CAADPE
CALIFORNIA ASSOCIATION OF
ALCOHOL AND DRUG PROGRAM EXECUTIVES

SUD 101

PROVIDER TYPES & LICENSES

Many Types of Substance Use Disorder (SUD) Services are Available

- ✔ **STOP Programs**
- ✔ **Residential Treatment**
- ✔ **Perinatal Treatment**
- ✔ **Outpatient Treatment**
- ✔ **Intensive Outpatient Treatment**
- ✔ **Inpatient Treatment**
- ✔ **Sobering Center**
- ✔ **Medication-Assisted Treatment (MAT)/ Narcotic Treatment Programs (NTP)**
- ✔ **DUI Programs**
- ✔ **Recovery Homes (also known as Sober Living Environments)**
- ✔ **Overdose Prevention Programs & Other Harm Reduction Services**
- ✔ **Prevention and Treatment Services For Youth**

About CAADPE

Established in 1989, CAADPE member agencies provide substance use disorder treatment services at over 300 sites in California. CAADPE is the ONLY state-wide Association representing all types of substance use disorder treatment programs in California. Membership in CAADPE is by agency, and each member agency is represented at CAADPE by the chief executive leader or his/her designee.

CAADPE is organized by chapters throughout the state and headquartered in Sacramento for easy access to state government. At the state-wide level, a volunteer board of directors, guides the Association and its policies on issues vital to its members. Through our committee structure CAADPE addresses the needs of the field and identifies the policy issues of the organization. CAADPE members are urged to volunteer their time in their respective areas of expertise.

STOP Providers and Services

What is a STOP Provider?

STOP provides comprehensive, evidence-based programming, and services to parolees released from correctional institutions during their transition into the community in order to support successful reentry and reduce recidivism. This program is funded by the California Department of Corrections and Rehabilitation.

What Kind of Services does a STOP Location Provide?

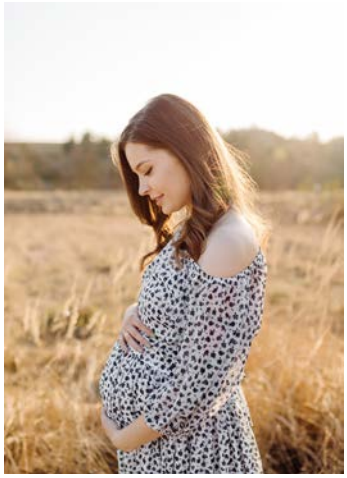
- ✔ **Substance Use Disorder Treatment**
- ✔ **Detoxification Services**
- ✔ **Female Offender Treatment and Employment Program**
- ✔ **Assistance with Enrollment to Health Care Services**
- ✔ **General Health Education Services**
- ✔ **Motivational Incentives**
- ✔ **Criminal Thinking**
- ✔ **Life Skills Programs**
- ✔ **Community and Family Reunification Services**
- ✔ **Employment and Educational Services, and Referrals**
- ✔ **Individual, Family, and Group Counseling**
- ✔ **Recovery and Reentry Housing**
- ✔ **Emergency Housing Services**
- ✔ **Anger Management**

Residential Treatment

Residential treatment generally includes substance use assessment, around the clock observation, individual and group substance use counseling, 12-step groups, mental health assessment and treatment, life-skills training, vocational assessment and training, and recreational activities. The patient lives at the treatment facility throughout the course of treatment. Those facilities run by an Indian health program or tribe generally also include a cultural and traditional healing component. Residential treatment frequently lasts from two to six months, with some programs having an on-site transitional living component that can last an additional six months. Under Medi-Cal, there is a requirement that the average length of stay statewide be no longer than 30 days to receive federal financial participation.

Perinatal Treatment

Perinatal SUD services are provided in residential treatment facilities specifically designed for pregnant and parenting women. Due to the harmful effects of substance use on the fetus, pregnant and parenting women require more urgent treatment services. In accordance with SAPT Block Grant requirements, all SUD perinatal treatment providers must treat the family as a unit and admit both women and their children into residential treatment services, if appropriate. Providers must serve the following individuals with an SUD: Pregnant women; Women with dependent children; Women attempting to regain custody of their children; Postpartum women and their children; or Women with substance exposed infants. Additionally, SUD providers offering services funded by DMC shall address specific treatment and recovery needs of pregnant and parenting women up to 60 days postpartum.



Outpatient Treatment

If an individual has a substance use disorder, their doctor may suggest treatment at an outpatient program. How long a person receives outpatient treatment varies among programs and level of need.

Treatment may include group therapy, one-on-one counseling, drug and alcohol education, medical care, and family therapy. Their doctor or counselor will help decide whether you should have inpatient or outpatient treatment. The choice may depend on:

- ✔ How severe the substance use disorder is.
- ✔ Mental health.
- ✔ Family support.
- ✔ Living situation.
- ✔ How the treatment will be paid for.

