



## **Impacts of Realignment of Substance Use Disorder Services 2019 Report to the Legislature**

Submitted by the Department of Health Care Services  
Pursuant to the Requirements of  
Health and Safety Code Section 11756.8

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## Overview

The annual Impacts of Realignment of Substance Use Disorder (SUD) Services 2019 report from the Department of Health Care Services (DHCS) provides an overview of the impact of the 2011 Public Safety Realignment (2011 Realignment) of SUD program services. This report illustrates the amount of realigned funds expended for SUD treatment services, unique counts of Drug Medi-Cal (DMC) service recipients, and the treatment outcomes of service recipients. The intent of this report is to assist in monitoring changes over time and the degree to which programs are meeting state- and county-defined outcome measures. Outcome measures are based on data from three sources:

1. County reported treatment expenditures from cost reports (Substance Abuse Prevention and Treatment Block Grant (SABG) funding, and DMC funding);
2. Data from the Short-Doyle Medi-Cal Remediation Technology (SMART) system; and
3. Service recipient data reported through the California Outcomes Measurement System Treatment (CalOMS Tx).

## Background

Enactment of the 2011 Realignment marked a significant shift in the State's role in administering programs and functions related to SUD services. Prior to the 2011 Realignment, many public SUD programs and services were provided locally by counties with the program policy authority and funding responsibilities residing with the State. The Fiscal Year (FY) 2011-12 Budget Act, through Senate Bill (SB) 1020 (Committee on Budget and Fiscal Review, Chapter 40, Statutes of 2011) and Proposition 30 of November 2012, resulted in the realignment of these programs to the counties. It is the intent of this report to provide information to the Legislature, the public, and SUD services stakeholders regarding the impact of the 2011 Realignment over the period of time it has been in effect.

## Data Considerations

### Treatment Expenditure Data

Expenditures reflect funding for treatment services from both 2011 Realignment and federal funding, including the SABG, and DMC funding. The expenditure data is based on cost reports for actual treatment services claims submitted by counties for FY 2011-12 through FY 2014-15. This report provides the most current cost report data, which was finalized in February 2019. This data does not separately track each individual funding source that was established by the 2011 Realignment in the Behavioral Health Services Account (i.e., Women's and Children's Residential Treatment Services, Drug Courts, DMC and non-DMC), as these subaccounts existed only for one fiscal year and were then combined in 2012 into the broader Behavioral Health Subaccount. Therefore, all expenditure data included in this report are in the aggregate.

Appendix A provides treatment expenditures for each county and statewide. It provides details on the changes to treatment expenditures over the four-year period. Refer to Appendix D for definitions of the funding sources and service types. SUD treatment includes the following treatment services:

- Outpatient Methadone Detoxification (Detox)
- Inpatient Methadone Detox
- Naltrexone Treatment

- Outpatient Narcotic Treatment Program (NTP) Maintenance
- Outpatient Drug Free (ODF) Detox
- Interim Treatment Services
- NTP Narcotic Replacement Therapy
- Intensive Outpatient
- Rehabilitative Ambulatory Detox (non-methadone)
- Free Standing Residential Detox
- Perinatal and other Residential Treatment – Short-Term and Long-Term Residential Treatment
- Hospital Inpatient Detox (24 hours)
- Hospital Inpatient Residential (24 hours)
- Chemical Dependency Recovery Hospital
- Drug Court and Other Treatment Related Services

#### SMART: Unique Counts of DMC Treatment Service Recipients

The unique DMC client data for FY 2011-12 through FY 2014-15 was collected from the SMART system. “Unique” service recipient counts in Appendix B are defined as the number of individuals who received a DMC treatment service as opposed to the total DMC services provided. Data for Sutter and Yuba Counties are combined and displayed as one county in both Appendix A and Appendix B.

