

# Introduction to Adolescent SUD Best Practices Guide



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

## ADOLESCENT SUBSTANCE USE DISORDER BEST PRACTICES GUIDE

OCTOBER 2020



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February 2023

# Adolescent SUD Best Practices Guide



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## Background

- In October 2020, the California Department of Health Care Services (DHCS), Youth Services Section (YSS) released the [Adolescent SUD Best Practices Guide](#) to provide guidance to the system of care on how substance use disorder (SUD) treatment and recovery programs can best serve adolescents.
- The Adolescent SUD Best Practices Guide replaces the previously published Youth Treatment Guidelines, revised August 2002. The guide is intended to be used in concert with, and not to conflict with or duplicate, other applicable laws, regulations, and standards that govern programs serving adolescents.
- Training on the Adolescent SUD Best Practices Guide is required as an **annual training** to be taken initially **within 60 days of hire**, for staff (including Peers and Medical Directors) of Teen Recovery Centers, Adolescent Residential SUD programs, and Perinatal Outpatient programs as described in the [DMC-ODS Required Trainings](#).





# Adolescent SUD Best Practices Guide



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## Overview

- There are significant differences in developmental and emotional growth between adolescents and adults. The complex needs of this population require different expertise and guidance on how SUD treatment and recovery programs can best serve adolescents.
- In response, the California Department of Health Care Services (DHCS), Youth Services Section (YSS) developed guidelines incorporating scientific research and clinical practice and based on the American Society of Addiction Medicine (ASAM) Criteria for determining the appropriate intensity and length of treatment for adolescents with SUDs.
- The guide is divided into four broad sections:
  - Overarching Principles of Care
  - Service Elements
  - Recovery Services
  - Administrative Considerations





## Overarching Principles of Care

Effective October 2022, the Adolescent SUD Best Practices Guide replaces the previously published Youth Treatment Guidelines revised August 2002.

The guide is developed and intended to be used in place of, and not to conflict with or duplicate, other applicable laws, regulations or standards that govern programs serving adolescents.

**The Overarching Principles of Care express core values and principles that underlie the adolescent SUD treatment and recovery system. They include:**

### 2.1. Developmentally Appropriate Care

- Treatment approaches for adolescents with SUDs should be individualized to the adolescent's specific developmental stage.
- Staff should understand the developmental stages, growth, behavior, values/beliefs, and cultural differences among adolescents.
- Services for adolescents should be developmentally relevant (e.g., taking age, maturation, cognitive processing, decision-making skills, and special needs into consideration). Adolescents should be treated in the least restrictive environment possible.
- All screenings and assessment services should be developmentally appropriate, trauma informed, and responsive to gender identity, sexuality, and culture.

## Overarching Principles of Care

### 2.2. Cultural and Gender Competence

- Providers should use culturally and gender-appropriate strategies for prevention, engagement, screening, assessment, treatment planning, intervention, treatment, and recovery supports for adolescents and their families.
- Providers should be sensitive to adolescents' cultural expectations for interactions with authority figures and adults and for interactions across genders and cultural/racial groups.
- Providers serving adolescents whose primary language is not English, including those who use sign language, should provide skilled bilingual staff and/or interpreters as needed. Print and audiovisual materials should be both linguistically and literacy level appropriate.
- Providers should assess staff attitudes and institute policies to foster an environment of acceptance toward diverse sexual orientations. This includes an ability to address issues of sexuality, sexual identity, and gender identity, including those of LGBTQ adolescents.
- Gender-responsive services should be available to ensure adolescents receive appropriate individualized care.



Culturally and gender-competent care is respectful of racial and ethnic identity, sexual orientation, gender, religion, age group, geographic location (rural/frontier, urban), and other shared affiliations.



