

# Community Clinic and Health Center Case Study Highlights: Substance Abuse Treatment

*“If I can get my outpatient substance abuse services at the same place I can walk in and get the medication I need, by far those are two of the biggest things in a recovering drug addict’s life. If you put it all under one building, how can you not get the help you need?”*

Client in Recovery, CommuniCare Health Centers

## Case study health centers...

... with larger programs often started as substance abuse providers and added primary care and/or mental health services later in their development.

...offer a combination of individual and group therapy; most offer medication-assisted services, and one offers residential services.

...may serve individuals who have been court-mandated to complete a highly structured program as a requirement of their release or probation involving individual counseling, group counseling and community services.

...have a patchwork of funding sources and programs that they piece together to try to provide consistency in their staffing and services.

...targeting certain ethnic or racial populations (i.e. Native American, Korean) offer treatment services that are culturally specific and address unmet needs in the community.

...link clients with a variety of services such as housing, food, 12-step programs and other community resources to help them get other needs met.



## Case Study Health Centers

CommuniCare Health Centers • Korean Community Services • San Diego American Indian Health Center

Sonoma County Indian Health Project • WellSpace Health

# Types of Substance Abuse Treatment Programs

The following are examples of substance abuse treatment programs offered by community clinics. Prior to the **Affordable Care Act (ACA)**, a very small percentage of people who needed substance abuse treatment received it. As of January 1, 2014, more people have health coverage under the ACA, so more will be eligible to receive substance abuse services. **It will take time for treatment capacity to catch up with the need for services.**

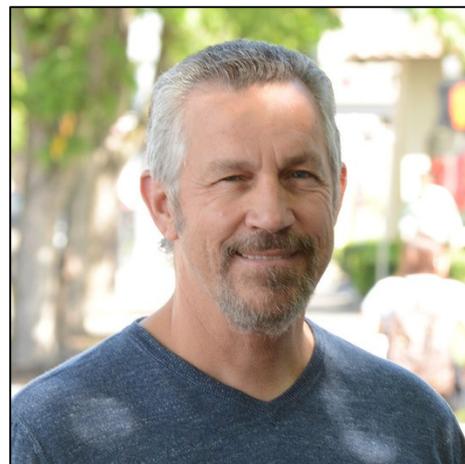
**Outpatient treatment programs** are comprised of support groups, individual counseling and family counseling. Since patients return to their own homes after treatment, they must voluntarily abstain from drug or alcohol use, which requires more diligence than in a residential setting. In outpatient settings, patients are connected with a strong support network, including peers who are no longer using.

**Forensic/court-mandated services** are substance abuse, support group or educational services for people who have been released from prison or have had some interaction with the courts.

**Medication-assisted detox** is a process by which an individual is gradually weaned off of an opioid (i.e. Vicodin, OxyContin, or morphine) by substituting a safe drug such as **buprenorphine, methadone, Vivitrol and naltrexone**. People who are receiving medical detox must do so under supervision at a physician's office, a pharmacy or an inpatient setting.

**Residential (inpatient) treatment services** are those in which patients voluntarily enter a safe and secure facility where they receive intensive drug and alcohol treatment programs on a daily basis. The programs last at least 28 days. Patients who relapsed in outpatient treatment programs may have more success in a residential program. Detox services can be included as part of the residential program.

Four out of five case study clinics have received **Drug Medi-Cal certification** by the California Department of Health Care Services. This means they can bill and be reimbursed for **outpatient substance abuse services** for Medi-Cal patients, as well as **inpatient detox, residential treatment, methadone maintenance, day care services and perinatal treatment**. Residential treatment centers must have 16 or fewer beds to be eligible for reimbursement.



William Johnson, Addiction Treatment Programs Manager, has worked at WellSpace Health for 17 years and oversees their outpatient, detox and residential treatment services. (Credit: Alaina Dall)

## History of Substance Abuse Services at WellSpace Health

At **WellSpace Health**, formerly known as The Effort, the substance abuse services program was formed in 1969 when two physicians noticed an epidemic in Sacramento of heroin dependency among soldiers returning from the Vietnam War. Because of the need for treatment they opened a small free detox clinic where a person could stay until he was well enough to leave.