#### CalOMS Tx: Service Recipient Outcomes

The CalOMS Tx system collects outcome data measures, at the time of the recipient’s admission and discharge from publicly-funded SUD treatment services and/or licensed NTPs. CalOMS Tx collects a variety of treatment service recipient outcome measures in seven life domains: Alcohol Use, Other Drug Use, Employment/Education, Legal/Criminal Justice, Medical/Physical Health, Mental Health, and Social/Family. Outcome measures collected in these areas indicate the impact of treatment services. These CalOMS Tx measures, along with the percentage of administrative discharges (i.e., the service recipient left treatment prior to their planned discharge and could not be reached for discharge data collection), can be used to measure and compare service recipient outcomes across multiple years. CalOMS Tx does not track data on the specific funds used to provide services, but for purposes of consistency, the CalOMS Tx data are included for FY 2010-11 through FY 2015-16. Outcomes are only reported at the statewide level. The historical outcomes reporting methodology did not accurately reflect all recipients’ actual outcomes because counties vary substantially in the number of discharges reported that are absent of client data regarding level of functioning. These discharge data are necessary to provide generalizable and comparable outcomes across counties. See Appendix C for details.

## **Findings**

### Treatment Expenditures

The treatment expenditures data from FY 2011-12 to FY 2014-15 increased by \$34,635,310 at the statewide level; an increase of 10.4 percent. Treatment expenditures statewide in FY 2011-12 were \$331,717,082 compared to \$366,352,392 in FY 2014-15. This increase is due to the overall increase of counties administering DMC and DMC client counts. Approximately 70.1 percent of counties showed an increase in treatment expenditures, with 21 counties with an increase of \$1 million or more in expenditures from FY 2011-12 to FY 2014-15. Treatment expenditures for 40 of the 57

counties increased ten percent or more from FY 2011-12 to FY 2014-15, with nine counties showing an increase of more than 90 percent (see Appendix A).

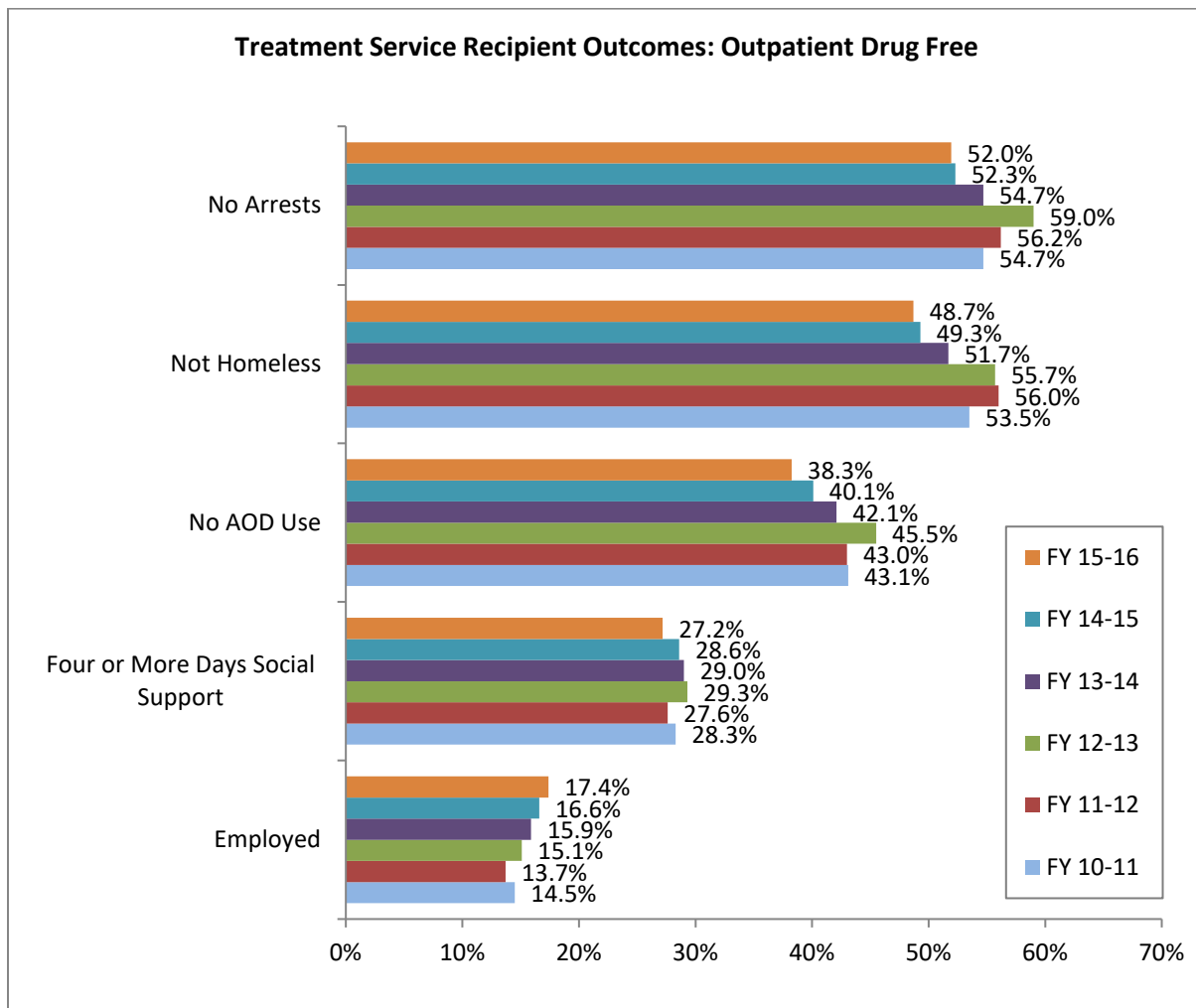
### Counties Administering DMC and Unique DMC Client Counts