## Overarching Principles of Care

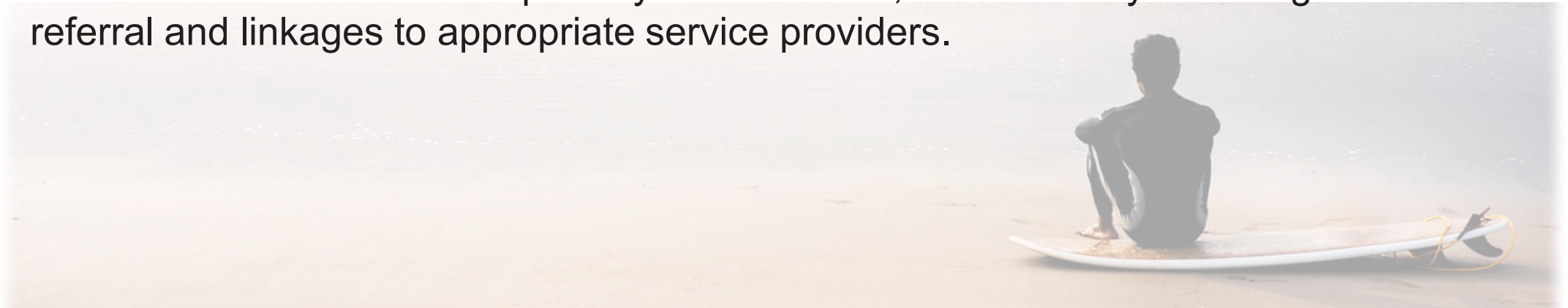
### 2.3. Systems Collaboration Among Adolescent-Serving Agencies

- State, county, tribal, and provider levels should collaborate with other adolescent-serving systems or agencies to address the comprehensive needs of adolescents with SUDs and their families.
- SUD providers should work with adolescents and their families to help them negotiate services across systems and coordinate referrals.
- Collaboration with agencies, including child welfare, serving family members, should consider the needs of the individual adolescents and opportunities for family-centered recovery.
- SUD providers should coordinate case management with other systems, adhering to state and federal laws pertaining to disclosure of confidential client information.
- For adolescents in residential treatment, transition planning should include linkages to community-based agencies that will help address the adolescent's SUD needs through provision of continuing care and recovery support services as needed.
- For adolescents returning to community educational settings, providers should meet with the treatment team and school/education team to assist in the transition back into school.

## Overarching Principles of Care

### 2.4. Integrated Care

- Integrated SUD treatment for adolescents takes a comprehensive approach that addresses both the integration of treatment for substance use and co-occurring mental health disorders, as well as the integration of SUD treatment and primary care services that may include pediatric care and reproductive health needs.
- Adolescent-serving systems should take a “no wrong door” approach such that services are available and accessible no matter where and how an individual enters the system.
- Adolescent SUD treatment providers should work together with adolescents and their families to ensure access to primary care services, either directly or through coordinated referral and linkages to appropriate service providers.







## Overarching Principles of Care

### 2.4. Integrated Care

- Providers should commit to the concept of one team with one plan for one person. Ideally, this is accomplished within an integrated system or individualized plan that incorporates input from the family and the adolescent-serving agencies with which the adolescent is involved (e.g., primary care, schools, child welfare, juvenile justice).
- Providers should receive ongoing education and training regarding the gender-specific prevalence, etiology, signs/symptoms, and treatment of co-occurring mental and/or physical health conditions.
- Providers should document services provided to individuals with co-occurring mental and/or physical health conditions (e.g., medication adherence, interactions of drug use and other medications).



## Overarching Principles of Care

### 2.5 Trauma-Informed Care

- The impact and consequences of trauma should be considered in all clinical interventions, recovery support services, and program operations.
- Screenings and assessments should be trauma-informed, and trauma-specific interventions should be used when indicated.
- Trauma-specific services should include evidence-based and promising practices that directly address the effect of trauma and facilitate recovery and healing.
- Because substance use can be a coping mechanism for adolescents who have experienced traumatic events, providers should work with adolescents to build other alternative, less harmful coping skills.
- Providers should assess and identify safety issues such as current risk for suicide or history of suicidal ideation and/or behaviors, physical or sexual abuse, or aggressive or sexually inappropriate behavior.



*Trauma significantly increases the likelihood adolescents may develop a SUD. At the same time, adolescents with SUDs are more likely to experience trauma.*



## Overarching Principles of Care

### 2.6. Recovery-Oriented Systems of Care

*A Recovery-Oriented System of Care for adolescents emphasizes the importance of adolescent-guided and family-centered care; employs a broad definition of family; is culturally, age, and gender appropriate; reflects the developmental stages of adolescence; acknowledges the nonlinear nature of recovery; promotes resilience; is strengths based and proactive; and identifies recovery capital (SAMHSA, 2011b).*

