

Youth, Young Adult Behavioral Healthcare needs

Informational sessions were held June, July, and August 2023 in response to youth substance use disorder (SUD) residential closures to hear provider impacts and needs. This document provides a summary of system recommendations in response to identified needs from the listening sessions.

Themes and needs were sorted into three categories:

- Immediate (0-3 months),
- Intermediate (3-24 months) and
- Long-term (2+ years).

Session participants included Behavioral Health Providers, Managed Care Organizations (MCOs), Behavioral Health Administrative Services Organizations (BH-ASOs), other state and system partners.

Listening session outcome with system needs identified:

Immediate (0-3 months)

- Access to withdrawal management, crisis stabilization for youth
- Statewide access to regional SUD outpatient for youth
- Statewide access to regional SUD and mental health co-occurring outpatient for youth
- Co-occurring substance use and mental health residential treatment for youth
- Continuum of care networking, and pathway to elevate needs
- Knowledge of services and supports in real time

Intermediate (3-24 months)

- Assess access and referral pathways
- Credentialing and licensing process
- Substance use and mental health co-occurring clinicians
- Mentorship for substance use disorder professional trainees (SUDPT) entering the field
- Training and education for behavioral health and healthcare professionals serving youth

Long-term (2+ years)

- Full continuum of SUD services and supports available across the state for care
- Increase reimbursement rates for SUD services
- Increase workforce pay for SUD, co-occurring mental health clinicians
- Offer paid internships for SUDPTs entering the field

More detailed information about the informational sessions can be found in appendix A or [here](#).

Behavioral Health Services Across the Continuum

Early intervention (EI) | American Society of Addiction Medicine (ASAM) Level 0.5

The goals of EI are to provide information about substance use risks and impacts, strategies to reduce, or eliminate use and use-related risk behaviors as well as engagement in services and supports when needed. EI also works to identify and strengthen protective factors that include biological, psychological, family, community and cultural. Screening, brief intervention, and referral to treatment (SBIRT) as well as Alcohol/Drug Information School (ADIS) may be used. Services can be individual sessions provided at, but not limited to, behavioral health agencies, schools, hospitals, medical clinics, or other non-traditional settings.

Resource	Capacity	Funding
https://www.asam.org/	Services provided or data to support use of EI: Unknown	Not covered by most payers

Community-based less intensive outpatient | ASAM Level 1.0

SUD, co-occurring treatment can be provided in a community-based outpatient setting either individually or in group sessions, up to six hours per week. Services are provided by a Certified Substance Use Disorder professional (SUDP) in settings that include behavioral health agencies, schools, and primary care clinics.

Treatment approaches should meet the youth where they are at, be youth and family driven and developmentally appropriate. Clinical therapies include evidence-based, research-based, and promising practices.

Resource	Capacity	Funding
https://www.asam.org/	Unknown	Based on medical necessity determined by a bio, psycho, social, spiritual assessment

Community-based more intensive outpatient | ASAM Level 2.0

SUD co-occurring treatment can be provided in a community-based outpatient setting either individually or in group sessions, from 6-19 hours per week. Services are provided by a Certified Substance Use Disorder professional (SUDP) in settings that include behavioral health agencies, schools, and primary care clinics.

Treatment approaches should meet the youth where they are at, be youth and family driven, and developmentally appropriate. Clinical therapies include evidence-based, research-based, and promising practices.

Resource	Capacity	Funding
https://www.asam.org/	Unknown	Based on medical necessity determined by a bio, psycho, social, spiritual assessment

Residential/Inpatient | ASAM Level 3.0

Treatment and care in a 24-hour residential setting. Youth have a structured environment that includes one-on-one and group treatment, school, recreation, along with other activities. Clinical and program staff support a young person in addressing their substance use disorder, co-occurring mental health needs, gaining skills to help maintain their recovery, health, and wellbeing in their own community.

Recovery housing, support services for successful transitions

Safe, healthy, family-like, substance-free living environments that support individuals in recovery from substance use disorder (SUD).

Resource	Capacity	Funding
https://www.asam.org/ The Bridge Program, Recovery Residences, Youth, young adult housing response team, Oxford Housing and vacancies	Known	Based on medical necessity

Withdrawal management (WM) and stabilization

Assisting an individual in safely withdrawing from substances, helping them to stabilize in a monitored setting physically and emotionally. Medically monitored withdrawal management (WM) provides medical care and physician supervision for withdrawal from alcohol or other drugs. Clinically managed is nonmedical WM or patient self-administration of withdrawal medications ordered by a physician.

Resource	Capacity	Funding
https://www.asam.org/	Known	Based on medical necessity

Medications for opioid use disorder (MOUD)

Medications to treat Opioid Use Disorder (MOUD) include methadone, buprenorphine, and naltrexone. MOUD is the first line of treatment for individuals with moderate or severe OUD. MOUD binds or blocks the opioid receptors in the brain and helps to stabilize the individual from withdrawal symptoms and cravings and balances the brain to assist in the recovery process. MOUD can be administered or prescribed in conjunction with behavioral health supports to facilitate a holistic approach to recovery.

Resource	Capacity	Funding
https://search.warecoveryhelpline.org/	Unknown	Covered by Apple Health Care (Medicaid)

For more information

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[National Institute on Drug Abuse](#)

[SAMHSA](#)

Appendix A

Session 1

Participants shared impacts felt from closures, as well as system gaps regionally and statewide. The needs captured were categorized into themes listed below, continuing to note timeliness of response efforts.

Themes:	
Communication	Staffing, workforce
Service expansion	Withdrawal management
Financial assistance	Data
Training, education	Reimbursement rates
Service need, availability	

Session 2

Posed questions and prompts below to participants.

Partnering for solutions

- What does strong partnership look like across state systems?
- What are new and existing ways managed care organizations (MCOs), and Health Care Authority (HCA) can support provider need?

Service availability and steps for accessing care

Takeaways: More synced partnerships and collaboration across layers of the system. Barriers to strengthening behavioral health field were identified and two of the major topics discussed were workforce and access to services across the continuum of care.

Session 3

Summarized and presented system recommendations from needs heard in the 1st and 2nd sessions.

System recommendations

Immediate (0-3 months)	Intermediate (3-24 months)	Long-term (2+ years)
Withdrawal management, crisis stabilization	Assess access and referral pathways	Full continuum of care
Statewide SUD, co-occurring outpatient	Synced cross-agency messaging	Reimbursement rates
COD residential treatment	Credentialing and licensing process	Workforce pay
Continuum of care networking, pathway to elevate needs	Co-occurring clinicians	Paid internships
Services and supports in real time	Mentorship	
	Training and education	