The number of counties administering the DMC program increased from 42 counties in FY 2011-12 to 45 counties in FY 2014-15. Of the 45 counties administering the DMC program in FY 2014-15, only two had substantial decreases (10 percent or more) in unique counts of DMC service recipients: Los Angeles and Lassen counties. Los Angeles County experienced a dramatic decrease in the number of provider sites administering services (from 270 sites in FY 2011-12 to 96 sites in FY 2014-15). This was due to fraud investigations resulting in the termination of multiple provider site certifications. Lassen County's decrease was caused by having two contracted provider sites in FY 2011-12, then reducing to only one in FY 2014-15. Conversely, 42 counties had substantial increases (10 percent or more) in unique counts of DMC service recipients, with 19 counties increasing by 100 percent or more. The overall number of unique DMC service recipients increased by 48.3 percent, from 55,622 in FY 11-12, to 82,432 in FY 2014-15 (see Appendix B).

### Treatment Service Recipient Outcomes

Treatment service recipient data included in this report are for ODF services. This service type represents the largest proportion of treatment admissions to publicly-monitored treatment programs. In addition, ODF is typically the last service type in an episode of treatment (i.e., when a service recipient progresses from more intensive to less intensive treatment services). The five key measures for outcomes in the chart on page four provides service recipient outcomes by year for ODF services. From FY 2010-11 through FY 2015-2016, CalOMS Tx data indicated that ODF service recipient outcomes showed improvement in employment, whereas no improvement was made for the remaining outcomes measures (No Arrests, Not Homeless, No Alcohol and Other Drug (AOD) Use, and Four or More Days Social Support).

While percentages for the "Four or More Days Social Support" outcome have remained relatively stable across fiscal years, the "No Arrests" measure shows a slight improvement from FY 2010-11 to FY 2012-13 of about four percentage points, but then drops by seven percentage points from FY 2012-13 to FY 2015-16. The "Not Homeless" measure also shows a slight improvement from FY 2010-11 to FY 2011-12 of about two percentage points, but then drops by seven percentage points from FY 2012-13 to FY 2015-16. "No AOD Use" shows a slight increase of about two percentage points from FY 2010-11 to FY 2012-13, but then drops over seven percentage points from FY 2012-13 to FY 2015-16. The only positive outcome is in "Employed," where participants have shown a slight, but steady, improvement from FY 2011-12 to FY 2015-16 of about four percentage points. Again, the main challenge in attempting to analyze and measure these trends is the continual percentage increase in missing outcomes data (see Appendix C).