- Providers should offer developmentally, culturally, and gender-appropriate care and choice for adolescents' recovery efforts and assist adolescents in supporting or building relationships that promote recovery.
- Providers should be guides rather than directors in treatment planning and service provision.
- Providers should encourage the use of peer support, which assists in development of reasoning abilities, drug refusal skills, relapse prevention techniques, and anger management skills.
- Providers should promote responsibility on the part of adolescents for their own treatment and encourage them to practice decision-making skills and roles, thereby enhancing self-confidence and self-efficacy.
- Treatment and recovery planning should be adolescent-guided and adolescent-centered to the extent that is developmentally appropriate, building on the adolescent's priorities and interests.
- Programs should address lapse and relapse as learning opportunities for adolescents in treatment and recovery services. Adolescents should not be dismissed from programs as a result of relapse, which is often a part of recovery.

## Overarching Principles of Care

### 2.7 Evidence-Based Practices (EBPs)

- Examples of EBPs include screening tools, assessment tools, counseling, family counseling, group counseling practices, and use of medications in treatment.
- Providers should use EBPs that are age, gender, developmentally, and culturally appropriate as identified by EBP clearinghouses such as SAMHSA's National Registry of Evidence-Based Programs and Practices.
- To use EBPs effectively, providers should ensure staff members are adequately trained and qualified to implement the practices with fidelity and have the appropriate supervision.
- Provider personnel files should document training(s) and/or certification(s) in the evidence-based model(s) staff are using.
- Providers should be able to demonstrate which EBP is implemented, how trainings and supervision are conducted, and how fidelity is assured.



Use of EBPs has been shown to improve family functioning and reduce the risk of progression to more severe behavioral and substance use problems in adolescents. EBPs are most effective when provider staff are trained and qualified to implement interventions with fidelity and have appropriate supervision.





## Service Elements

### 3.1 Screening, Assessment, and Planning

#### Outreach, Engagement, and Retention:

- Outreach efforts identify adolescents who could benefit from services and provide them with access to care.
- Outreach efforts should include linkages to partner agencies where adolescents may already be accessing services (e.g., schools, child welfare, employment services).
- Outreach should be used as a primary intervention strategy for homeless adolescents, recognizing and addressing the unique barriers homeless adolescents confront in their path to treatment and recovery.
- An adolescent who is engaged in services is more likely to attend, participate in, and complete treatment.
- Engagement and retention strategies include orientation; reminder calls; building trust; peer support and mentoring; assistance from faith-based organizations; and acknowledgement of relapse as a part of recovery.
- Creative, individualized, and culturally appropriate program content can increase retention of adolescents in treatment and recovery support services.
- Providers should make intensive outreach efforts to engage the family, caregivers, and/or identified positive peer and adult supports while the adolescent is in treatment.

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## Service Elements

### Screening:

- Adolescents identified as at high risk for SUD should be screened with a trauma-sensitive tool designed for adolescents to uncover indicators of substance use and related concerns. Adolescents with possible SUDs should be provided a comprehensive assessment for SUD.
- The screening process should last no more than 30 minutes, and the instrument should be simple and easy to administer and interpret. Screening should focus on the adolescent's substance use severity and associated factors such as legal problems, physical and mental health status, educational functioning, and living situation.
- There should be a protocol and referral criteria to triage adolescents who need immediate assistance and to identify adolescents who need a more comprehensive evaluation.
- If screening is done through another service setting (e.g., probation), the provider should receive and take into consideration the screening information provided.



The purpose of screening is not to diagnose; rather, screening determines whether adolescents should be recommended for an assessment and/or intervention.



## Service Elements

### Assessment:

- The purpose of the assessment is to identify the level of severity and appropriate level of care, to help define services the individual adolescent needs, and to provide appropriate referrals as needed.
- Assessment is a comprehensive, ongoing process that considers the broader aspects of the adolescent's life, including psychosocial functioning and environmental factors.
- Effective assessments are culturally sensitive, gender specific, and trauma informed. They capture information on substance use, developmental status, educational experiences, sexual orientation, trauma history, mental health and physical health status, legal involvement, and family and relationships.
- Providers should use a comprehensive and multidimensional assessment to determine the adolescent's level of care, needs, and treatment approach.