The clinic later moved and added medical services at night. Eventually they became a community clinic and then a federally qualified health center in 2009. While at one time, alcohol and drug services comprised 65% of the total clinic revenue, they now make up less than 30%, with the majority of revenues from primary care offered at multiple locations.

**Wellspace Health** offers the following:

- Medically-monitored detox
- Adult residential rehabilitation
- Adult and adolescent outpatient services
- Shelter for women and children
- Sacramento County Drug Court

**General Information about Case Study Health Centers and their  
Substance Abuse Treatment Services**

|  | <b>CommuniCare<br/>Health Centers</b><br>Yolo County | <b>Korean<br/>Community<br/>Services</b><br>Orange County | <b>San Diego<br/>American<br/>Indian Health<br/>Center</b> | <b>Sonoma<br/>County Indian<br/>Health Project</b> | <b>WellSpace<br/>Health</b><br>Sacramento<br>County |
|--|--|---|--|--|---|
|  | <b>General Information</b>                           |   |  |  |   |
| Type of organization                               | FQHC   | Community clinic  | FQHC   | Tribal clinic                                      | FQHC  |
| Years providing substance abuse (SA) services      | 40 years   | 30 years  | 30 years   | 15 years   | 40 years  |
| Number of sites providing SA services              | 2  | 3   | 1  | 1  | 4   |
| Drug Medi-Cal Provider                             | Yes  | Yes   | No   | Yes  | Yes   |
| # patients receiving SA services in the past year  | Less than 1,000                                      | 1,000-2,000   | Less than 1,000  | Less than 1,000                                    | 2,000-5,000   |
|  | <b>Substance Abuse Treatment Services</b>            |   |  |  |   |
| Individual Counseling                              | Y  | Y   | Y  | Y  | Y   |
| Group Therapy                                      | Y  | Y   | Y  | Y  | Y   |
| Peer Support Groups                                |  | Y   | Y  | Y  | Y   |
| Educational Sessions                               | Y  | Y   | Y  | Y  | Y   |
| Outpatient Treatment (Minimum 2 hours per week)    | Y  | Y   |  | Y  | Y   |
| Intensive Outpatient Treatment (11+ hours/week)    | Y  |   |  |  | Y   |
| Medication assisted substance abuse treatment      | Opiate and stimulant detox                           | Vivitrol  |  | Buprenorphine                                      | Vivitrol  |
| Short-term transitional housing (less than 1 year) |  |   |  |  | Y   |
| Residential Services                               |  |   |  |  | Y   |

Source: Written survey responses, March 2014

*“No two clients’ addiction and life problems are exactly alike, so there is no single way to reach every client. Some clients respond best to cognitive-behavioral therapy, some require medication-assisted treatment, and some benefit most from the support of their peers.”*

**Anna Keiderling, Substance Abuse Services Director  
KC Services/Korean Community Services**

## Forensic/Court-Mandated Services

Four out of five case study clinics offer forensic and/or court-mandated services, including KC Services, CommuniCare Health Centers, Wellspace Health and Sonoma County Indian Health Project.

### Korean Community Services/KC Services

KC Services, a sister organization of **Korean Community Services**, is the largest court-mandated provider in Orange County for outpatient services. It grew from a small grant they received in the 1980s for a court-mandated **DUI counseling** program. All court-mandated services have a substance abuse services component. Examples of KC Services' forensic programs are:

**Penal Code 1210:** Under the Substance Abuse Crime Prevention Act of 2000, non-violent adult offenders who use or possess illegal drugs will receive drug treatment rather than incarceration.

**AB 109:** KC Services provides outpatient substance abuse treatment funded by the Orange County Health Care Agency to clients deemed eligible by the California Department of Corrections and Rehabilitation.

