

Youth Substance Use Disorder Treatment Services

Youth Substance Use Disorder (SUD) treatment services are designed to meet the needs of youth and their families/caregivers who are seeking behavioral health services to address a substance use disorder. Level of care is established using the American Society of Addiction Medicine (ASAM) standards and treatment placement depends on the severity of the diagnosis, its impact, and the needs of the youth and family/caretakers. Services are developmentally appropriate, medically necessary, and trauma informed.

Levels of care may include:

Outpatient SUD treatment services including assessment and referral to individual and group counseling. Treatment interventions occur in varying degrees of duration and intensity according to a youth and family/caretaker centered Individual Service Plan (ISP). Interventions can include intensive outpatient services, aftercare, family/caretaker support, 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 community-based settings.

Youth residential treatment services are provided in youth-only facilities and are designed to be developmentally appropriate for youth. The range of contracted services are designed to meet the youth's needs, including, but not limited to clinical severity, educational needs, emotional/psychological security, family/caretaker dynamics, emotional and behavioral symptoms, and housing, in addition to the substance use and co-occurring disorder treatment.

Youth withdrawal management and crisis stabilization are designed to provide a safe, temporary, and protective environment for any youth experiencing the effects of intoxication and/or withdrawal from substances. These effects may occur in conjunction with emotional and behavioral crises and should be addressed concurrently.

All services should be provided through a trauma-informed lens, and be developmentally, culturally, and linguistically appropriate. Care should include treatment services that involve and strengthen the family/caretaker system by coordinating with other programs to offer additional supports that improve social determinants of health and the quality of life for young people and their families/caretakers.

Recovery housing is a safe, stable, and substance-free residential living environment where services are lower in intensity from that of a SUD, co-occurring residential treatment program. It offers a variety of benefits for young people transitioning from higher levels of care that can include peer supports, supervised living environments with behavioral health services, and medication management including Medications for Opioid Use Disorder (MOUD). Supportive housing empowers young people to build and enhance the skills they need to lead safe, healthy, and fulfilling lives over the long term.

Eligibility requirements

- Services are available for youth who are impacted by substance use who meet ASAM criteria for a specific level of care. Youth are assessed to determine diagnosis, medical necessity, and determine appropriate level of treatment.
 - RCW 71.34, WAC 246-341 Behavioral Health Services
- Apple Health (Medicaid) and low-income youth ages 13-17 who are impacted by substance use are eligible for services; younger youth or transition-age 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, are referred from a higher level of care, or secure withdrawal management and stabilization referrals, as youth who are unstably housed or are experiencing other risk factors.
- The Health Care Authority (HCA) contracts with regional 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 youth 13 and older may access outpatient or residential services by consenting to treatment, including cases of a Child in Need of Services (CHINS) petition. A youth under the age of 13 would need consent of a parent or guardian.

Parents or guardians may initiate treatment for non-consenting youth through:

- Family Initiated Treatment (FIT)
- The Involuntary Treatment Act (ITA)

See [FIT webpage](#) for more information.

Budget

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

Medicaid and low-income youth can access non-Medicaid services through the BH-ASOs using the Substance Use Prevention, Treatment and Recovery Block Grant (SUPTRS), General Fund-State or Designated Cannabis Account (DCA) funds.

Rates

Rates vary between BH-ASOs, MCOs and their contracted providers. Each behavioral health agency (BHA) works directly with the BH-ASOs and MCOs to negotiate service rates.

Partners

HCA contracts with 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 Juvenile Rehabilitation (JR) and other state partners to ensure referral to the youth treatment service delivery system.

Oversight

HCA, Medicaid Programs Division (MPD) contract managers provide oversight for BH-ASO and MCO contracted services. Also, Department of Health (DOH) certification and licensure are required.

More information

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