Contingency Management
  - Reasoning and Rehabilitation
    - Moving On
- Accelerated Resolution Therapy (ART)



# Clinical Services: Special Populations – Gender Specific

## Women's Services

- Trauma Recovery and Empowerment Model (TREM)
  - Helping Women Recover
    - Beyond Trauma
- A Women's Way through the Twelve Steps

## Men's Services

- Trauma Recovery and Empowerment Model (M-TREM)
  - Helping Men Recover
    - Exploring Trauma



# Clinical Services: Special Populations - Adolescents

## Residential/Ambulatory/Community

- Seven Challenges
- Adolescent Community Reinforcement Approach (A-CRA)
  - Contingency Management
  - Brief-Strategic Family Therapy
  - Family Behavior Therapy (FBT)

## In-Home Services

- Multidimensional Family Therapy (MDFT)
- Multidimensional Family Therapy – Helping Youth and Parents Enter Recovery (MDFT-HYPE)
- Functional Family Therapy (FFT)
  - Multisystemic Therapy (MST)
- Multisystemic Therapy – Emerging Adults (MST-EA)



# Clinical Services: Special Populations - Trauma Focused

- Seeking Safety
- Trauma Recovery and Empowerment Model (TREM and M-TREM)
  - Beyond Trauma
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
  - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Child and Family Traumatic Stress Intervention (CFTSI)
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)



# Psychoeducation Services



# State Plan Amendment (SPA) Definition

## Skill Building and Psycho-Education:

- This component assists the individual to restore skills to minimize behavioral symptoms and prevent progression associated with SUD as outlined in the individualized treatment plan. The skill building is directed to decrease problem behavior and increase appropriate pro-social behavior and promote integration with community resources. Psycho-education and wellness education provide instruction and training to increase an individual's knowledge and understanding of, as applicable, any combination of health, development, diagnosis(es), prognosis(es), and treatment, in order to enhance health, increase engagement and collaboration with treatment, and favorably affect clinical outcomes.

## Qualified Practitioners:

- Independent licensed practitioners; associate licensed practitioners; certified alcohol and drug counselors, registered nurses; licensed practical nurse; peer support specialists; unlicensed counselors; technicians; graduate-level interns; and associate/bachelor-level interns. All individuals other than independent licensed practitioners must work under the supervisor of an independently licensed practitioner or other applicable qualified supervisor...

[ct-22-0020 approval.pdf](#)



# Psychoeducation Categories

- **Health Education:** providing information on health topics related to SUD in individual and group settings.
- **Peer Support Services:** providing recovery-related supports that promote self-management strategies, in an individual or group setting.
- **Case Management/Service Coordination:** providing coordination of aftercare, discharge, and wrap around community supports individually and within a group setting.
- **Skill building:** providing skills in an individual or group setting to decrease problem behaviors and increase appropriate pro-social behaviors.
- **Psychoeducation:** providing instruction and training to increase understanding, enhance engagement, and favorably affect clinical outcomes.

\*For a more detailed explanation of each service please refer to the State Plan Amendment: [ct-22-0020 approval.pdf](#)



# Examples of Psychoeducation Services

## Required

- Naloxone (NARCAN) and overdose prevention education.
- Health education services that do and do not require a medical license to discuss (i.e. sleep hygiene, sexually transmitted infections, nutrition, impacts of addiction and the brain, reproductive health, etc.).
- Education on Medication for Addiction Treatment options.

## Additional Types

- Relapse prevention skills and strategies and harm reduction strategies
- Social Skills, Life Skills, Communication Skills, Self-Advocating Skills.
- Educational and/or vocational activities with evidence of being curriculum based and provided by the appropriately credentialed individual (i.e. Living Skills Collection by Hazelden).



# Additional Services and Considerations



# Family Therapy: ASAM Definitions

## Family and Couples Therapy

- The effects of addiction are far-reaching and patients' family members and loved ones also are affected by the disorder. By including family members and partners in the treatment process, education about factors that are important to the patient's recovery (such as establishing a substance-free environment) as well as their own recovery can be conveyed. Family members and partners can provide social supports to the patient, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well. (p.419)

## Social Support System

- The network of relationships that surround an individual. A health social support system - involving family members, friends, employers, members of mutual support groups, and others - tends to support an individual's recovery efforts and goals. What these individuals have in common is that their relationship with the individual is current and that the individual is comfortable contacting them in times of distress. (p. 429)



# Family Therapy and the 1115 Waiver Demonstration

## Clinical Assumptions Grids

- Services, as appropriate and whenever possible with the individual's consent, for the individual's family and significant others to promote positive contribution to the individual's treatment and recovery.

## State Plan Amendment (SPA)

- Definition of Therapy: Any family therapy must be for the direct benefit of the individual.

## Chart Monitoring Tools

- Evidence in the clinical record that the individual was offered and consented to services with family members or significant others.

## Policies & Procedures

- Family/Significant Others offered counseling services (by facility, affiliation or referral), individually or with the client and have access to recovery supports and community reinforcement.



# Family Therapy: Benefits and Challenges

Not all clients may engage in Family Therapy, but it is an element to be considered in treatment and it is ***required*** that individuals are ***assessed and offered*** family services. Please remember to work within your scope of practice and seek additional Clinical Supervision as needed.