## Service Elements, continued

### Assessment:

- The assessment should identify the strengths, resiliencies, natural supports, and interests of the adolescent to accurately assess the adolescent's unique abilities that will assist in his or her recovery.
- The provider should assess for substance use (including tobacco/nicotine use); co-occurring mental health disorders; physical health; cognitive, social, and affective development; family, peer, and romantic relationships; trauma; current or past emotional, physical, or sexual abuse; suicidality; and safety. If an adolescent displays a high risk of danger to self or others, the program should address the issue immediately or refer to an appropriate source.
- The assessment should be used to inform treatment and recovery planning including determining the services and levels of care best suited to the adolescent (e.g., medication-assisted treatment, counseling, co-occurring mental health treatment).

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## Service Elements

### Treatment and Recovery Planning:

- Treatment and recovery plans should be developed in collaboration with adolescents and their families or other supportive adults based on their unique strengths and needs.
- Plans should reflect the adolescent's developmental stage; gender identity; culture; sexuality; and chronological, emotional, and psychological age.
- Providers should assist adolescents and their families to identify recovery goals (desired outcomes) that reflect how they define progress (e.g., the adolescent developing positive relationships, reduced substance use, school retention, and improvement of family relationships).
- Recovery support services should be included in the plan and should reflect progress toward adolescent-identified goals and desired improvements in functioning and quality of life. Transition planning should be regularly discussed throughout the treatment and recovery process.



Treatment and recovery plans are strengths based, adolescent guided, and based on an individual assessment, with involvement from the adolescent, family, and other involved entities (e.g., juvenile justice, child welfare, schools).



## Service Elements

### Physical Health, Education, Screening, and Referral:

- Adolescents being treated for SUD have a significantly higher prevalence of several medical conditions (e.g., asthma, pain conditions, and sleep disorders) that could be ameliorated by physical interventions. All SUD treatment providers should screen for health conditions, be familiar with the process for making health care referrals and make appropriate referrals to health care providers as needed.
- Comprehensive assessments should include a screening of the adolescent's medical status, including medical history.
- Appropriately trained staff should screen or refer adolescents for screening of existing physical health conditions and assess for behaviors that may place the adolescent's physical health at risk. The screening should pay particular attention to the identification of conditions that co-occur more commonly in individuals with SUDs (e.g., fetal alcohol spectrum disorders, HIV, hepatitis, liver/kidney disease, chronic pain, sexually transmitted infections, and tuberculosis).



## Service Elements continued

### Physical Health, Education, Screening, and Referral:

- Providers should establish partnerships with medical organizations or practitioners equipped to address the physical health needs of adolescents (e.g., primary care physicians, dentists, optometrists, gynecologists, obstetricians) to facilitate any necessary referrals.
- Providers should ensure that health education is provided and includes information about healthy behaviors and how to reduce risks for certain health conditions (e.g., HIV, STIs, hepatitis).
- Adolescents should receive health education that includes information on family planning, tobacco cessation, and other health behaviors.



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## Service Elements

### Case Management and Care Coordination:

- Each adolescent and family should receive case management and/or care coordination services from the SUD treatment provider.
- Case management/care coordination may include interfacing with the services and systems the adolescent's parent or other family members are involved with, such as parenting programs, child welfare agencies, and probation.
- Case managers and/or care coordinators should be familiar with adolescent-serving agencies/systems and other community resources, both formal and informal, to effectively facilitate access to other systems. Providers should educate adolescents and their families on health care options in the community. This may include assisting with the coordination of transportation and scheduling medical appointments.



Effective adolescent services coordinate with the family and the various systems with which the adolescent interacts (e.g., mental health care, physical health care, education, social services, child welfare, and juvenile justice).



## Service Elements

### 3.2 Treatment Services

#### Levels of Care:

- Through assessment, using developmentally appropriate tools and a validated set of criteria (i.e., ASAM Criteria) in concert with clinical judgement, providers should determine the appropriate level of care, service type(s), and frequency of service delivery. In concert with these tools and criteria, providers should use clinical judgment in consideration of culturally appropriate, gender-specific, and trauma-informed services.
- Adolescents may need to move back and forth along the continuum of treatment services, using different intensities of service and recovery support as their needs and symptom severity change.
- Levels of care may include outpatient, intensive outpatient, partial hospitalization, residential, inpatient, continuing care, and recovery support services.



## Service Elements, continued

### 3.2 Treatment Services

#### Levels of Care:

- Providers should actively coordinate with relevant adolescent-serving agencies (e.g., schools) to provide needed services to promote recovery and resiliency.
- There should be an ongoing review process that considers the adolescent's progress and changes in the environment that affect determination of best level of care.
- Recovery support services should be used in alignment with the level of care and goals of the adolescent.





