

Youth Substance Use Disorder Treatment services

Overview

Youth substance use disorder (SUD) treatment services are designed to meet the needs of the youth and families seeking services. Level of care is established using the American Society of Addiction Medicine (ASAM) standards and varies depending on the severity of the diagnosis, its impact, and the needs of the youth and family. Services are age appropriate, medically necessary, 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 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 and not limited to clinical severity, educational needs, emotional/psychological security, family 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 a 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 diagnosis.


Eligibility requirements

- Services are available for youth with SUD who meet ASAM criteria for a specific level of care. Youth are assessed to determine diagnosis, medical necessity, and to recommend appropriate level of treatment.
- Apple Health (Medicaid) and low-income, youth ages 13-17 who struggle with 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 (SWMS) referrals, as well as at-risk/runaway youth.
- 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 signing themselves into 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 Adolescent Behavioral Health Access fact sheet or [FIT webpage](#) for more information;

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Eligibility requirements

RCW 71.34, WAC 246-341 Behavioral Health Services

Budget

The 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 Abuse Block Grant (SABG), General Fund-State or Designated Marijuana Account (DMA) funds.

In SFY2021, 711 distinct youth received SUD treatment services.

Rates

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

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 Rehabilitation Administration (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.

For more information

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