

# Youth Substance Use Disorder Treatment System

## A Managed Care Model for a Continuum of Care



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# Outline

- **Framing the Issue: Defining the Population**
  - Key Youth-Related SUD Data
  - Terminology
  - Definition of “At-Risk”
- **Systems-Level Considerations for Youth SUD Treatment**
  - Youth Continuum of SUD Care
  - School-Based Services
  - EPSDT
  - Patient Flow through the System
  - Youth Assessments
  - Youth-Related Clinical Considerations (e.g., residential treatment, Withdrawal Management for youth, & Medications for Addiction Treatment for youth)
- **Improving Youth SUD System: Challenges and Opportunities**
  - Developmentally Appropriate Youth Treatment
  - Workforce / Training
  - Financial Considerations
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- **Discussion / Q&A**



A close-up photograph of two hands, one larger and one smaller, framing a view of a vast field of yellow flowers under a blue sky with light clouds. The hands are positioned as if holding a frame, with the fingers pointing towards the center. The background is a soft-focus landscape of a field of yellow flowers stretching to the horizon under a bright blue sky with scattered white clouds.

**Framing the Issue:  
Defining the Population**

## Key Youth-Related SUD Data



- **Prevalence of Youth Substance Use Disorders (SUD)**
  - ~9% in the United States<sup>1</sup>
  - ~8% in California<sup>2</sup>

### Prevalence of Top 4 DSM-5 SUD Diagnoses Among Those Age 12 – 17<sup>3</sup>

#1	Alcohol Use Disorder	4.6%
#2	Cannabis-Related Disorders	3.4%
#3	Hallucinogen-Related Disorders	3% PCP <1% other hallucinogens
#4	Opioid-Related Disorders	1%

- **Importance of Early Intervention**
  - 90% of Americans with SUDs began using substances before age 18<sup>4</sup>

1. “Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health” (HHS Publication No. SMA 16-4984), Substance Abuse and Mental Health Services Administration, 2016, [www.samhsa.gov](http://www.samhsa.gov).

2. California Mental Health and Substance Use System Needs Assessment, DHCS, February 2012, [www.dhcs.ca.gov](http://www.dhcs.ca.gov).

3. Diagnostic and Statistical Manual of Mental Disorders, 5th ed., American Psychiatric Association (Arlington, VA: American Psychiatric Publishing, 2013).

4. Adolescent Substance Use: America’s #1 Public Health Problem, National Center on Addiction and Substance Abuse at Columbia University, June 2011, [www.centeronaddiction.org](http://www.centeronaddiction.org).

## Terminology

- **Conflicting Definitions**

- American Society of Addiction Medicine (ASAM) → defines adolescence as age 13 – 18
  - Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver → aligns with “ASAM adolescent treatment criteria”
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) → defines “children” as under age 21

- **Implications**

- Youth residential lengths of stay and Utilization Management policy
- Annual cap of DMC-reimbursable residential admission

- **Los Angeles County (LAC) Terminology**

- Youth → age 12 – 17
  - Young Adults → age 18 – 20
  - Adults → age 21+
- } EPSDT services



## Definition of “At-Risk” – Los Angeles County

- **To meet medical necessity for specialty SUD services, youth and young adults under the age of 21 must meet at least one of the following criteria:**
  1. Have at least one diagnosis from the current Diagnostic and Statistical Manual (DSM) of Mental Disorders for Substance-Related Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-related disorders, and meet the ASAM Criteria for necessary services;  
OR
  2. Be assessed to be “at-risk” for developing a substance use disorder.
- **Youth or young adults under the age of 21 may be determined to be “at-risk” if they meet the following criteria:**
  1. If the substance use does NOT meet the minimum criteria for a SUD from the DSM-5 (with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders);  
AND
  2. Determined to be at-risk of developing a SUD based on reports of experimental or early-phase substance use, associated biopsychosocial risk factors, and information gathered from the full ASAM assessment and **At-Risk Determination Tool**.