**Penal Code 1000 Program/Drug Diversion:** KC Services is licensed to provide the PC 1000 Drug Diversion Program, which consists of 15 weeks of education, group counseling, and individual sessions for who those who have been

placed on deferred entry of judgment pending completion of the program.

**Drug Medi-Cal:** KC Services incorporates assessment, group and individual counseling, case management, community referrals, substance use testing, and exit planning at no cost to any Medi-Cal eligible client with a substance-related disorder.

**Family Violence Programs:** KC Services' Family Violence Programs provides resources and skills to individuals and communities so that families become violence and abuse free. They offer a 52-week Batterers' Intervention group, a 52-week Child Abusers' treatment group, and a 24-week Parenting Education group.

### Sonoma County Indian Health Project

Sonoma County Indian Health Project works with the County Probation Department, the Family Justice Center, and the Sonoma County Main Detention Facility to identify Native Americans who need substance abuse services. An SCIHP staff person goes to the **county detention facility** to facilitate placement in Native American residential treatment facilities for those who need it. Behavioral health staff aim to work with the justice system to help the individuals address substance abuse problems that led to the incarceration. SCIHP staff attend court proceedings with their patients to advocate for them and offer treatment as an alternative to incarceration. In addition, SCIHP has a close working relationship with **Sonoma County Child Protective Services (CPS)**, and works with parents whose children were removed from the home to get them the substance abuse treatment they need in order to get their children back. A staff domestic violence advocate works out of the **Family Justice Center** on behalf of victims and links them to substance abuse services at the clinic if needed. SCIHP offers two **substance abuse support groups** per week, three 52-week **batterer's groups** for men, and one batterer's group for women. The health center performs **random drug screening** on patients when requested by probation, parole, and CPS.

*“Child Protective Services may remove children from the home until the parent or parents complete an outpatient treatment program. CPS monitors their progress and develops treatment plans with our clinic, requiring couples' counseling, psychiatric evaluation, or other mental health services until the parent is judged fit to have their children returned.”*

**Kenny Dumbrill, Substance Abuse Counselor (SAC), Sonoma County Indian Health Project**

*“There are lots of medical and health issues from long-term drug use, as well as trauma, incarcerations, severe poverty, and very little employment or work experience. Our clients need help addressing these barriers.”*

**Christina Andrade-Lemus, MSW, Registered Addiction Specialist (RAC)  
Adult Programs Supervisor, Behavioral Health Department  
CommuniCare Health Centers**

## CommuniCare Health Centers

At CommuniCare Health Centers, over 95% of their substance abuse clients are mandated to be there by the criminal justice system. The health centers offer outpatient adult substance abuse treatment, assessments and dual diagnosis treatment at two of their sites. Services include medical detox for opiate and stimulant withdrawal, random drug testing, individual counseling and a physical exam. Below are examples of their substance abuse support groups.

The **Outpatient Substance Abuse and Recovery Program** (OSARP) offers basic addictions treatment using individual counseling and group therapy for adults who are not experiencing mental health symptoms. The program begins three days per week and tapers down as an individual moves through the program. It generally takes 4-6 months to complete.

**Moral Reconciliation Therapy** (MRT) is a model that has been used in prison drug treatment programs in which clients progress from one rung of a “freedom ladder” to the next where each rung stands for a principle, such as demonstrating honesty, trust, acceptance, healing damaged relationships and setting goals. Each client has an MRT workbook entitled *“How to Escape Your Prison,”* and they are required to complete exercises and homework prior to reaching the next step.

**Path to Recovery** is a treatment program for adults who experience mild to moderate mental health issues that complicate and contribute to their drug use. Staff link patients to a psychiatrist and to primary care medical services. The client initially receives services three days per week, and tapers down as the person moves through the program. The minimum program length is 6-8 months.

