

Field-Based Services Terms and Definitions

1. **Adult:** An individual aged 18 and above.¹⁰
2. **Age and Developmentally Appropriate Services:** Services that account for a patient's age and developmental level to ensure his/her engagement into the treatment process.⁹
3. **ASAM:** The American Society of Addiction Medicine. ASAM is the professional society representing physicians and associated professionals dedicated to increasing access and improving the quality of addiction treatment.¹³
4. **ASAM Criteria:** A set of guidelines developed by ASAM for assessing and making placement decisions for patients with addiction and co-occurring conditions.¹³
5. **Benefit Package:** The various treatment services available to individuals with substance use disorders (i.e., withdrawal management, opioid treatment programs, residential treatment, intensive outpatient, outpatient, recovery support services).¹²
6. **California Code of Regulations (CCR) Title 9, Chapter 8:** A state regulation outlining the certification requirements for individuals providing substance use disorder counseling services.⁴
7. **Case Management:** A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.¹
8. **Drug Medi-Cal (DMC) Certified Agency-Operated Site:** A site location that is DMC certified and listed on the DPH-SAPC contract facility list.
9. **Certified Substance Use Disorder Counselor:** An individual who has been certified by one of three National Commission for Certifying Agencies (NCCA)-accredited organizations recognized by the California Department of Health Care Services (DHCS), including the California Association for Alcohol/Drug Educators (CAADE), California Consortium of Addiction Programs and Professionals (CCAPP), and California Association of DUI Treatment Programs (CADTP), to provide counseling services including intake, service needs assessment, treatment planning, recovery planning, and individual or group counseling for alcohol and other drug program patients.¹¹
10. **Chronically Homeless:** HUD defines someone who is chronically homeless as “a person must have a disability and has been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously or on at least four occasions in the last three years where those occasions cumulatively total at least 12 months” (United States Department of Housing and Urban Development, 2016).

11. **Client:** An individual who receives treatment for alcohol, tobacco, and/or other drug or addictive behavior problems. The terms “client” and “patient” sometimes are used interchangeably, although staff in medical settings more commonly use “patient,” while staff in non-medical residential, outpatient, and publicly funded substance use disorder treatment settings often use “client.”¹²
12. **Collateral Services:** Face-to-face sessions with a certified SUD counselor or LPHA and significant persons in the life of the patient. Sessions focus on the treatment needs of the patient in terms of supporting the achievement of the patient’s treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the patient.¹¹
13. **Continuum of Care:** A concept involving an integrated system of care that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensities of care.¹⁰
14. **Crisis Intervention Services:** Contact between a certified SUD counselor or LPHA and a patient in crisis. Services shall focus on alleviating crisis problems. “Crisis” means an actual relapse or an unforeseen event or circumstance that presents to the patient an imminent threat of relapse. Crisis intervention services shall be limited to the stabilization of the patient’s emergency situation.¹¹
15. **Culturally Competent Services:** Assistance delivered by treatment providers that meet the social, cultural and linguistic needs of patients. Providers must ensure that their policies, procedures, and practices are consistent with the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) and are embedded in the organizational structure, as well as being upheld in day-to-day operations.²
16. **Documentation:** A structured method of clinical notation that ensures an accurate and efficient way to organize and track services and communicate with other providers. Services provided in the community, by telephone, or by telehealth require equivalent quality and comprehensiveness of documentation as in-person services provided within a certified facility. SAPC will require that providers generate initial documentation based on the ASAM Criteria and develop progress notes based on one of the formats outlined in SAPC’s Quality Improvement/Utilization Management (QI/UM) plan. (Please refer to the QI/UM plan for the specific methods of documentation and for the format and content of progress notes).^{10,11}
17. **Drug Medi-Cal:** The California Medical Assistance Program (Medi-Cal) for individuals needing SUD services.⁶
18. **Drug Medi-Cal (DMC) Certified Agency-Operated Site:** A site location that is DMC certified and listed on the DPH-SAPC contract facility list.
19. **Evidenced-Based Practices (EBP):** A clinical approach that applies the best available research results to inform health care decisions. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. Providers will be expected to implement, at a minimum, the two EBPs of Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT). Other EBPs include relapse prevention, trauma informed treatment, and psychoeducation.^{10,11}