## Service Elements

### SUD Counseling:

#### Individual Counseling

- A primary counselor who is part of the adolescent's treatment team should use a developmentally and culturally appropriate, gender-specific, strengths-based, and evidence-based approach to work with each adolescent and be responsible for gaining trust and assisting in the development of goals for the adolescent's recovery.
- Providers who are co-occurring capable should address co-occurring mental health disorders. Providers who are not capable should consult with or refer to mental health providers when an adolescent has co-occurring mental health conditions and SUD.
- Individual counseling sessions should be provided for adolescents on a scheduled ongoing basis, in situations of crisis intervention, and during recovery/discharge planning. When an adolescent requests additional individual counseling sessions, these requests should be met to the extent possible.
- SUD counselors should be trained and qualified based on state standards for licensure and credentialing.



## Service Elements

### SUD Counseling:

### Family Counseling:

- Family counseling helps address strained familial relationships, improves communication, boosts parents' or caregivers' skills and confidence, and develops a support system for the adolescent and family.
- Providers should work with each adolescent to identify family relationships (of origin or choice) and which family members to involve in services.
- Providers should assist with engagement of the adolescent's family members to connect and participate in services. Outreach, telehealth, home visiting, and/or childcare should be made available to engage family members as needed.
- Family services should encompass both education on the nature of the adolescent's SUD (e.g., its effect on development, the process of recovery) and the impact on family.

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## Service Elements continued

### SUD Counseling:

### Family Counseling:

- Providers should implement evidence-based and promising practices for family counseling with attention to cultural, racial, ethnic, gender, and sexual orientation factors.
- In consideration of the intergenerational nature of SUDs, providers should create access to assessments and referrals to treatment and support services for family members (e.g., parents or caregivers, grandparents, or siblings).
- Providers should be familiar with issues related to family violence. This may include knowledge of family reunification and collaboration with the child welfare system. Providers should be familiar with child and elder abuse reporting laws and inform families of their status as mandatory reporters.





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## Service Elements

### SUD Counseling:

#### Group Therapies:

- Positive interaction with peers in facilitated, supportive group sessions can help the adolescent build meaningful interactions and/or relationships with peers.
- Group therapies can be psychoeducational, cognitive-behavioral, therapeutic, or focused on relapse prevention. All group therapies should reflect the adolescent's treatment and recovery goals and objectives.
- Group counseling sessions should meet the client-to-staff ratio as designated by State requirements and recommendations specific to the group counseling type.
- When possible, providers should offer separate gender-specific and LGBTQI groups for adolescents. All groups should be trauma-informed and sensitive to issues of gender, cultural norms, and sexual orientation.
- Providers should ensure proper training and supervision of staff members leading group therapy sessions, including practicing group therapy techniques under the supervision of an experienced clinician and obtaining proper licensure or certification, as indicated.



For adolescents, group therapy can be a way to build healthy relationships, experience positive peer reinforcement, and bond within a culture of recovery.



## Service Elements

### 3.4 Co-Occurring Substance Use and Mental Health Disorders

- Among adolescents in treatment for SUD, more than half may have co-occurring mental health disorders (e.g., depression, anxiety, conduct disorder, posttraumatic stress disorder). Given the high prevalence of co-occurring substance use and mental health disorders, programs need to be equipped to screen for mental health issues and demonstrate an understanding of how mental illnesses interact with SUD.
- SUD treatment programs should include screening for co-occurring mental health conditions at intake and assess/provide referrals for adolescents who screen positive for mental health concerns.
- SUD treatment providers should conduct ongoing assessments for mental health disorders.
- Comprehensive co-occurring treatment should address other contributing factors that may be associated with co-occurring disorders, including gender identity; sexual orientation; abuse, neglect, and domestic violence; familial substance and mental health issues; neighborhood, community, and peer factors; and legal, school, and vocational issues.
- Providers should support and encourage participation in integrated treatment and coordinated care for co-occurring disorders and work collaboratively among systems and services and with family or other supportive adults as much as possible.



## Recovery Services

Recovery support services are ideally incorporated at the inception of services and continue after the adolescent's discharge from a primary treatment episode. Recovery support services should be developmentally appropriate and tailored to each adolescent and family. Support services should be provided in a variety of settings and formats, using new technologies to communicate and engage with adolescents in innovative ways.