### CommuniCare Health Centers’ Substance Abuse and Mental Health Support Groups

| Adult Services                              | Adolescent Services                | Family Services                | Integrated Behavioral Health Services |
|---|------------------------------------|--------------------------------|---------------------------------------|
| Outpatient Substance Abuse Recovery Program | Cannabis Youth Treatment           | Child Development Program      | Integrated Behavioral Health Services |
| Dual Diagnosis Program                      | Functional Family Therapy          | Parenting Education            | Recovery-Oriented Systems of Care     |
| Perinatal Day Treatment Program             | Thinking for a Change              | Family Life Skills Partnership | Patient Assistance Program            |
| Thinking for a Change                       | Girls’ Circle/<br>Council for Boys | Supervised Visitation          | SSI Benefits                          |
| Family Therapy                              | Positive Life Choices              | Reflective Family Practices    | Chronic Care Coordination             |
| Fatherhood Groups                           |                                    | Differential Response          |                                       |

## Culturally Appropriate Services

*“Twice a week I come to the Red Road meetings – the talking circle. We smudge, we pray, we have ceremony sweats. All of it helps. It purifies you, it cleanses you, and it’s just...wonderful. It’s a great feeling.”*

**Patient, Red Road to Recovery group, Sonoma County Indian Health Project**

**San Diego American Indian Health Center** and **Sonoma County Indian Health Project** offer culturally appropriate substance abuse, mental health and primary care services. Many treatment models are based on addressing Native **historical trauma**, which refers to the cumulative emotional and psychological wounding across generations as a result of European and American actions against them. Poor parenting, low self-esteem, and self-destructive behaviors are attributed to historical trauma and the resulting lack of role models demonstrating more successful behaviors. Substance abuse services use Native-focused curricula to incorporate these concepts:

**Wellbriety:** This program, which is rooted in tribal traditions, refers to being both sober and well. It means living the healthy parts of the principles, laws and values of traditional culture, and healing not only from chemical dependency but from the resulting dysfunctional behaviors such as co-dependency, domestic or family violence, gambling, and other shortcomings of character.

**The Red Road:** In the Native American culture, “Walking the Red Road” means living a life of truth, respect, humility, friendship and spirituality, while maintaining strong ties to Native traditions. Those walking the Red Road are in search of self-discovery and instructions, or on the path to Wellbriety.

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### San Diego American Indian Health Center

*“We are Native people serving Native people, so there is a cultural sensibility that already exists which goes a long way to developing the trusting relationship people need when they come in with a lack of resources, in crisis, with trauma history.”*

**Melissa Deer, MD, Family Physician and Psychiatrist  
Medical Director, San Diego American Indian Health Center**

San Diego American Indian Health Center provides culturally sensitive addiction, psychological and psychiatric services in a way that blends western psychotherapies with traditional Native American healing practices. Many patients abusing drugs and alcohol have pressing psychosocial issues, such as tumultuous family dynamics, histories of abuse, sexual abuse, domestic violence, historical trauma and housing challenges. In addition to providing individual counseling and group therapy, the health center links patients to community services when needed, especially those specializing in serving the Native population. The **Youth Center** serves children and youth ages 9-18, and uses the **American Indian Life Skills** curriculum, which emphasizes making good choices, talking about emotions, avoiding alcohol and drug abuse, and being able to say when they need help.

*“We have several high-risk youth where their parents are using, and they are getting to the age where they’re starting to talk to us about experimenting. We try to educate them about how to make good choices.”*

**Roxane DeBell, MED, NCC, LAC, Assistant Youth and Family Services  
Coordinator and Therapist, San Diego American Indian Health Center**

## Sonoma County Indian Health Project

Sonoma County Indian Health Project has woven **culturally relevant activities** into its many services in order to engage Native American adults as well as youth. The health center offers a sweat lodge for traditional healing one Saturday per month on Ya-Ka-Ama ancestral land, which is land set aside for all tribes. They also incorporate drum making, dancing, and other traditional activities to encourage **youth involvement**, not only to prevent or reduce substance use but also to prevent suicide.