**Future Updates**

Future reports will continue to include updates to the summary treatment expenditure and service recipient outcomes to support the ongoing monitoring of 2011 Realignment impacts.

**Appendix A**  
**Treatment Expenditures by County and California FYs 2011-12 through 2014-15**

<b>County</b>	<b>A FY 11-12</b>	<b>B FY 12-13</b>	<b>C FY 13-14</b>	<b>D FY 14-15</b>	<b>Difference A-D</b>	<b>Percentage Change A-D</b>
Mariposa	\$351,112	\$64,642	\$47,537	\$60,320	-\$290,792	-82.8%
Lassen	\$590,753	\$170,514	\$104,858	\$189,546	-\$401,207	-67.9%
Trinity	\$292,099	\$203,999	\$197,869	\$126,218	-\$165,881	-56.8%
Calaveras	\$263,944	\$230,126	\$127,417	\$121,818	-\$142,126	-53.8%
Del Norte	\$193,385	\$200,875	\$249,646	\$114,083	-\$79,302	-41.0%
Glenn	\$226,877	\$197,883	\$172,504	\$156,944	-\$69,933	-30.8%
Sutter/Yuba	\$1,219,656	\$1,091,112	\$990,391	\$913,821	-\$305,835	-25.1%
Modoc	\$380,679	\$306,983	\$394,476	\$299,507	-\$81,172	-21.3%
Los Angeles	\$129,947,446	\$147,762,925	\$105,163,428	\$103,148,887	- \$26,798,559	-20.6%
Napa	\$1,172,504	\$1,152,187	\$1,290,665	\$1,003,299	-\$169,205	-14.4%
Marin	\$2,505,273	\$2,367,338	\$2,689,005	\$2,180,273	-\$325,000	-13.0%
Riverside	\$12,950,925	\$11,915,880	\$10,459,535	\$11,833,882	-\$1,117,043	-8.6%
Sierra	\$43,006	\$47,418	\$62,773	\$39,746	-\$3,260	-7.6%
Inyo	\$93,742	\$85,646	\$41,963	\$92,755	-\$987	-1.1%
Mono	\$253,179	\$258,119	\$258,119	\$258,119	\$4,940	2.0%
Nevada	\$679,425	\$729,495	\$767,626	\$700,442	\$21,017	3.1%
San Diego	\$16,125,347	\$17,437,152	\$19,157,824	\$16,985,278	\$859,931	5.3%
Humboldt	\$979,783	\$986,041	\$1,048,606	\$1,092,455	\$112,672	11.5%
Orange	\$15,573,479	\$18,157,407	\$19,460,803	\$17,597,608	\$2,024,129	13.0%
Sonoma	\$4,200,389	\$4,318,930	\$4,822,299	\$4,838,467	\$638,078	15.2%
Tehama	\$351,334	\$352,793	\$446,572	\$408,121	\$56,787	16.2%
Fresno	\$15,080,818	\$17,178,509	\$17,229,181	\$17,715,730	\$2,634,912	17.5%
Sacramento	\$15,535,593	\$15,955,473	\$16,261,345	\$18,370,836	\$2,835,243	18.2%
Tuolumne	\$340,685	\$326,370	\$372,255	\$405,749	\$65,064	19.1%
Santa Clara	\$7,771,176	\$10,127,921	\$10,127,039	\$9,514,440	\$1,743,264	22.4%
Santa Barbara	\$4,906,745	\$5,383,356	\$6,165,940	\$6,210,781	\$1,304,036	26.6%
Alameda	\$14,041,122	\$16,590,199	\$15,910,980	\$17,934,388	\$3,893,266	27.7%
Plumas*		\$131,566	\$204,676	\$41,307	\$41,307	31.4%
Kern	\$8,413,548	\$7,797,269	\$9,165,203	\$11,129,502	\$2,715,954	32.3%
San Francisco	\$16,310,123	\$18,064,098	\$18,384,301	\$21,610,009	\$5,299,886	32.5%
Tulare	\$4,020,558	\$4,203,176	\$4,780,654	\$5,398,522	\$1,377,964	34.3%
Placer	\$2,143,248	\$2,385,884	\$2,442,804	\$2,878,432	\$735,184	34.3%
Stanislaus	\$4,625,619	\$4,566,104	\$5,308,228	\$6,231,183	\$1,605,564	34.7%
Ventura	\$5,996,740	\$6,025,113	\$6,026,997	\$8,252,382	\$2,255,642	37.6%
Mendocino	\$535,172	\$413,901	\$470,519	\$744,000	\$208,828	39.0%