20. **Federally Qualified Health Centers:** Facilities certified by the U.S. Health and Human Services as an FQHC. Once certified, the entity must meet all of the following requirements: 1) Provide comprehensive services and have an ongoing quality assurance program; 2) Meet other health and safety requirements; and 3) Not be concurrently approved as a Rural Health Clinic.²⁰
21. **Family Therapy:** A specific type of psychotherapy involving both the patient and their family members that addresses the clinical principals of family systems theory. Family members can provide social support to the patient, help motivate the patient's loved ones to provide social support to the patient, help motivate the patient to remain in treatment, and receive help and support for their own family recovery as well.¹¹
22. **Group Counseling:** Face-to-face contacts between one or more certified SUD counselors or LPHAs, and two or more clients at the same time (with a maximum of 12 clients in the group), in which psychosocial issues related to substance use are addressed using techniques such as Motivational Interviewing and Cognitive Behavioral Therapy. Counseling and peer- support focus on the needs of the individuals served.¹¹
23. **Homeless:** HUD homeless definition includes four categories: 1) **Literally Homeless:** individual or family who lives in a place not meant for human habitation or in an emergency shelter or is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; 2) **Imminent Risk of Homelessness:** Individual or family who will imminently lose their primary nighttime residence within 14 days and who lacks the resources to obtain other permanent housing; 3) **Homeless Under Other Statutes:** includes unaccompanied youth under 25 or families with children and youth who have experienced persistent instability (see terms and definitions for more information); and 4) **Fleeing/Attempting to Flee Domestic Violence:** An individual or family attempting to flee DV who has no other residence and lacks the resources or support networks to obtain other permanent housing.
24. **In-Custody Services:** In-custody services refers to services for adults in County jail or youth in Probation camps and Probation juvenile halls.
25. **Individual Counseling:** Contact between a certified SUD counselor or LPHA, and a patient that address psychosocial issues related to substance use using techniques such as Motivational Interviewing and Cognitive Behavioral Therapy. Services provided in-person, by telephone or by telehealth qualify as Medi-Cal reimbursable units of services.¹¹
26. **Level of Care (LOC):** The assignment of an adult patient to a particular treatment modality after a full ASAM assessment has been conducted at a network provider site.¹²
27. **Licensed Practitioner of the Healing Arts (LPHA):** A term that includes physicians, nurse practitioners (NP), physician assistants (PA), registered nurses (RN), registered pharmacists (RP), licensed clinical psychologists (LCP), licensed clinical social workers (LCSW), licensed professional clinical counselors (LPCC), licensed marriage and family therapists (LMFT), and license-eligible practitioners working under the supervision of licensed clinicians.^{10,11}

28. **Medical Necessity Criteria:** A definition of accepted health care services that involves diagnosis, impairment, and intervention. Medical necessity in Los Angeles County requires that individuals have at least one diagnosis from the current Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders. The service must also meet a recommended level of intervention consistent with the current edition of the ASAM placement guidelines, which include a consideration of biopsychosocial severity.¹²
29. **Medication-Assisted Treatment (MAT):** The use of medications, in combination with counseling and behavioral therapies, to comprehensively treat substance use disorders and provide a whole-patient approach to treatment that includes addressing the biomedical aspects of addiction.¹¹
30. **Motivational Approaches:** A patient-centered counseling approach including motivational enhancement therapies and motivational interviewing techniques aimed at helping patients resolve their ambivalence towards pursuing substance use disorder treatment.
31. **Non-clinic settings:** Non-clinic sites are defined as non-agency-operated site locations where services are delivered on a temporary or rotating basis.
32. **Opioid Treatment Programs:** OTPs provide opioid treatment for individuals using opioid agonist medications such as methadone or buprenorphine, but also address other SUDs and may offer other MAT in addition to these opioid agonist medications.¹⁰
33. **Outpatient Services:** A level of care that is appropriate for beneficiaries who are stable in regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions (please refer to ASAM Dimensions 1-3 for detailed descriptions); and who primarily require recovery or motivational enhancement therapies. Up to 9 hours of services may be provided per week and services are billed in 15-minute increments.¹¹
34. **Patient:** An individual who receives treatment for alcohol, tobacco, and/or other drug or addictive behavior problems. The terms “client” and “patient” sometimes are used interchangeably, although staff in medical settings more commonly use “patient,” while staff in non-medical residential, outpatient, and publicly funded substance use disorder treatment settings often use “client.”¹²
35. **Patient Education:** The process of providing research based education on addiction, treatment, recovery and associated health risks with the goal of minimizing the use of addicting substances, lowering the risk of dependence, and minimizing adverse consequences of substance use.¹⁰
36. **Permanent Supportive Housing:** Long-term, community-based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting.
37. **Professional Staff:** Individuals who are licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws.¹⁰