# At-Risk Determination Tool – Los Angeles County

- **Key elements of At-Risk Determination tool**
  1. Definition of “at-risk”
  2. Table of at-risk indicators, organized by ASAM dimension
  3. Narrative justifying at-risk determination

*\*See handout for tool details*

ASAM Dimension	Example of At-Risk Indicators (check all that apply)	Describe Impact on Client’s SUD Risk:
<b>Dimension 1:</b> <i>Acute Intoxication and / or Withdrawal Potential</i>	<input type="checkbox"/> Early initiation and misuse of substances: Initiation and use under 12 years of age <input type="checkbox"/> Consumption: Any use of substances by youth in the past year <input type="checkbox"/> Poly-substance use: Use of more than one substance, including tobacco <input type="checkbox"/> Route of use: Injecting substances <input type="checkbox"/> History of prior overdose <input type="checkbox"/> Previous treatment for alcohol or drug use <input type="checkbox"/> Other: _____ _____	<div style="background-color: #e6f2ff; height: 300px; width: 100%;"></div>

## “At-Risk” Service Benefits – Los Angeles County

- The “at-risk” designation is a component of medical necessity for youth and young adults, and must be either determined by an LPHA, or a counselor (registered or certified) with signature approval from an LPHA.

- **Short-term intervention services → structured similar to SBIRT model**

- **Low-intensity and time-limited services**

- Intake services

- Screening
- Intake/Assessment
- Treatment Planning

- Direct services

- Individual/Group Counseling
- Case Management
- Patient Education

**Limited to 16 units of service  
(in 15 minute increments;  
totaling 4 hours) over a 60-day  
time period**

- Must be provided in **outpatient SUD settings**
- Funded through **EPSDT Medicaid benefit**



## Youth Continuum of SUD Care – Los Angeles County

- **Prevention, Intervention, Treatment, and Recovery Support Services**
  - **Prevention:** Youth Education Programs in Schools and Other Community Locations Where Youth Live, Learn, and Play
  - **Intervention:** Mainly provided as an EPSDT benefit through DMC-ODS or via Medi-Cal primary care benefit (SBIRT), also broad service linkage for dependent youth available via Perinatal Service Network
  - **Treatment:** Withdrawal Management\*, Residential\*, Intensive Outpatient, Outpatient, Medications for Addiction Treatment (MAT)\*, and Case Management
  - **Recovery Support Services:** Aftercare with periodic check in and broad service linkage
  - **Minor Consent Medi-Cal**

\*Requires Authorization

## School-Based Services

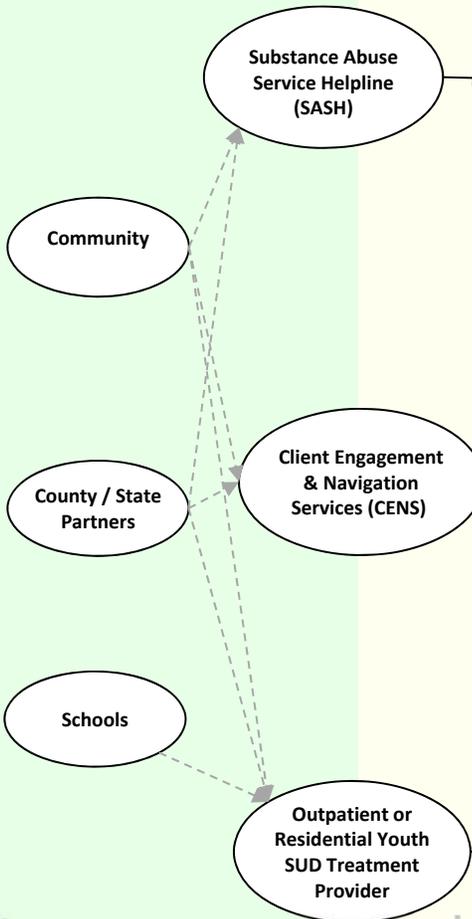
- **DMC-ODS Services Available through Field-Based Services**
  - Includes Intensive Outpatient, Outpatient, Case Management, and Recovery Support Services
  - Requires a County-approved Field-Based Services plan with services to be delivered, frequency of presence, co-located staff, MOU/written agreement with school district/site
  - Site inspection by County auditors required before initiating service
  - Many school districts (including Los Angeles Unified) require an LPHA to supervise service delivery
  - Priority to contractors already providing mental health, primary care, or SUD prevention services at school site
  - **Minor Consent Medi-Cal? Access, school culture, and program integrity considerations...**
- While there are benefits to school-based services in terms of convenience, there are therapeutic benefits to engaging youth in treatment outside the setting of their school.

