

# 2026 OPIOID TREATMENT PROGRAM DESCRIPTIONS

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## Withdrawal Management

Withdrawal management treatment means the dispensing of an opioid agonist treatment medication in decreasing doses to the persons served to alleviate adverse physical or psychological effects incident to withdrawal from the continuous or substantial use of an opioid drug and as a method of bringing the person served to a medication-free state within such a period. A short-term withdrawal management program is up to 30 days, and a long-term withdrawal management program is from 31 to 180 days.

Based on current best practices in the field, the program's purpose is to provide a medically safe, professional and supportive withdrawal experience for the persons served while preparing and motivating them to continue treatment after discharge from the program and progress toward a full and complete recovery. The program is staffed to ensure adequate biomedical and psychosocial assessment, observation and care, and referrals to meet the individual needs of the persons served. Additionally, the program develops and maintains a rich network of treatment providers for referrals after completion of the program to ensure the best possible match for the persons served to ongoing treatment services.

Withdrawal management services are intended to help the persons served reduce or eliminate their use of illicit substances while improving their quality of life and functioning. Opioid treatment programs follow rehabilitation stages of sufficient duration to meet the needs of the persons served. These stages include initial treatment of zero to seven days in duration, early stabilization lasting up to eight weeks, long-term treatment, medically supervised withdrawal, withdrawal management, medical maintenance, and immediate emergency treatment when needed.

A withdrawal management program may be provided in the following settings:

- **Inpatient:** This setting is distinguished by services provided in a safe, secure facility-based setting with 24-hour nursing coverage and ready access to medical care. This is for persons served who need round-the-clock supervision in order to successfully manage withdrawal symptoms or when there are additional complications or risk factors that warrant medical supervision, such as co-occurring psychiatric or other medical conditions.
- **Residential:** This setting is distinguished by services provided in a safe facility with 24-hour coverage by qualified personnel. Persons served need the supervision and structure provided by a 24-hour program but do not have risk factors present that warrant an inpatient setting. It may also be appropriate for persons who lack motivation or whose living situation is not conducive to remaining sober.
- **Outpatient:** This setting is distinguished by services provided in an outpatient environment with the persons served residing in their own homes, a sober living environment, or other supportive community settings. Persons served in outpatient settings typically have adequate social supports to remain sober, family involvement in care planning, the ability to maintain regular appointments for ongoing assessment and observation, and the ability to successfully self-manage prescription medications.

Persons served in outpatient settings are concurrently enrolled in or actively linked to a treatment program.

## **Outpatient Treatment**

Outpatient opioid treatment programs provide culturally and linguistically appropriate services. These include individual, group, and family counseling/therapy as determined by the needs of the person served. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. In addition to counseling and medications for opioid use disorder, outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and concurrent substance use disorders and other addictive behaviors.

## **Residential Treatment**

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities. In addition to medications for opioid use disorder, residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

## **Court Treatment**

Court Treatment programs provide comprehensive, integrated behavioral health services that work in conjunction with the judicial system. The purpose of court treatment programs is to appropriately respond to the abuse of alcohol and/or other drugs, mental illness, post traumatic stress disorder, family problems, or other concerns and their related criminal and/or civil judicial actions, in order to reduce recidivism and further involvement in the criminal justice system. Court treatment includes services provided to persons referred through various types of problem-solving courts including substance abuse, mental health, veterans, family dependency, re-entry, and others.

The treatment team works in collaboration with judges, prosecutors, defense counsel, probation authorities, law enforcement, pretrial services, treatment programs, evaluators, and an array of local service providers. Treatment is usually multi-phased and is typically divided into a stabilization phase, an intensive phase, and a transition phase. During each phase, the treatment team is responsible for assessing the behavioral health needs of the person served within the parameters of the legal sanctions imposed by the court. The treatment team either directly provides or arranges for the provision of screening and assessment, case management, withdrawal support, intensive outpatient treatment, outpatient, residential treatment, medication use, self-help and advocacy, recovery, health and wellness, relapse prevention, and

education regarding factors contributing to the person's court involvement.

A court treatment program may be a judicial or law enforcement organization that provides or contracts for the identified services or may be a direct treatment provider working as part of the court treatment team.

## **Day Treatment**

Day treatment programs offer person-centered, culturally and linguistically appropriate, comprehensive, coordinated, and structured treatment services and activities. A day treatment program consists of a scheduled series of structured, face-to-face therapeutic sessions organized at various levels of intensity and frequency in order to assist the persons served in achieving the goals identified in their person-centered plans. Day treatment programs are offered four or more days per week, typically with support available in the evenings and on weekends. A day treatment program may prevent or minimize the need for a more intensive level of treatment. It may also function as a step-down from inpatient care or partial hospitalization or as transitional care following an inpatient or partial hospitalization stay to facilitate return to the community.