The Behavioral Health Director participates in **county multidisciplinary team meetings** involving various county agencies such as the district attorney's office, the Sherriff's office, adult protective services, various social workers, and others. In this group the Behavioral Health Director presents cases of Native Americans needing county services, and he also receives referrals from other county departments. These close relationships with county departments have resulted in better access to culturally competent services for Native Americans in Sonoma County and the region.

*"The kids on the reservation – some of them have never been off the reservation. They don't know what life is like anywhere else. All they see is, 'It ain't happening here, so we'll do what everybody else does, we'll just start drinking and using and that's where we'll stay.' We do what we can to show them other opportunities and other ways of coping."*

**Leon Wakefield, Ph.D., Behavioral Health Director  
Sonoma County Indian Health Project**

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## Korean Community Services

Korean Community Services, and its sister organizations – KC Services and KCS Health Center – began as a social services effort within an Episcopalian church on the outskirts of Koreatown in Los Angeles. The church parishioners wanted to help the growing immigrant community, which would soon become one of the largest Korean communities in the world. They helped immigrants with paperwork, introduced them to other community members, distributed food, and referred people to housing and other services. The office remained inside the parish hall of the church until 1996, when the priest's daughter became CEO. Their target population continues to be the Korean and Asian communities as well as the court-mandated population.

*"At our core is service to the Asian community. We have the connections with the Asian therapists, the Asian primary care providers. We are forced to do it all because we are trying to meet the client's needs. Their largest need is culturally competent services."*

**Ellen Ahn, CEO, Korean Community Services**



Ellen Ahn, CEO of Korean Community Services, is a former practicing lawyer. She now heads the same organization her father and his parishioners started in Koreatown in the 1970s. (Credit: Alaina Dall)

# How to grow your own substance abuse services program...

## Recommendations from Case Study Clinics

Staff your substance abuse program with high quality counselors who truly understand addiction and are working in the treatment field because they have a desire to help others who are struggling.

Get Drug Medi-Cal certified so you can be eligible for reimbursement for outpatient, detox and/or residential services to Medi-Cal patients.

Look for grants for ancillary services that keep people linked and engaged in services. Clients may need SSI benefits, transportation, housing, and other services.

Consider applying for funding from the forensic sector with community re-entry programs. It is more of a mandated population but the money is there and it is targeted to treatment.

Establish good community relationships. It is important to be able to refer clients to other agencies that can assist them in accessing all of the services they may need, such as mental health, primary care, food banks, and self-help meetings.

Assure that all staff are trained and certified, i.e. as Registered Addiction Specialists (RAS). It is not enough to have staff with lived experience.

Take a look at what your county is doing and see if there is anything they would prefer to subcontract; consider your expert ability to reach low income, culturally diverse populations, and to provide integrated services.

Having clients pay for at least a portion of their substance abuse program based on their income and ability to pay, is not only a funding source for the agency, but also an important part of the client's recovery program.

Connect with a mental health organization; the field is moving toward co-occurring treatment.



**About the Case Studies:** The purpose of this project was to better understand the range of substance abuse services offered by experienced community clinics and health centers. Because more patients have health coverage under the Affordable Care Act, and because more substance use disorder treatment is covered, some health centers may be interested in adding or expanding services. At the time of this study, however, not much information was available about model clinic programs. In order to gather the information, the **CaIMHSA Integrated Behavioral Health Project** worked in partnership with **AGD Consulting** in a two-part process. First they used statewide data to identify the highest volume substance use disorder treatment health centers, and in February 2014 asked their substance abuse services directors to complete an online survey. Thirteen out of 18 clinics responded to the survey. Secondly, the study team conducted site visits at five of those health centers in order to gather more in-depth information. A series of "**Case Study Highlights**" were developed for key topics: **Funding, Integrated Services, SBIRT** (Screening, Brief Intervention and Referral to Treatment), **Staffing and Stigma**, and **Treatment**. The papers are available at [www.ibhp.org](http://www.ibhp.org). (June 2014)