## EPSDT

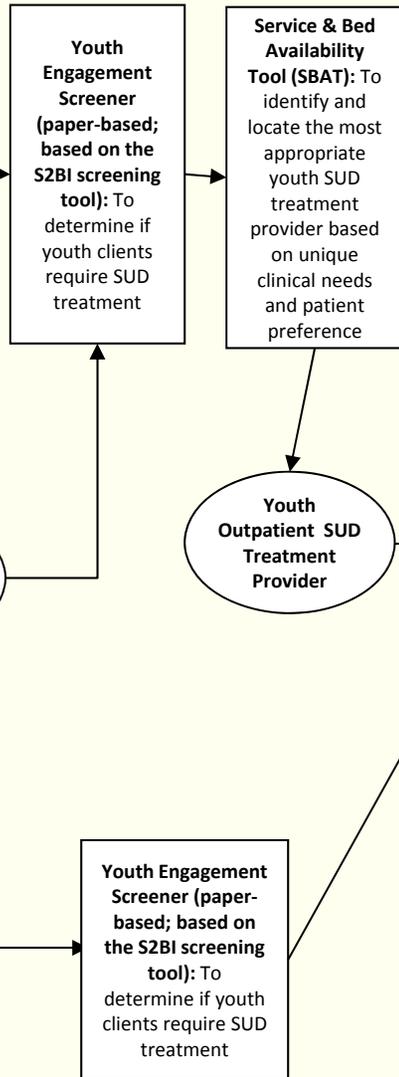
- **What is it?**
  - **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)** services are federal Medicaid benefits that provide a comprehensive array of prevention, diagnostic, and treatment services designed to address physical and mental health conditions, as well as substance use disorders. **These services ensure that individuals under the age of 21 receive appropriate and necessary early detection and treatment.**
  - **Importantly, these federal EPSDT requirements supersede state Medi-Cal requirements, and the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver does not override EPSDT.**
- **Medical Necessity**
  - To be eligible for specialty substance use disorder (SUD) services included within the EPSDT Medi-Cal benefit, substance use services **must be deemed medically necessary by a Licensed Practitioner of the Healing Arts (LPHA), or a counselor (registered or certified) with signature approval from an LPHA.**
    - In LAC, medical necessity will be determined using a full ASAM assessment for each Medi-Cal-eligible youth (12 to 17) and young adults (age 18-20).

# Youth (age 12 – 17) – Patient Flow

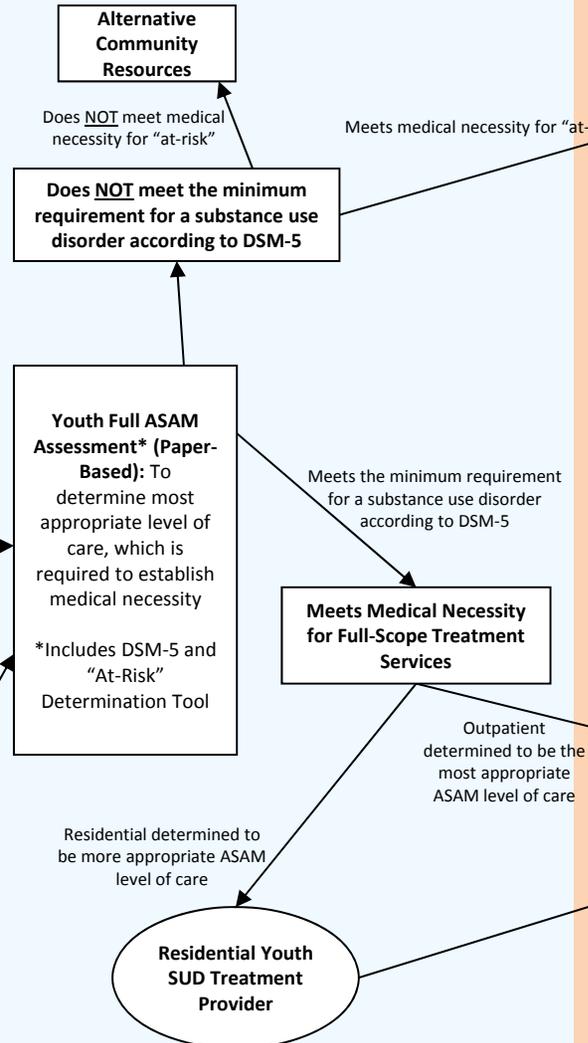
## Self-Referral / Referral



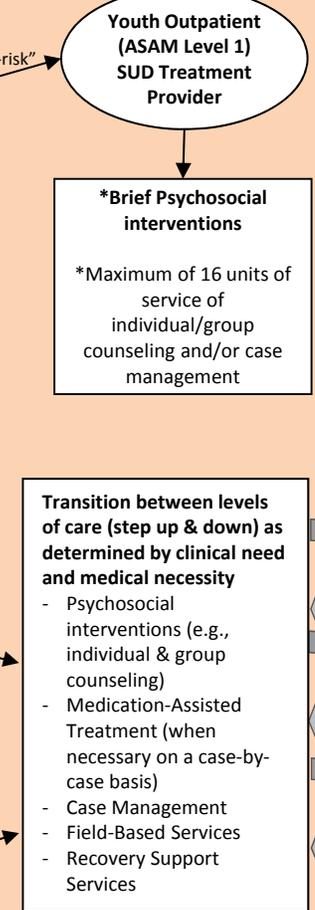
## Youth Engagement Screener (YES)