38. **Recovery Bridge Housing:** Houses or living spaces providing a stable and drug-free environment for individuals recovering from substance abuse.¹⁶
39. **Recovery Support Services:** Non-clinical, post-treatment services that foster health and resilience in individuals and families by helping them to navigate systems of care, and reduce barriers to employment, housing, education, and other life goals. They incorporate a broad range of support and social services that facilitate recovery, wellness, and linkage to and coordination among service providers. Similar to how patients see their primary care provider for periodic health checkups even when healthy, RSS can be viewed as aftercare or continuity of care in SUD treatment. The frequency of RSS is dependent on patient need, preference, and stage of recovery.¹¹
40. **Recreational Centers:** A public space for meetings, sports or other leisure activities.
41. **Relapse Prevention:** An evidence-based practice that uses a cognitive-behavioral approach aimed at identifying recurring signs and symptoms of addiction among individuals recovering from substance abuse, and applying interventions to maintain sobriety.²¹
42. **Substance Abuse Prevention and Control (SAPC):** The Los Angeles County agency responsible for leading and administering a full spectrum of substance use prevention, treatment, and recovery support services, including Drug Medi-Cal services, for County residents.¹¹
43. **Substance Use Disorder (SUD):** Marked by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use alcohol, tobacco, and/or other drugs despite significant related problems. It is the new term for what previously included “substance dependence” and “substance abuse” of the American Psychiatric Association.
44. **Temporary Supportive Housing:** Includes Emergency shelter or transitional housing, any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless. Usually 24 hours to 24 months. Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.
45. **Title 42 Code of Federal Regulations (CFR) Part 2:** A federal regulation governing the confidentiality of substance use disorder patient records, and outlining the limited circumstances under which the patient’s substance abuse education, prevention or treatment information may be shared with or without consent. ¹⁵
46. **Treatment:** Application of planned procedures to identify and change patterns of behavior that are maladaptive, destructive, and/or injurious to health; or to restore appropriate levels of physical, psychological, and/or social functioning.¹²
47. **Treatment Plan:** An individualized plan based on a comprehensive biopsychosocial assessment of the patient and, when possible and appropriate, a comprehensive evaluation of the family.¹²
48. **Treatment Planning:** Process of preparing an individualized written treatment plan by a certified SUD counselor or LPHA, based upon information obtained in the intake and assessment process. The treatment plan will be completed upon intake, and then updated every subsequent 30 days, unless there is a change in treatment modality which would require a new treatment plan.¹²