Outpatient treatment takes place in mental health clinics, counselors' offices, hospital clinics, or local health department offices. Outpatient programs can be a challenge because you may continue to face problems at work and home. But it will help build the skills needed to handle everyday problems.

Standard outpatient treatment may involve 1 or 2 group therapy sessions a week. Treatment may go on for a year or more. Sessions may be in the evening or on weekends so individuals can go to work. Outpatient treatment may be a good option if:

- ✔ The individual can't or doesn't want to quit work or take a leave of absence.
- ✔ The individual wants to be close to loved ones.
- ✔ The individual can stay away from drugs or alcohol where they live.
- ✔ Inpatient treatment is too expensive.

Intensive Outpatient Treatment (IOT)

IOT is a more intensive form of outpatient treatment, in which the patient receives a minimum of 9 hours per week of therapy and counseling. Structured programming services are provided to beneficiaries when determined by an Licensed Practitioner of the Healing Arts (LPHA) to be medically necessary and in accordance with an individualized client plan. Services are provided for a minimum of nine hours with a maximum of nineteen hours a week for adults, and for a minimum of six hours with a maximum of nineteen hours a week for adolescent.

The Components of IOT Include the Following Services:

Intake

The process of determining that a beneficiary meets the medical necessity criteria and admitting the beneficiary into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.

Individual Counseling

Contacts between a beneficiary and a therapist or counselor. Services provided in-person, by telephone, or by telehealth qualify as Medi-Cal reimbursable units of service and are reimbursed without distinction.

Group Counseling

Face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time with a maximum of 12 in the group, focusing on the needs of the beneficiaries served. Services must be provided face-to-face to qualify as Medi-Cal reimbursable units of service.

Patient Education

Provide research-based education on addiction, treatment, recovery, and associated health risks.

Family Therapy

The effects of addiction are far-reaching and family members and loved ones of the beneficiary are also impacted by the disorder. By including family members in the treatment process, education about factors that are important to the beneficiary's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the beneficiary, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.

Medication Services

The prescription or administration of medication related to substance use disorder treatment services, or the assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and / or order laboratory testing within their scope of practice or licensure.

Collateral Services

Sessions with therapists or counselors and significant persons in the life of the beneficiary, focused on the treatment needs of the beneficiary in terms of supporting the achievement of the beneficiary's treatment goals. Significant persons are individuals that have a personal, not official, or professional, relationship with the beneficiary.

Crisis Intervention Service

Contact between a therapist or counselor and a beneficiary in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall be limited to the stabilization of the beneficiary's emergency situation.

Treatment Planning

The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed upon intake and then updated every subsequent 90 days unless there is a change in treatment 3 modality or significant event that would then require a new treatment plan.

Discharge Services

The process to prepare the beneficiary for referral into another level of care, post treatment return, or reentry into the community, and / or the linkage of the individual to essential community treatment, housing, and human services.

Inpatient Treatment

Inpatient treatment, as distinguished from residential treatment, is typically provided in a hospital program or found in special clinics. Patients sleep at the facility and receive therapy in the day or evening.

Inpatient treatment may be a good option if the patient:

- ✔ **Tried outpatient treatment, but it didn't work.**
- ✔ **Has other physical or mental health problems.**
- ✔ **Lives in a home situation that makes it hard to stay away from drugs or alcohol.**
- ✔ **Does not live near an outpatient treatment clinic.**

An individual may stay for several weeks, depending on how recovery is going. After inpatient treatment, the individual would usually be referred to outpatient treatment for more counseling and group therapy. Inpatient treatment also may be followed by residential treatment if the patient needs that level of care.

Sobering Center

A sobering center is a short-term care facility designed to allow an individual who is intoxicated and nonviolent to safely recover from the debilitating effects of alcohol and, more recently, drugs. The centers typically operate 24 hours a day, seven days a week, and have lengths of stay ranging from four to just under 24 hours. They are also known as stabilization programs, recovery programs, diversion centers, and sobering stations. Sobering centers are separate and distinct from two other kinds of alcohol-related care facilities: detoxification centers, which support individuals in the gradual and complete cessation of alcohol consumption over a period of days, and sober living houses, which provide a group residential setting for those in recovery and abstinent from drugs and alcohol.

Medication Assisted Treatment/ Narcotic Treatment Program

Medications for Addiction Treatment (MAT) involve the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of substance use disorders.