Contra Costa	\$8,524,320	\$9,502,151	\$9,647,295	\$11,970,376	\$3,446,056	40.4%
San Bernardino	\$10,514,561	\$11,752,087	\$13,051,347	\$14,913,474	\$4,398,913	41.8%
Shasta	\$941,644	\$934,920	\$1,281,048	\$1,401,044	\$459,400	48.8%
Madera	\$546,863	\$582,910	\$540,196	\$814,404	\$267,541	48.9%
San Mateo	\$4,587,970	\$5,916,770	\$5,002,732	\$6,893,726	\$2,305,756	50.3%
Kings	\$653,559	\$573,066	\$704,746	\$986,988	\$333,429	51.0%
Solano	\$1,962,865	\$2,300,901	\$2,798,126	\$2,964,423	\$1,001,558	51.0%
Yolo	\$526,120	\$750,445	\$803,667	\$794,963	\$268,843	51.1%
Colusa	\$147,110	\$245,973	\$188,572	\$232,748	\$85,638	58.2%
Monterey	\$1,972,465	\$2,979,892	\$3,183,220	\$3,233,232	\$1,260,767	63.9%
Santa Cruz	\$2,977,959	\$3,291,029	\$4,000,575	\$4,967,093	\$1,989,134	66.8%
Lake	\$415,841	\$606,544	\$784,143	\$712,239	\$296,398	71.3%
Imperial	\$386,911	\$482,589	\$636,196	\$686,791	\$299,880	77.5%
San Benito	\$274,504	\$393,574	\$592,244	\$526,129	\$251,625	91.7%
Butte	\$1,781,668	\$2,865,954	\$2,934,920	\$3,532,814	\$1,751,146	98.3%
Merced	\$1,848,899	\$2,285,028	\$3,401,499	\$3,899,242	\$2,050,343	110.9%
El Dorado	\$445,876	\$818,662	\$362,068	\$1,065,168	\$619,292	138.9%
Siskiyou	\$155,080	\$236,688	\$380,531	\$372,827	\$217,747	140.4%
San Luis Obispo	\$1,290,070	\$2,097,635	\$2,900,441	\$4,158,235	\$2,868,165	222.3%
San Joaquin	\$3,646,051	\$9,593,657	\$10,799,605	\$13,424,404	\$9,778,353	268.2%
Amador*		\$53,104	\$64,580	\$150,189	\$150,189	282.8%
Alpine**	\$1,262		\$26,355	\$53,036	\$51,774	4102.5%
<b>California</b>	<b>\$331,717,082</b>	<b>\$375,449,983</b>	<b>\$344,888,144</b>	<b>\$366,352,392</b>	<b>\$34,635,310</b>	<b>10.4%</b>

\*Small numbers result in increased differences (i.e. percent change)

\*\*The county did not indicate expenditures for treatment services in one fiscal year