References

- ¹ Baron, M., Erlenbusch, B., Moran, C., O'Connor, K., Rice, K. & Rodriguez, J. (2008). *Best Practices Manual for Discharge Planning*. Retrieved from http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/healthcare-system-preparedness/discharge-planning/_documents/best-practices-dp.pdf on February 16, 2016.
- ² Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2002). *Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches*. Retrieved from http://www.commonwealthfund.org/usr_doc/betancourt_culturalcompetence_576.pdf on March 23, 2016
- ³ Chamard, S. (2010). *The Problem of Homeless Encampments*. Retrieved from http://www.popcenter.org/problems/homeless_encampments/ on March 23, 2016
- ⁴ California Department of Health Care Services. (2014). *Counselor Certification*. Retrieved from <http://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertification.aspx> on February 16, 2016.
- ⁵ California Department of Health Care Services. (2016). *Do You Qualify for Medi-Cal Benefits?* Retrieved from <http://www.dhcs.ca.gov/services/medical/Pages/DoYouQualifyForMedi-Cal.aspx> on February 16, 2016.
- ⁶ California Department of Health Care Services. (2016). *Drug Medi-Cal (DMC) Treatment Program*. Retrieved from <http://www.dhcs.ca.gov/services/adp/Pages/default.aspx> on February 23, 2016.
- ⁷ California Department of Health Care Services. (2016). *Facility Licensing*. Retrieved from <http://www.dhcs.ca.gov/provgovpart/Pages/FacilityLicensing.aspx> on March 23, 2016
- ⁷ Homebase for Housing. (2016). Housing Type Definitions. Retrieved from http://www.everydaycitizen.com/2008/01/homelessness_shelters_vs_perma.html on August 12, 2016.
- ⁸ Los Angeles County Department of Public Health-Substance Abuse Prevention and Control. (March 2016). *Expanding Los Angeles County's Substance Use Disorder System: More Eligible Patients and an Improved Benefit Increase Demand for Treatment Slots*. Alhambra, CA: Policy, Communications, and Strategic Planning Branch.
- ¹⁰ Los Angeles County Department of Public Health-Substance Abuse Prevention and Control. (Revised 2016, February 5). *Quality Improvement/Utilization Management Program Plan*. Alhambra, CA: Office of the Medical Director and Science Officer.

¹¹ Los Angeles County Department of Public Health-Substance Abuse Prevention and Control. (2016). *The Los Angeles County Department of Public Health, Substance Abuse Prevention and Control Implementation Plan for Drug Medi-Cal Organized Delivery System Waiver*. Alhambra, CA: Policy, Communications, and Strategic Planning Branch.

¹² Mee-Lee, D., Shulman, G., Fishman, M., Gastfriend, D., Miller, M., & Provence, S. (Eds.). (2013). *The ASAM Criteria Treatment: Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. Carson City, NV: The Change Companies.

¹³ National Center for Biotechnology Information. (2005). *2 Types of Groups Commonly Used in Substance Abuse Treatment*. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK64214/> on March 23, 2016

¹⁴ National Center for State Courts. (2012). *Substance Abuse and Confidentiality: 42 CFR Part 2*. Retrieved from <http://www.ncsc.org/sitecore/content/microsites/future-trends-2012/home/Privacy-and-Technology/Substance-Abuse.aspx> on March 23, 2016.

¹⁵ National Institute on Drug Abuse. (2012). *Motivational Enhancement Therapy (Alcohol, Marijuana, Nicotine)*. Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-2> on March 23, 2016

¹⁶ Polcin, D., Korcha, R., Bond, J., & Galloway, G. (2010). *What Did We Learn from Our Study on Sober Living Houses and Where Do We Go from Here?* *Journal of Psychoactive Drugs*, 42(4): 425–433.

¹⁸ Substance Abuse and Mental Health Services Administration. (2015). *Trauma-Informed Approach and Trauma-Specific Interventions*. Retrieved from <http://www.samhsa.gov/nctic/trauma-interventions> on March 23, 2016

¹⁷ The Center for Adolescent Substance Abuse Research. (2009). *The CRAFFT Screening Tool*. Retrieved from <http://www.ceasar-boston.org/CRAFFT/> on February 10, 2016.

¹⁹ U.S. Department of Health and Human Services. (2014). *What is telehealth? How is telehealth different from telemedicine?* Retrieved from <https://www.healthit.gov/providers-professionals/faqs/what-telehealth-how-telehealth-different-telemedicine> on February 12, 2016.

²⁰ U.S. Department of Health and Human Services. (2014). *FQHC Fact Sheets*. Retrieved from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf>

²¹ Witkiewitz, K. & Marlatt, G.A. (2004). *Relapse Prevention for Alcohol and Drug Problems*. *American Psychologist*, 59 (4): 224-235.