Narcotic Treatment Programs (NTPs) are the most widely known and well researched treatment for opiate dependency. The most common authorized medications for narcotic treatment are methadone, buprenorphine (oral and long-lasting injectable), and naltrexone (oral and injectable). NTPs have been used for treating opioid use disorder for over 30 years, and are extremely effective when combined with counseling, medical services, and other necessary treatment to help the patient return to a life without addiction.

Methadone is the most widely known pharmacologic treatment for opiate dependence and is effective in reducing illicit opiate use and retaining patients in treatment.

Given to individuals addicted to illicit opiates, it suppresses withdrawal without producing a “high”. Methadone is highly regulated and, when used in addiction treatment, can only be dispensed in NTPs. For most patients this treatment involves a daily dosage in the clinic, although some patients may be eligible for “take home” doses. Treatment aspects of each program are under the supervision of a medical director, who is a licensed medical doctor, and opioid maintenance programs are required to provide counseling along with the medication. A patient must receive at minimum 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month.

There are two phases of NRT—Detoxification & Maintenance

Phase 1—Detoxification
In this phase of treatment, patients are provided with gradually reduced doses of methadone to prevent withdrawal symptoms. Detoxification is generally short-term, twenty-one (21) days, or long-term, up to 180 days. During detoxification treatment, a patient receives methadone in decreasing dosages to ease adverse physical and psychological effects caused by withdrawal from the long-term use of an opiate.

Phase 2—Maintenance
This phase of treatment provides narcotic replacement medication to patients in sustained, stable, medically determined doses. The purpose is to reduce or eliminate chronic illicit opiate addiction, while the patient is provided a comprehensive range of additional treatment services. Once the patient is stabilized on a satisfactory dosage, it is often possible to address his/her other chronic medical and psychiatric conditions. A patient’s dose will be determined by the physician at the NTP where they are being treated.

In October 2000, the FDA approved buprenorphine as a medication for opiate dependency, and effective January 2005, the California Health and Safety Code established buprenorphine as an approved medication to be used in NTPs. DHCS does not regulate this medication; however, physicians must be certified by SAMHSA and comply with the federal requirements.

In addition to buprenorphine, other medications for addiction treatment - naltrexone (both oral and injectable), acamprosate, and disulfiram - are covered by Medi-Cal and may be prescribed by an appropriately registered and enrolled fee-for-service physician.

DUI Programs

A person convicted of a first DUI offense in California must complete a state-licensed 3-month, 30-hour alcohol and drug education and counseling program. A person convicted of a first DUI offense with a blood alcohol content of 0.20 or higher must complete a state-licensed nine-month, 60-hour alcohol and drug education and counseling program. Second and subsequent DUI offenders must complete an 18-month multiple offender program. Program requirements are: 52 hours of group counseling; 12 hours of alcohol and drug education; 6 hours of community reentry monitoring; and biweekly individual interviews during the first 12 months of the program.

These programs are designed to enable participants to consider attitudes and behavior, support positive lifestyle changes, and reduce or eliminate the use of alcohol and/or drugs. In the past most DUI programs were considered to be education rather than treatment. However, today more of these programs are providing outpatient treatment services staffed by certified SUD counselors.

Recovery Homes

For individuals who are in recovery from alcohol or other drug use disorders, one of the essential components of successful recovery and relapse prevention is a safe, stable, and supportive living environment. This important role is provided by recovery housing, an intervention that is specifically designed to address the recovering person's need for a safe, healthy and substance-free living environment while supplying peer supports. Recovery residences are identified by various names, including "recovery homes," "transitional housing," and "sober living environment (SLE)." They often serve as a bridge between highly supervised treatment and a full return to community living (hence the term "transitional housing").

The Substance Abuse and Mental Health Services Administration (SAMHSA) has defined recovery housing as follows:

> **Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connection to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber.**

CAADPE has prepared a more comprehensive white paper on recovery housing, which can be found on caadpe.org/resources.

Overdose Prevention Programs & Other Harm Reduction Services

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at," and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

However, the following principles are central to harm reduction practice:

- ✔ Accepts that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- ✔ Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence and acknowledges that some ways of using drugs are clearly safer than others.
- ✔ Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies.
- ✔ Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in assist them in reducing attendant harm.
- ✔ Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.

Examples of harm reduction strategies are needle-exchange programs and supervised consumption sites (a.k.a. overdose prevention programs).

Prevention and Treatment Services For Youth

Research on SUD prevention, early intervention, and treatment for youth populations has advanced significantly in recent decades, equipping clinicians and administrators with a better understanding of how best to address substance use among adolescents and young adults. Furthermore, policy developments such as the Drug Medi-Cal Organized Delivery System (DMC-ODS) and the Adult Use of Marijuana Act of 2016 (Proposition 64, which generates funding for youth services) are creating potential to develop new services for youth and secure the resources needed to support them. Other services—such as those provided as part of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT Medicaid benefit) or supported by the Mental Health Services Act Prevention and Early Intervention (PEI) funds—can also be leveraged to help develop effective behavioral health services that address youth substance use needs in California.