## Full ASAM Assessment



## Service Delivery & Care Coordination / Case Management



Relapse / Continued Use

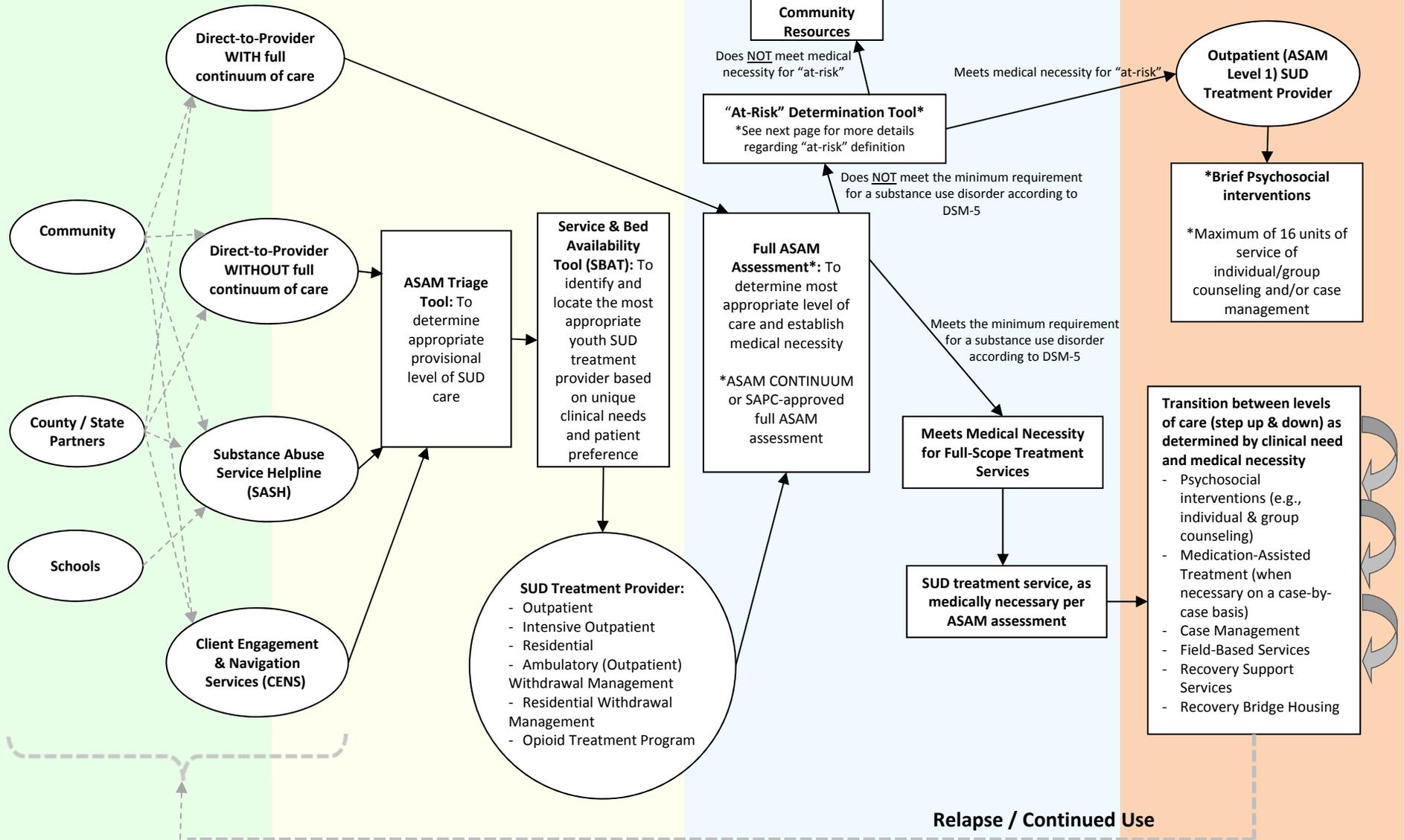
# Young Adults (age 18 – 20) – Patient Flow