### 4.1 Continuing Care and Support

- The transition period between completing a treatment program and returning to the home environment can be challenging for adolescents, often putting them at greater risk for relapse. Continuing care and support services can help bridge that gap.
- Providers should support maintenance of the adolescent's long-term wellness and recovery through provision of continuing care and ongoing support in the adolescent's community.
- Continuing care should encompass efforts to develop skills for coping with SUD such as recognition and management of triggers that may interfere with the adolescent's recovery (relapse prevention) and to intervene after a lapse or setback to prevent a full relapse (relapse management).
- Providers should be aware that adolescents with co-occurring disorders may be discharged from SUD services while still receiving services for mental health disorders and should continue with SUD-related activities and recovery support services.
- Continuing care should be supported through the use of technology when available (e.g., telephone, web-based applications, telehealth).

## Recovery Services

### 4.2 Education

- Treatment planning should reflect the adolescent's educational goals and objectives.
- With consent, providers should reach out to schools to gather information (e.g., special needs, Individualized Education Plans) and input from school staff (e.g., teachers, guidance counselors).
- Residential treatment staff should coordinate education services while the adolescent is in residential treatment in accordance with state laws for education and/or special education.
- Adolescents in residential treatment should be given time and support to keep up with schoolwork.
- Providers should work with the adolescent and family to reintegrate the adolescent into school or into educational or vocational training services appropriate for his or her needs.



Education is one of the most important factors in adolescents' developmental paths and in their recovery from SUD.





## Recovery Services

### 4.3 Recreational Services or Prosocial Activities

- Development of, or re-engagement in, safe and healthy recreational activities is critical for adolescents' ongoing recovery support. Assistance should be given to adolescents to develop interests and participate in recreational and social activities that do not involve and may serve as alternatives to substance use.
- Providers should work with adolescents to help them discover their interests (e.g., hobbies, games, sports, creative ventures) and strengths through the treatment and recovery plan.
- Recreational and leisure activities should be used to promote prosocial behaviors, competence, and confidence in interacting and socializing with others and foster a positive attitude toward physical activities as an important component of a healthy and satisfying life.
- Providers should ensure recreational and prosocial activities incorporate non-substance using peers and engaged adult involvement and monitoring.

## Recovery Services, continued

### 4.3 Recreational Services or Prosocial Activities

- Adolescents should be encouraged to participate in civic and community activities to contribute to the community.
- Providers should work with parents/caregivers to encourage adolescents to discover their own recreational and prosocial activities and to continue to engage in these activities post-treatment.
- Providers should offer or make referrals to recreational services and/or prosocial activities that align with the adolescent's strengths, needs, and capabilities.
- Engagement in prosocial activities should be promoted as an essential component of adolescent treatment and recovery.



## Recovery Services

### 4.4 Positive Adolescent Development

- Providers should be trained on adolescent development (e.g., stages of development, brain development, puberty).
- Providers should emphasize resilience and the unique developmental aspects of the recovery process for adolescents.
- All services should be adolescent-guided to the extent possible, supporting adolescents to make decisions, build competencies and skills, establish connections, develop their identities, and make contributions.
- Providers should offer activities that promote social connectedness and service by including community service activities and other leadership training and activities.
- Adolescents should be connected with local adolescent groups and advocacy groups to aid in the cultivation of leadership and to empower them through working with other adolescents.
- Providers should take an empowerment-based, rather than controlling, approach that does not provoke or reinforce problematic power dynamics.



Positive adolescent development incorporates an understanding and appreciation of adolescent development and empowerment as the foundation of treatment and recovery.



## Recovery Services

### 4.5 Employment/Vocational Services

- Employment/vocational support consists of strategies to assist adolescents, as developmentally and age appropriate, in becoming ready to enter and function in the workforce, and in achieving resilience, self-sufficiency, and improved quality of life.
- Providers should facilitate access to vocational skills development services (e.g., job shadowing or internships, résumé writing, interviewing skills) that are designed to prepare the adolescent for work, including exploring the importance of time management and acting responsibly, and tips for retaining a job.
- Providers should facilitate access to job coaching, career exploration or placement, and part-time and supportive employment (when available). These services and supports may assist the adolescent in developing skills for attaining, improving, or maintaining employment currently and in adulthood. Providers may offer strategies for maintaining motivation and coping with stress at work.
- Providers should develop and maintain relationships with vocational programs (e.g., partnerships with school districts and local workforce services).
- For adolescents who require long-term treatment or recovery support services (particularly those who are at or above the age of 17), treatment programs should provide linkages to education or post-primary education, adult SUD and mental health treatment services, employment opportunities, and other transitional approaches to adulthood.
- Adolescents involved in the juvenile justice system should receive education and assistance on managing their records needed to attain employment and other vocational opportunities.