**Appendix B**  
**Unique Drug Medi-Cal Service Recipients by County and California**  
**FYs 2011-12 through 2014-15**

County	A FY 11-12	B FY 12-13	C FY 13-14	D FY 14-15	Difference A-D	Percentage Change A- D
Los Angeles	20,774	27,016	19,412	14,978	-5,796	-27.9%
Lassen	109	115	99	92	-17	-15.6%
Mendocino	121	98	117	134	13	10.7%
Imperial	638	613	699	823	185	29.0%
Fresno	3,867	5,261	5,119	5,273	1,406	36.4%
Lake	239	231	266	326	87	36.4%
Monterey	341	318	459	530	189	55.4%
Nevada	300	284	396	467	167	55.7%
Stanislaus	749	754	936	1,209	460	61.4%
Sutter/Yuba	358	353	469	582	224	62.6%
Butte	789	656	983	1,286	497	63.0%
El Dorado	193	139	128	317	124	64.2%
Riverside	2,523	2,668	3,033	4,205	1,682	66.7%
Sacramento	3,340	4,293	4,562	5,609	2,269	67.9%
San Francisco	1,972	1,989	2,760	3,382	1,410	71.5%
Tulare	958	1,136	1,499	1,643	685	71.5%
Contra Costa	911	899	1,259	1,588	677	74.3%
Humboldt	187	150	236	330	143	76.5%
Kern	1,596	1,623	2,140	2,995	1,399	87.7%
Solano	540	518	721	1,022	482	89.3%
Alameda	2,067	2,233	3,068	3,936	1,869	90.4%
San Joaquin	1,535	1,581	2,295	2,954	1,419	92.4%
Napa	131	67	194	254	123	93.9%
Santa Cruz	346	323	498	679	333	96.2%
San Bernardino	2,076	2,056	2,987	4,101	2,025	97.5%
Santa Barbara	1,289	1,829	2,387	2,631	1,342	104.1%
Santa Clara	1,060	1,446	1,457	2,222	1,162	109.6%
Mariposa	40	52	70	84	44	110.0%
Yolo	90	138	180	197	107	118.9%
Sonoma	713	920	1,274	1,604	891	125.0%
Shasta	412	364	661	942	530	128.6%
Ventura	1,194	1,431	1,984	2,755	1,561	130.7%
Placer	447	506	763	1,050	603	134.9%
Glenn		61	84	85	85	139.3%
Merced	332	396	645	835	503	151.5%

Marin	85	89	140	215	130	152.9%
Madera	96	104	169	252	156	162.5%
Orange	710	742	1,249	1,940	1,230	173.2%
San Diego	2,090	2,531	4,376	6,617	4,527	216.6%
San Mateo	155	221	357	502	347	223.9%
Inyo		19	45	47	47	247.4%
San Benito	52	76	124	195	143	275.0%
San Luis Obispo	155	377	964	1,202	1,047	675.5%
Kings	42	73	208	342	300	714.3%
Trinity				42	42	
<b>California</b>	<b>55,622</b>	<b>66,749</b>	<b>71,472</b>	<b>82,432</b>	<b>26,810</b>	<b>48.2%</b>

Note: Service-recipients may have received service from more than one county. So, there may be some individuals counted more than once.

\*Small numbers result in increased difference (i.e. percent change).

\*\*Numerator or denominator missing, cannot calculate percent change.

## Appendix C

### Data Quality Considerations for Treatment Outcomes

Historically, SUD treatment outcomes referred to measured changes in service recipient functioning in seven life domains: Alcohol Use, Other Drug Use, Employment/Education, Legal/Criminal Justice, Medical/Physical Health, Mental Health, and Social/Family. The same measures of service recipient functioning (e.g., frequency of primary drug use in the past 30 days) are collected at two points in time: at admission to treatment and at discharge. Changes in service recipient functioning were determined by comparing admission and discharge data, through the different responses at the two points in time, and then quantifying the changes (e.g., percent change) in responses. For simplicity, responses were often categorized into two groups: “positive” actions (e.g., no drug use) and “negative” actions (e.g., used drugs one or more times). These measured changes in service recipient functioning were referred to as “service recipient outcomes.”

