

Fact Sheet: Youth Substance Use Disorder Treatment Services

Updated: September 26, 2016

<p>Overview</p>	<p>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.</p> <p>Levels of care may include:</p> <p>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.</p> <p>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 SUD.</p> <p>Youth Recovery House Services are for youth who require continued but less intensive treatment services to accomplish their recovery plan, continue to develop relapse prevention skills, and for youth for whom the home/community environment is not supportive. The focus of treatment is long-term recovery, continued education, community support, and improvement in major life competencies.</p> <p>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 client and family centered treatment 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.</p> <p>Family Hardship Program may provide round trip expenses for family members traveling from their home to the treatment facility for distances over 50 miles within Washington State. These funds must be used for Washington residents and excludes out-of-state travel. Priority is given to travel that is required for clinical participation of the family in the youth's treatment, including admission appointment, family treatment activities, visitation and passes, and emergency discharge or other crisis visits. Prior approval for use of these funds is necessary.</p>
------------------------	--

Eligibility	<ul style="list-style-type: none"> • Services are available for youth with Substance Use Disorders who meet the American Society of Addiction Medicine (ASAM) criteria for the level of care. Clients are assessed to determine diagnosis and to recommend appropriate level of treatment. • 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. • DBHR contracts with nine Regional Behavioral Health Organizations (BHOs) to ensure service needs are met for Medicaid-funded youth in their region. BHOs may set sliding fee scales to accommodate youth in greatest need so that funding is not a barrier to youth access. • Youth accessing residential services must have parent/guardian consent for treatment except in the case of a Child in Need of Services (CHINS) petition. Youth accessing outpatient services may do so by signing themselves into treatment.
Authority	RCW 71.24.560 ; WAC 388-877B-0200 – 0280; RCW 70.96A.095; WAC 388-877B-0300 – 0370; WAC 388-877B-0100 – 0130
Budget	<p>The Medicaid funding for youth SUD treatment services is included in the per-member-per-month (PMPM) payment for the Behavioral Health Organizations (BHOs). Since moving to managed care, there is no longer a separate budget for these services.</p> <p>In addition to the PMPM for Medicaid clients, Medicaid and low-income youth can access non-Medicaid services through the BHOs using the Substance Abuse Block Grant (SABG), GF-State or Designated Marijuana Account funds.</p>
Rates	Rates vary between BHOs and their providers.
Partners	DBHR contracts with Great Rivers, Greater Columbia, King, North Central, North Sound, Optum Health, Pierce Behavioral Health Organization, Salish, Spokane, and Thurston Mason Behavioral Health Organizations, and Health Care Authority for the Southwest Washington Region to manage these resources for the youth in their region. DBHR also collaborates with counties, treatment providers, juvenile courts, Office of Superintendent of Public Instruction, Juvenile Justice and Rehabilitation Administration and other state partners to ensure referral to the youth treatment service delivery system.
Oversight	DBHR Contract Managers provide oversight for Behavioral Health Organization contracted services. Also, DBHR certification and DOH licensure are required.
For more information	Diana Cockrell/ cockrdd@DSHS.wa.gov / 360-725-3732 Website: http://www.dshs.wa.gov/bha