## Benefits:

- Treatment engagement and retention
- Prevention
- Motivation
- Lower costs
- The offset factor
- Treatment outcomes
- Cultural responsiveness
- Flexibility in treatment planning
- New perspectives
- Family functioning
- Relapse prevention

## Challenges:

- Complexity
- Training
- Funding
- False beliefs among providers
- Difficulty implementing manualized family counseling
- Research limitations

[TIP 39 Substance Use Disorder Treatment and Family Therapy \(samhsa.gov\)](https://www.samhsa.gov)



# Trauma Informed

## Trauma Informed

- **SAMHSA Definition:** A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic. In May 2012, SAMHSA convened a group of national experts who identified three key elements of a trauma-informed approach: “(1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) responding by putting this knowledge into practice (SAMHSA, 2012, p.4).

## Trauma Informed Care

- **ASAM Definition:** A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings. (p.432)
- **SAMHSA Definition:** TIC is a strengths-based delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychology, and emotional safety for both providers and survivors, and that creates opportunities for services to rebuild a sense of control and empowerment” (Hopper, Bassuk, & Olivet, 2010, p.82). It also involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize individuals who already have histories of trauma, and it upholds the importance of consumer participation in the development, delivery, and evaluation of services.

## TIP 57 Trauma-Informed Care in Behavioral Health Services



# DMHAS Trauma Initiative

“The primary goal of the **Trauma Initiative** is to deliver behavioral health care that is sensitive and responsive to the needs of [people] who have experienced psychological trauma. Training and professional development with clinicians and clinical case managers in the DMHAS system of care is preparing them to provide screening, education, and treatment groups. Trauma services are being developed based on the guiding principle that treatment must be informed by a sound scientific, clinical, culturally relevant, and humanistic understanding of the impact and impairment caused by traumatic stress.”

“Trauma-Informed care (also known as Trauma Sensitive Services) means that regardless of the reasons an individual comes seeking services, staff asks them about their trauma history respectfully, and is prepared to listen. In a trauma-informed system, services are designed to accommodate the needs of trauma survivors.”

## Trauma Initiative

# DCF Trauma Informed Care

## Trauma Informed Care



# Cultural Competency

**According to SAMHSA, The Office of Minority Health (OMH 2000) defines cultural competency as:**

- “Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”

**[TIP 59: Improving Cultural Competence](#)**

## **SAMHSA’s identified Culturally Responsive Practices**

- Cultural awareness and cultural humility
- Cultural knowledge
- Cultural knowledge of behavioral health
- Cultural skills

**[Group Therapy In Substance Use Treatment \(samhsa.gov\)](#)**



# Supervision and Training

**Always work within the scope of your practice and seek additional supervision when necessary.**

## Supervision Requirements

- Independently Licensed Clinical Staff – two hours per month, group supervision may be utilized once per month.
- Associate Licensed or Unlicensed Staff – One hour per week, group supervision may be used twice per month.
- Certified Peers – One hour per week, group supervision may be used twice per month.
- Technicians – Supervision of 30 minutes for every 40 hours worked, techs must receive monthly group clinical supervision with a potential shift overlap (all staff meeting at least once a month).



# Supervision and Training

**Always work within the scope of your practice and seek additional supervision when necessary.**

## Training Requirements

- 100% of existing clinical supervisors, masters level behavioral health providers and non-licensed staff providing therapeutic services have completed ***The Change Companies' ASAM-3 Criteria, Modules 1-3.***
- Trauma-informed and gender responsive training ***are available*** for clinicians and support staff members to access. Examples of training topics include: personal and professional boundaries, understanding behaviors of individuals with a history of trauma, cultural competency and gender responsiveness.
- 100% of existing clinical supervisors, masters level behavioral health providers and non-licensed staff providing therapeutic services...
  - ...have completed a training in co-occurring disorders.
  - ...have completed a training on the impact of one's own beliefs/attitudes on delivery of services
  - ...have completed a training in the use of naloxone in response to an opioid overdose
  - ...have completed a training on motivational interviewing and stages of change
- Uses a range of evidence based practices (EBPs)/therapies by staff who are trained in accordance with identified model(s) as reflected on the training plans/educational records including motivational interviewing and enhancement & engagement strategies.

\*For more information on Training Requirements please refer to the Training Opportunities section on the 1115 Waiver Website: [Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment--Training Opportunities](#)



# Additional Resources

## DMHAS Resource Links

[Office of Workforce Development](#)

[DMHAS Workforce Development Training Catalog](#)

[DMHAS Workforce Development Web-Based Training Offerings](#)

[Multicultural Healthcare Equity OMHE](#)

## DCF Resource Links

[Information that Providers and Professionals will find Useful](#)

[Office of Substance Use, Recovery and Intimate Partner Violence](#)

## Gambling Resources

[bettorchoiceprograms.pdf.pdf](#)

## LGBTQIA+ Resources

[LGBTQ Services](#)

## Women's and Children's Services Resources

[Women's and Children's Services](#)



# Additional ASAM Definitions of Services

- Psychotherapy (p. 426)
- Harm Reduction (p.419)
- Recovery Support Services (p.427)
- Intervention (p. 421)
- Case Management (p. 415)
- Intensive Case Management (p.420)
- Modality (p.423) & Modalities Needed (p.423)
- Interdisciplinary Team (p. 420)
- Support Services (p.431)



# Reminders:

- The next webinar in our series will be held on January 14<sup>th</sup>, 2025 at 12pm and the topic will be Common Elements for Improvement which reviews some of the elements and standards that providers may struggle to implement or meet. Please note that there will not be a webinar in the month of December.
- Questions for the next topic should be submitted at least 7 days in advance of the webinar to [1115waiver@abhct.com](mailto:1115waiver@abhct.com), as well as any additional questions you may have regarding today's topic Therapies.
- You will be able to review this webinar on the DSS webpage following this event.  
**Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment--Training Opportunities**
  - Suggestions for future webinar topics should be submitted to [1115waiver@abhct.com](mailto:1115waiver@abhct.com)



# References

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