In 2023 the Department of Health Care Services (DHCS) awarded $30.5 million to 63 entities through the Children and Youth Behavioral Health Initiative (CYBHI), a $4.7 billion investment in youth behavioral health and a key component of Governor Newsom's **Master Plan for Kids' Mental Health**. DHCS is scaling evidence-based practices (EBP) and community-defined evidence practices (CDEP) for youth behavioral health through six rounds of funding. By scaling EBPs and CDEPs throughout the state, DHCS aims to improve access to critical behavioral health interventions, including those focused on prevention, early intervention, and resiliency/recovery, for children and youth.

Established as part of the Budget Act of 2021, the CYBHI is a multiyear, multi-department package of investments that seeks to reimagine the systems, regardless of payer, that support behavioral health for all California's children, youth, and their families. Efforts will focus on promoting social and emotional well-being, preventing behavioral health challenges, and providing equitable, appropriate, timely, and accessible services for emerging and existing behavioral health (mental health and substance use) needs for children and youth ages 0-25. CYBHI is grounded in focusing on equity; centering efforts around children and youth voices, strengths, needs, priorities, and experiences; driving transformative systems change; and using ongoing learning as the basis for change and improvement in outcomes for children and youth.

Prevention and Early Intervention For Youth

The Federal Substance Abuse Prevention and Treatment Block Grant (SABG) requires the state to spend a minimum of 20 percent of the total SABG Award on primary prevention services. Beginning State Fiscal Year 2021–22, California implemented a policy increasing the minimum set aside for prevention to 25 percent. These funds are allocated to all 58 counties. Allowable strategies include information dissemination, education, alternative activities such as youth leadership and mentoring, community-based processes and environmental strategies such as systems and policy change, and problem identification and referral services.

Over the years research has identified common risk factors that contribute to SUD across multiple domains of a person's life, including environmental factors and individual development. These common risk factors can occur individually or together:

- ✔ Individual genetics - including brain development and DNA sequencing;
- ✔ Environmental influences – chronic stress, trauma, adverse childhood experiences (ACES);
- ✔ Lack of environmental protectors (safe neighborhoods for play and exercise, green spaces, food security, family and friendship connections, and housing security).

Studies have also identified shared protective factors that have been shown to prevent substance use and mental health conditions. Protective factors include early detection and treatment of mental illness and/or substance use, strong family and peer connections, access to safe neighborhoods, and housing security. Behavioral health prevention approaches play a critical role by addressing the risks and protective factors, ACES, and social drivers of health that can either lead to or prevent SUD and mental illness. The prevention approach includes a focus on system solutions to population problems such as environmental policies to promote mental wellness, as well as individual primary prevention activities to address behavioral health challenges before they become clinical conditions.

DHCS has recently made more than $41 million in grant funding available to tribal and community-based organizations to expand youth substance use prevention programs. Organizations can apply for grants up to $1,000,000 to implement the Elevate Youth California (EYC) program in low-income communities of color, prioritizing organizations with a demonstrated track record of effectively and equitably serving individuals in these communities.

The EYC program:

- ✔ Empowers youth to create policy and system changes through civic engagement, specifically in communities disproportionately impacted by the war on drugs.
- ✔ Implement culturally and linguistically proficient youth development, peer support, and mentoring programs that are healing-centered and trauma-informed.
- ✔ Prioritize harm reduction and public health solutions that create resiliency and prevent substance use disorder.

Treatment and Recovery for Youth

Substance Use Disorders (SUDs) among adolescents pose particular challenges for counties and providers responsible for managing SUD treatment and recovery programs. Given the differences in developmental and emotional growth between adolescents and adults, the complex needs of this population are remarkably different from those of the traditional adult treatment population, requiring different expertise on how SUD treatment and recovery programs can best serve adolescents.

DHCS has developed guidance based on the American Society of Addiction Medicine (ASAM) Criteria for determining the appropriate intensity and length of treatment for adolescents with SUDs. This guidance is detailed in the Department's ***Adolescent Substance Use Disorder Best Practices Guide***. For the most positive outcomes among adolescents experiencing SUD-related problems, they must have access to age appropriate intervention, treatment, recovery, practical support such as life skills training and employment, and meaningful opportunities for involvement and leadership. Adolescents need programs that address their developmental issues, provide comprehensive and integrated services, involve families, and allow adolescents to remain in the most appropriate, but least restrictive setting. Adolescents can best be served within the context of their families, classroom and community.

If you have additional questions about SUD Provider Types and Licenses or need other assistance with your California-based SUD program, contact CAADPE.