This outcome measurement method was historically used to develop all basic outcome statistics for a given time period (e.g., a fiscal year), county, or a specific SUD treatment service type (e.g., residential, outpatient).

During FY 2011-12 and FY 2012-13, a collaborative effort between the former County Alcohol and Drug Program Administrators Association of California, Treatment Data/Outcomes Subcommittee, and other stakeholders found that for some CalOMS Tx recipient outcome measures, functioning in the 30 days prior to treatment discharge offers a better indication of service recipient functioning; rather than the quantified change between admission and discharge, as calculated by the percent change between data captured 30 days prior to admission and 30 days prior to discharge. For example, since many service recipients are coming from controlled environments (e.g., jail, prison) or other SUD treatment services, many service recipients report not using drugs in the month prior to admission, which does not accurately reflect their true drug utilization. Additionally, social support recovery activity participation is more important during the 30-day period prior to discharge from treatment, when the service recipient is moving in the continuum of care from treatment to longer-term recovery (e.g., disease management). Similar to data collection regarding drug use at admission, some service recipients also report little to no participation in social support recovery activities at the beginning of treatment. Therefore, measuring social support recovery activity participation is more appropriately measured in the month prior to discharge.

An “administrative discharge” is a type of discharge that is used when a service recipient leaves the treatment program and the provider is unable to contact them (in person or by phone). Minimal data are required to “administratively” report the close of the corresponding CalOMS Tx admission record, which would indicate that the service recipient is no longer in the program. Since the service recipient cannot be located, no outcome (i.e., service recipient functioning) data are collected. In contrast, when a service recipient remains in treatment as planned, and is available for discharge interview (in-person or by phone), a standard discharge report is completed which contains all the necessary service recipient functioning data to measure outcomes.

There are substantial variations in the percentage of “administrative” discharges found across years, counties, and specific treatment service types. In general, it is reasonable to assume that the outcomes for service recipients discharged administratively would be worse than for those with planned discharges. Thus, generalizing outcomes of all treatment service recipients from the outcome data collected in the standard discharges (from the service recipients with planned discharges) creates a positive bias. Counties (or fiscal years) with a larger percent of administrative discharges

may appear to produce more positive outcomes since the outcomes would be generated from service recipients with completed standard discharge reports. Outcome measurement bias and variability are reduced when the administrative/missing discharge data are factored into comparisons across years and between counties or providers. Based on these findings, this methodology of examining the desired level of client functioning in the 30 days prior to discharge is used for the five outcome measures shown in this report (see page 4).

Example:

*During a given time period, County A has 1,200 total discharge records. Of those 1,200 records, 10.5 percent (or 126) are missing data. The 1,074 discharge records (1,200 minus 126) with data show that 201 clients are employed and 873 are not. Dividing 201 by 1074 equals approximately 19 percent who are employed. County B has 83 total discharge records, with 81.9 percent (or 68) of the discharge records missing data. The 15 discharge records (83 minus 68) with data show that five clients are employed and ten are not employed. Dividing 5 by 15 equals approximately 33 percent employed. Since the records with missing data are excluded from the denominator when calculating percentages, these comparative statistics erroneously show that County B has better employment outcomes than County A.*

*If the records with the missing data are included in the denominator, then more objective outcome comparisons across counties can be made. For example, County A had 1,200 total discharge records with 201 of them documenting employment at discharge. Therefore, County A shows 16.7 percent employed at discharge (201 divided by 1,200). County B had 83 total discharges, with 5 documenting employment. Therefore, County B shows 6 percent employed at discharge (5 divided by 83).*

This example underscores the importance of ongoing data quality monitoring and management. The State must continue to work with the counties and direct service providers to improve data quality and minimize the number of administrative discharges.

## Appendix D Definitions

**Chemical Dependency Recovery Hospital (CDRH):** Treatment programs located in a CDRH facility licensed by the California Department of Public Health.