## **Health Home**

A health home is a healthcare delivery approach that focuses on the whole person and integrates and coordinates primary care, behavioral health, other healthcare, and community and social support services. A health home allows for individual choice and assesses the physical and behavioral health needs of persons served. The program demonstrates the capacity to address, either directly or through linkage with or referral to external resources, behavioral health conditions and physical health conditions. Programs may also serve persons who have intellectual or other developmental disabilities and physical health needs or those who are at risk for or exhibiting behavioral disorders. Care is coordinated over time across providers, functions, activities, and sites to maximize the value and effectiveness of services delivered to persons served.

A health home provides comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family/support services, and linkage and referral to community and social support services. Services are designed to support overall health and wellness and:

- Embody a recovery-focused model of care that respects and promotes independence and responsibility.
- Promote healthy lifestyles and provide prevention and education services that focus on wellness and self-care.
- Ensure access to and coordination of care across prevention, primary care (including ensuring that persons served have a primary care physician), and specialty healthcare services.
- Monitor critical health indicators.

- Support individuals in the self-management of chronic health conditions.
- Coordinate/monitor emergency room visits and hospitalizations, including participation in transition/discharge planning and follow up.

A health home provides health promotion, care coordination, care management, individual and family support services, and referral to community and/or social support services. If the health home is not the actual provider of a particular healthcare service, it remains responsible for supporting and facilitating improved outcomes by providing disease management supports and care coordination with other providers.

## **Intensive Outpatient Treatment**

Intensive outpatient treatment programs are clearly identified as separate and distinct programs that provide culturally and linguistically appropriate services. The intensive outpatient program consists of a scheduled series of sessions appropriate to the person-centered plans of the persons served. These may include services provided during evenings and on weekends and/or interventions delivered by a variety of service providers in the community. The program may function as a step-down program from partial hospitalization, withdrawal management, or residential services; may be used to prevent or minimize the need for a more intensive level of treatment; and is considered to be more intensive than traditional outpatient services. The program is required to offer the number of hours identified in the standards and provided based on the individual needs of the persons served.

## **Office-Based Opioid Treatment Program**

Office-based opioid treatment (OBOT) programs are medically managed programs that provide treatment services to persons with opioid use disorders. Central to treatment are medications, typically buprenorphine or naltrexone, which are provided in concert with other medical and psychosocial interventions designed to realize a person's highest achievable recovery. OBOT programs do not prescribe, dispense, or administer methadone. Persons for whom methadone is part of their treatment receive that medication through the core opioid treatment program from which they receive services. Based on the needs of the persons served, these programs provide or arrange for a comprehensive array of treatment services that includes counseling/therapy, medication supports, social supports, education and training, care coordination, and other recovery-enhancing services.

OBOT programs provide services under the supervision of a physician and are guided by written treatment procedures and protocols that address the routine needs of persons with opioid use disorders, including the needs of special populations. From induction to stabilization and into maintenance, OBOT programs provide ongoing care to persons served to support their recovery.

## **Children and Adolescents**

Programs for children and adolescents consist of an array of services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting

that is both relevant to and comfortable for this population.

## **Criminal Justice**

Criminal justice programs serve special populations comprised of accused or adjudicated individuals referred from within the criminal justice system who are experiencing behavioral health needs, including alcohol or other substance abuse or addiction, or psychiatric disabilities or disorders. Services can be provided through courts, through probation and parole agencies, in community-based or institutional settings, or in sex offender programs. Institutional settings may include jails, prisons, and detention centers. The services are designed to maximize the person's ability to function effectively in the community. The criminal justice mandates include community safety needs in all judicial decisions and require that behavioral health programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Criminal justice educational programs may include either community-based or institution-based educational and training services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/DWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

## **Integrated Primary Care**

Many behavioral healthcare programs strive to provide meaningful physical healthcare to holistically address the needs of the persons served. Effectively integrating primary care into a behavioral health program enhances the level of care provided and improves outcomes for the persons served.

A needs assessment of the population served, including behavioral health, physical health, and social health needs, guides the development of services, including screening practices and protocols to optimize health outcomes for the persons served. In addition to the person served, the interdisciplinary team includes providers who can address needs in each of these areas through an integrated approach. The program provides (either directly or through collaboration and linkages) health promotion, care coordination, care management, individual and family support services, and referral to community and/or social support services.

In addition to monitoring and measuring the progress of individual persons served, the program collects and analyzes data to manage and improve behavioral health, physical health, social health, and functional outcomes for the population served.

Integrated Primary Care programs educate the persons served on strategies for wellness and self-management. The program provides cross-training for personnel that addresses common conditions in the population served; how behavioral health, physical health, and social health needs may affect each other; models of integrated care; and collaborative person-centered planning practices.

Leadership at both the program and organizational levels engage in efforts to continually improve collaborative care and champion integrated care.

## **Older Adults**

Programs for older adults consist of an array of services designed specifically to address the behavioral health needs of this population. Such programs tailor their services to the particular needs and preferences of older adults and their families/support systems. Services are provided in environments appropriate to their needs. Personnel are trained to effectively address the complex needs of older adults.