## Recovery Services

### 4.6 Transportation

- Treatment programs should have policies and procedures for how adolescents will be provided transportation and by whom.
- Residential programs should have written procedures for signing adolescents in and out of program sites.
- Providers should adhere to state and local requirements for licensure and operation of vehicles.
- Vehicles should not be labeled in a way that calls attention to the facility or the vehicle's occupants.
- When transportation is not practical, services may be delivered through telehealth or telephonically.
- When applicable, adolescents should be given training on how to access public transportation (e.g., how to read bus schedules, where to wait).



Access to safe, affordable transportation for adolescents with SUD can increase their engagement and retention in treatment, and aid in accessing other needed services and achieving treatment and recovery goals.



## Recovery Services

### 4.7 Life Skills

- Providers should connect with adolescent-serving agencies that offer opportunities for life skills development.
- Providers should foster age-appropriate, culturally appropriate, therapeutic, and goal-oriented opportunities for adolescents to develop social skills, cultivate decision-making abilities, and learn the values of employment and vocational skills necessary for adulthood.
- Life skills development should assist adolescents in learning how to self-manage triggers for substance use and self-monitor symptoms. This involves the recognition of relapse triggers and supporting the adolescent in building natural supports to prevent relapse.
- Providers should offer interpersonal skill development including support in problem solving, conflict resolution, self-esteem improvement, anger management, and impulse control.
- Providers should educate adolescents to perform routine activities of daily living (e.g., organizational skills, time management, money management, food preparation, establishing structure and routine, personal hygiene, literacy) to promote self-esteem, self-sufficiency, and independence.
- Providers should offer skill building to assist adolescents and their families in learning how to gain access to and navigate any necessary rehabilitative, medical, social, legal, transportation, and financial supports and services.
- Providers should offer education on developing healthy sexuality and building healthy peer and romantic relationships for adolescents of any sexual orientation or gender identity.



## Recovery Services

### 4.8 Referral to Mutual Aid Groups

- If adolescents would like to participate in a mutual aid group, the provider should help them access developmentally and age-appropriate groups and should give multiple mutual aid group options when possible.
- Providers should refer adolescents to a mutual aid group with adolescents in it or to adolescent-specific mutual aid groups.
- Providers should be familiar with different types of mutual aid groups, encompassing the unique needs of different age groups, genders, and LGBTQI individuals. Mutual aid group recommendations should also consider the primary substance used and adolescents whose primary language is not English.
- Families should be referred by the provider to mutual aid groups that provide pertinent support.
- Use of web-based technology and mobile applications to provide mutual aid recovery support should be offered for adolescents, particularly in rural areas, when available.

## Recovery Services

### 4.9 Peer-to-Peer Recovery Coaching/Peer Mentoring

- Providers should help adolescents gain the skills to build positive peer relationships through peer mentors (Peer Support Specialists) who facilitate participation in adolescent-based mutual aid groups and/or connect adolescents to prosocial activities.
- Peer mentors assist in guiding adolescents through treatment, recovery services, and transition to recovery in the community.
- Peer mentors should have appropriate training and supervision.





## Administration Considerations



### 5.1 Designation of Authority

- Programs must be licensed, certified, and/or accredited per state laws and regulations prior to referring adolescents to the provider and before reimbursement with federal/state funding.

### 5.2 Governance Requirements

- DHCS oversees the provision of services and sets requirements for general governance of adolescent SUD treatment programs such as maintenance of records, documentation requirements, and review of policies and procedures, recordkeeping, billing, and referrals to ensure providers are meeting standards and reducing barriers to treatment. Please refer to DHCS AOD Program Certification Standards at <https://www.dhcs.ca.gov/Documents/DHCS-AOD-Certification-Standards-2.7.2020.pdf>.