## Self-Referral / Referral

## ASAM Triage Tool (brief triage assessment)

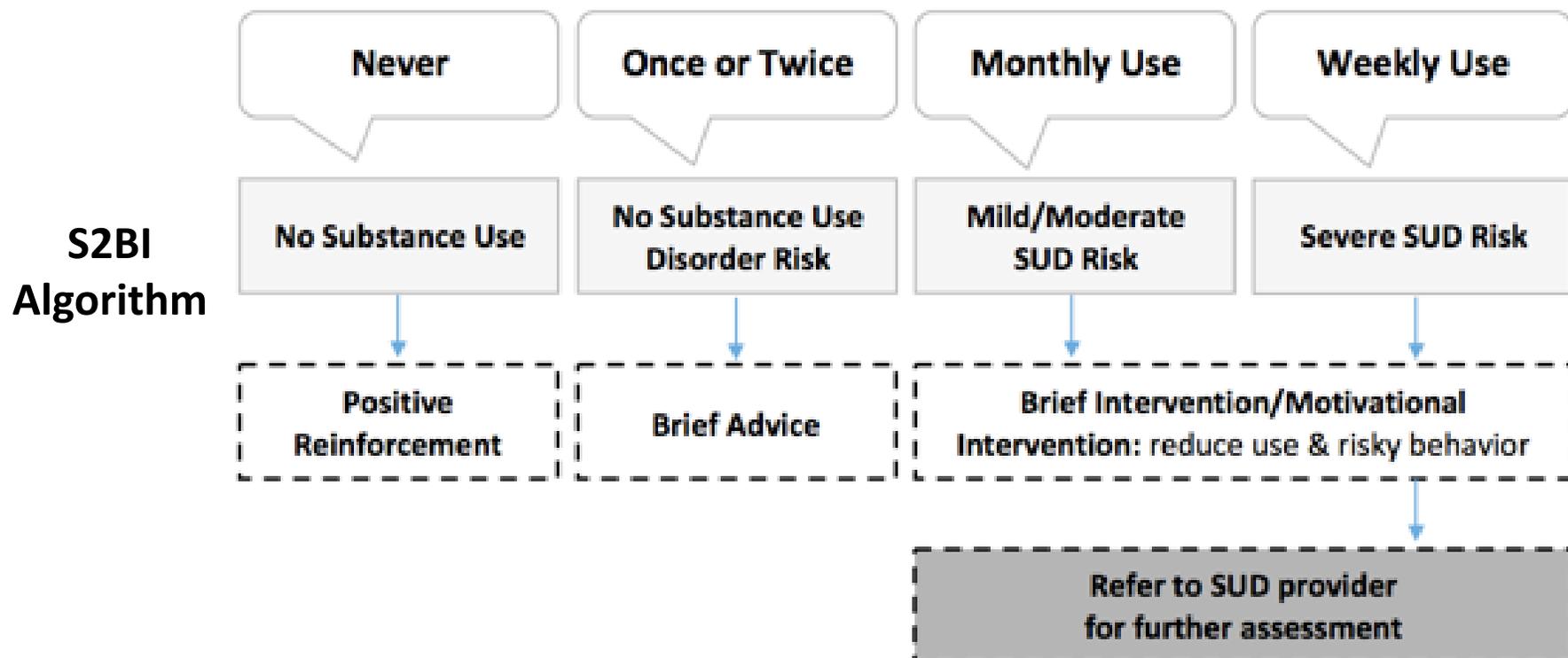
## Full ASAM Assessment

## Service Delivery & Care Coordination / Case Management



## Youth Assessments

- **LAC developed and piloted paper-based youth ASAM assessments**
  1. Youth SUD screener → Based on the **S2BI** (Screening to Brief Intervention)
  2. Youth ASAM full assessment → Includes **DSM-5** diagnosis and **At-Risk Determination Tool**



## Standardized Electronic ASAM Assessment Needs

- While LAC is using the electronic ASAM CONTINUUM and Triage Tool for young adults and adults, electronic ASAM assessments do not exist for youth → There is a need to develop validated, standardized, electronic ASAM assessments that are youth-specific
  - Potential benefits
    - **Service delivery** – Help to facilitate comprehensive and standardized health assessments
    - **Workforce** – Training benefits
    - **Utilization Management** – Simplify review and decision-making process



