Youth Substance Use Disorder Treatment Services

Overview

Youth substance use disorder (SUD) treatment services are designed to meet the needs of the individual youth and families seeking services for their youth. Level of care is established using the American Society of Addiction Medicine (ASAM) standards and varies depending on the severity of the disorder, and the impact on and the needs of the youth and family. Services are age appropriate and trauma informed.

Levels of care may include:

Outpatient substance use disorder treatment services include assessment and referral to individual and group counseling. Treatment interventions occur in varying degrees of duration and intensity according to a youth and family centered Individual Service Plan. Interventions can include intensive outpatient services, aftercare, and collaborative efforts when youth move to and from residential treatment. Outpatient services may be delivered in community outpatient settings, schools, group homes, and other settings.

Youth residential treatment services are provided in youth-only facilities and are designed to be developmentally appropriate for adolescents. The range of contracted services are designed to meet the needs of youth based on clinical severity and to address educational needs, need for security, family problems, emotional and behavioral symptoms, and housing in addition to treatment for the youth’s substance use, co-occurring disorder.

Youth withdrawal management and crisis stabilization are designed to provide a safe, temporary, protective environment for any youth experiencing the harmful effects of intoxication and/or withdrawal from substances. These effects may occur in conjunction with emotional and behavioral crises, and youth may exhibit symptoms of a co-occurring behavioral health disorder.

Eligibility Requirements

- Services are available for youth with SUD who meet ASAM criteria for the level of care. Clients are assessed to determine diagnosis and to recommend appropriate level of treatment.
- Apple Health (Medicaid) and low-income, substance-abusing youth ages 13-17 are eligible for services; younger youth or transition-aged youth may receive services in some levels of care if assessed as developmentally appropriate.
- Priority is given to youth who are pregnant, use drugs intravenously, referred from a higher level of care or crisis stabilization, Involuntary Treatment Act (ITA) referrals, and at-risk/runaway youth.
- The Health Care Authority (HCA) contracts with regional behavioral health organizations (BHOs), behavioral health administrative services organizations (BH-ASOs), and managed care organizations (MCOs) to ensure service needs are met for Medicaid-funded youth in their region. Organizations may set sliding fee scales or non-Medicaid funding to accommodate youth in greatest need so that funding is not a barrier to youth access.

A minor 13 and older may access outpatient or residential services by signing themselves into treatment, including cases of a Child in Need of Services (CHINS) petition. A minor under the age of 13 would need consent of a parent or guardian.

Eligibility Requirements

RCW 71.34, 71.24.560, WAC 246-341 Behavioral Health Services

Budget

The Medicaid funding for youth SUD treatment services is contracted through the BHO, BH-ASO and MCO contracts.

Medicaid and low-income youth can access non-Medicaid services through the BHOs, or BH-ASOs using the Substance Abuse Block Grant (SABG), GF-State or Designated Marijuana Account (DMA) funds.
In SFY2019, 3,029 distinct youth received SUD treatment services.

**Rates**
Rates vary between BHOs, BH-ASOs, MCOs and their contracted providers.

**Partners**
HCA contracts with BHOs, BH-ASOs, and MCOs to manage these treatment resources for youth. HCA’s Division of Behavioral Health and Recovery (DBHR) also collaborates with counties, treatment providers, juvenile courts, Office of Superintendent of Public Instruction (OSPI), Juvenile Justice (JJ) and Rehabilitation Administration (JR) and other state partners to ensure referral to the youth treatment service delivery system.

**Oversight**
HCA, Medicaid Program Operations and Integrity (MPOI) Division’s Contract Managers provide oversight for BHO, BH-ASO and MCO contracted services. Also, Department of Health (DOH) certification and licensure are required.

**For More Information**
Amanda Lewis, Adolescent Substance Use Disorder, Co-occurring Treatment Lead
Amanda.Lewis@hca.wa.gov
360-725-9411

Edward Michael, Adolescent Co-occurring Treatment Program Manager
Edward.Michael@hca.wa.gov
360-725-9411