## Administration Considerations

### 5.3 Rights, Responsibilities, and Grievances

- All information pertaining to the adolescent's rights, responsibilities, and grievance procedures should be delivered in a culturally, linguistically, developmentally, age, and literacy-appropriate manner.
- The program's rules and rights should be posted visibly at the program site, and a copy should be given to adolescents and their families.
- Rules and any disciplinary actions should be clearly stated, non-aversive, developmentally appropriate, and nonviolent.
- All adolescents and families should be given a written and signed confidentiality notice and should be notified about mandatory reporting of child and elder abuse/neglect.
- Provider staff should be trained on program policies and procedures pertaining to rights, complaints, grievance procedures, and legal issues (e.g., juvenile justice, child welfare).
- Providers should have a written code of ethics statement signed by each staff member and kept in their personnel files.
- Adolescents have the right to be treated ethically, professionally, and with respect by all staff members.

Policies and procedures, rights and responsibilities, and grievance/complaint procedures establish and communicate adolescents' rights in treatment, ensuring adolescents receive services that are developmentally and age appropriate and free from corporal or unusual punishment, sexual exploitation, and seclusion and restraint. Adolescents have the right to treatment in the least restrictive setting.



## Administration Considerations

### 5.4 Workforce Competency Standards

- Staff qualifications should be specified for each level of treatment for adolescents with SUD. Competencies may include requirements pertaining to licensure, certification, training, and areas of expertise according to the state licensing body, regulations, contract language, and/or knowledge and skills that enable performance of job functions.
- Providers should have evidence of licensure and certification as defined by the state and practice within that scope, recognizing any potential limitations to their training.
- There should be a ratio of provider-to-adolescent maintained as determined by State and County standards.
- Providers, administrative staff, and volunteers should undergo criminal background checks and child welfare registry clearance in accordance with state and federal laws pertaining to work with adolescents.
- Providers should be skilled at reaching and communicating with adolescents and their families, and in presenting information in ways adolescents can understand and benefit from.



## Administration Considerations continued

### 5.4 Workforce Competency Standards

- Providers should be trained and have knowledge of or access to information on community resources or partnerships (e.g., mental health, child welfare, juvenile justice, education, foster care).
- Continuing education should be available to all providers to maintain and further develop their skills in working with adolescents and their licensure or certification.
- Innovative and intensive continuing education, staff development, and outreach efforts during provider recruitment may be needed to improve cultural competence among providers.
- Providers should be trained on program rules, policies, and procedures (including staff and client rights) and complaint or grievance procedures.





## Administration Considerations

### 5.5 Safety and Facilities

- Licensure requirements for SUD treatment providers are established through the DHCS Licensing and Certification Division. These safety and facility requirements ensure providers maintain an environment supportive of adolescents' physical and emotional growth and development. For additional information, please refer to the Licensing webpage at: [https://www.dhcs.ca.gov/provgovpart/Pages/Licensing\\_and\\_Certification\\_Division.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/Licensing_and_Certification_Division.aspx).

### 5.6 Technology

- Providers should be trained to use technology and stay up to date on emerging technologies in delivering services to adolescents to assist in the provision of quality, innovative care.
- Providers should train staff on how privacy laws at the state and federal levels (e.g., HIPAA, 42 CFR Part 2, Health Information Technology for Economic and Clinical Health Act) interact with use of technology in adolescent treatment.
- Providers should discuss and implement policies regarding the potential risks and benefits of any electronic communications used to engage adolescents in treatment and recovery supports.
- In communities in which it is difficult to access adolescent treatment services, such as some rural or frontier areas, telehealth or telephone-based service delivery may be used to increase access to care.
- Technology and telehealth can serve as adjuncts to in-person SUD treatment for adolescents.



- The following resources can be referenced at the [Technical Resource Library \(TRL\)](#) and/or [Optum Website](#):
  - Perinatal Practice Guidelines
  - Substance Use Disorder Provider Operations Handbook (SUDPOH) Substance Use Disorder Uniform Record Manual (SUDURM)
  - Youth Assessment Index (YAI)
  - Title 22, Sections 51341.1, 51490.1, and 51516.1
  - Title 45, Substance Abuse Prevention and Treatment (SAPT)
  - The DHCS Adolescent SUD Best Practices Guide can be accessed here: [Adolescent SUD Best Practices Guide](#)



You have now completed the required annual training for the  
Adolescent Best Practices Guidelines

Please ensure that your Program Manager or designee has  
recorded your completion