**Drug Courts:** A permissible use of funding in the Behavioral Health Services subaccount. “Drug courts” or “drug court operations” refers to the provision of intensive drug treatment services, and close supervision to promptly address relapses for individuals whose involvement in the court system is a result of substance abuse. Drug court program administration was realigned under SB 1014 (Chapter 36, Statutes of 2011) and historically included the following programs: Comprehensive Drug Court Implementation Act, Drug Court Partnership, and Dependency Drug Court services.

**Drug Medi-Cal (DMC):** SUD treatment services provided as a carve-out from other standard Medi-Cal services. These SUD treatment services are provided to Medi-Cal beneficiaries through the statewide DMC program. The DMC program is currently administered in 46 counties through contracts between DHCS and the county SUD administration office or between DHCS and a DMC certified provider. DMC SUD treatment services include the following SUD treatment service types: outpatient drug free, intensive outpatient treatment, narcotic treatment program, naltrexone treatment (oral tablets) and perinatal residential treatment.

**Hospital Inpatient Detox (24 hours):** Hospital and non-hospital detoxification services. Hospital detoxification services (Hospital Inpatient Detoxification – 24 Hours) are provided in a licensed hospital where participants are hospitalized for medical support during the planned SUD withdrawal period. Non-hospital detoxification services (Free-Standing Residential Detoxification) are provided in a residential facility and support to assist the participant during a planned SUD withdrawal period.

**Hospital Inpatient Residential (24 hours):** Non-detoxification medical care provided in a hospital facility in conjunction with treatment services for substance use disorders.

**Inpatient Methadone Detox:** Rendered in a controlled, 24-hour hospital setting. Provides narcotic withdrawal treatment to service recipients undergoing a period of planned withdrawal from narcotic dependence.

**Intensive Outpatient:** Provision of counseling and rehabilitation services that last two or more hours, but less than 24 hours per day, three days per week.

**Interim Treatment Services (CalWORKS):** Services designed to determine need for more intensive SUD treatment. This includes provision of up to eight weeks of group and/or individual counseling sessions, in a nonresidential/outpatient setting until such time SUD treatment service needs are determined and available.

**Naltrexone Treatment:** Use of Naltrexone (Trexon) to block effects of heroin, other narcotics, or opiates. Services include medication, medical direction, medically necessary urine screens for substance use, counseling, and other appropriate activities or services.

**Non-DMC:** SUD treatment programs and services funded with sources other than DMC, such as Substance Abuse Prevention and Treatment Block Grant dollars from the federal Substance Abuse and Mental Health Services Administration.

**Outpatient Drug Free (ODF):** Treatment or recovery services provided in an outpatient setting. SUD treatment services include individual and/or group counseling that may or may not include medication.

**ODF Detox:** Rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting. Services are designed to support and assist participants undergoing a period of planned withdrawal from SUD dependence, and develop plans for continued service. Administration of prescribed medication may be included in this type of service.

**Outpatient Methadone Detox:** Rendered in less than 24 hours that provide narcotic withdrawal treatment to service recipients who are undergoing a period of planned withdrawal from narcotic dependence.

**Outpatient Narcotic Treatment Program (NTP) Maintenance/NTP Narcotic Replacement Therapy (NRT):** Outpatient treatment and recovery services that include the provision of NRT medication, such as methadone or naltrexone in an outpatient setting and include individual and/or group counseling.

**Rehabilitative Ambulatory Detox (non-methadone):** Outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological).

**Perinatal and Other Residential Treatment:** Short-term (<30 days) and long-term (>30 days) treatment services provided in a residential setting. Services may include the following elements: personal recovery and treatment planning, educational sessions, social and recreational activities, individual and group sessions, and assistance in obtaining health, social, vocational, or other community services.

**Women's and Children's Residential Treatment Services (WCRTS):** One of the funding sources within the Behavioral Health Services subaccount is the WCRTS special account. The term refers to the funding source as well as the WCRTS program. WCRTS includes women's treatment programs, perinatal certified programs, women's and children's programs (services for both mother and child), family services, and comprehensive family-centered treatment programs.