## Youth-Related Clinical Considerations

- **Foundational goal of LAC’s specialty SUD system is the concept of “PRECISION SUD CARE”**
  - The right service, at the right time, in the right setting, for the right duration.
  - Both under- and over-treatment carry risks, as studies have demonstrated that optimal outcomes are achieved when the right amount of services are provided – no more and no less.
- **In general, SUDs in young people tend to be less severe and require less intense treatment in terms of setting and duration than their adult counterparts → Risk of over-treating young people is greater than risk of over-treating adults.**
  - Outpatient is the first point of entry for most youth in LAC’s SUD system.
  - Utilization management touch points provide protections against “over-treatment” – residential treatment, withdrawal management, Medications for Addiction Treatment (MAT)

## Residential Lengths of Stay for Youth

- DMC-ODS Special Terms and Conditions limit lengths of stay for those under age 18 (per ASAM treatment criteria) to 30 days.
- EPSDT supersedes the DMC-ODS and requires access to services based on medical necessity.
- **Given the need to align clinical needs with policy, LAC defined “youth” as 12 – 17 and “young adults” as 18 – 20, per below.**

Population	Assessment Version	Residential Policy
<b>Youth (age 12 – 17)</b>	Youth version	<ul style="list-style-type: none"> <li>• Youth policy                             <ul style="list-style-type: none"> <li>• 30-day max per episode with one 30-day extension per year</li> </ul> </li> <li>• NO annual cap on residential admissions due to eligibility for EPSDT</li> </ul>
<b>Young Adults (age 18 – 20)</b>	Adult version	<ul style="list-style-type: none"> <li>• Adult policy                             <ul style="list-style-type: none"> <li>• Initial 60-day preauthorization with 30-day extension based on medical necessity to total a 90-day max per episode, with one 30-day extension per year</li> <li>• EXCEPT, NO annual cap on residential admissions due to eligibility for EPSDT</li> </ul> </li> </ul>

## Withdrawal Management (WM) & Medications for Addiction Treatment (MAT) for Youth

- Given less intensity of substance use (frequency, duration) and differences in the types of substances used (opioid use less common among young people compared to adults), youth tend to have less WM and MAT needs compared to adults.

### Authorized Services for Youth

#### Withdrawal Management for Youth

- For youth, WM is not an ASAM level of care. However, WM may be approved for youth on a case-by-case if determined to be medically necessary.
- Youth WM is authorized for the full duration of the WM episode (14 calendar days).
- When WM for youth involves MAT, MAT for youth under age 18 also requires authorization.

#### Medications for Addiction Treatment for Youth

- For youth, MAT may be approved on a case-by-case if determined to be medically necessary.
- Re-authorization required every 30 calendar days up until age 18, if the clinical determination is that patients under age 18 require ongoing MAT.

# Improving Youth SUD Systems: Challenges and Opportunities



## Developmentally Appropriate Youth Treatment

- Effective youth SUD systems employ developmentally appropriate treatment approaches to address the unique developmental and clinical state of young people.
- **Requires engaging both SUD patients and providers differently**
  - **Better dealing with resistance**
    - Motivational Interviewing – “rolling with resistance”
    - Less “law and order” approach, as can be the default for many SUD treatment providers
    - Requires flexibility on the part of SUD providers – there are different ways to be firm and effectively establish boundaries with SUD patients
  - **Truly patient-centered and individualized care**
    - Need to explicitly define what this means for SUD providers
    - Requires developing new mindsets and skillsets among SUD providers, including case management

## Developmentally Appropriate Youth Treatment (cont'd)

- **Technology**
  - **Service and Bed Availability Tool (SBAT; <http://sapccis.ph.lacounty.gov/sbat/>)**
    - Web-based service locator that is designed to match SUDs with services matched to their individual needs.
    - Available to the general public and contains all publicly-funded SUD providers in LA County, allowing users to filter through providers based on level of care, language, and special population and service type (e.g., criminal justice involved, LGBTQ, perinatal, etc).
  - **ReadyACCESS (text)**
    - Allows patients to receive information on available SUD treatment services via text.

# Sample Screenshot of Service & Bed Availability Tool (SBAT)

HOME

ABOUT BEGIN SEARCH CONTACT

## FIND AVAILABLE SUBSTANCE USE SERVICES NEAR YOU

- **Option 1:** If you want to speak to someone directly to access services, call the Beneficiary Access Line at XXX-XXX-XXXX
- **Option 2:** If you want to identify substance use services online [CLICK FOR INSTRUCTIONS](#)

Starting Location:

Enter a location

5 miles

SEARCH

Filter by:

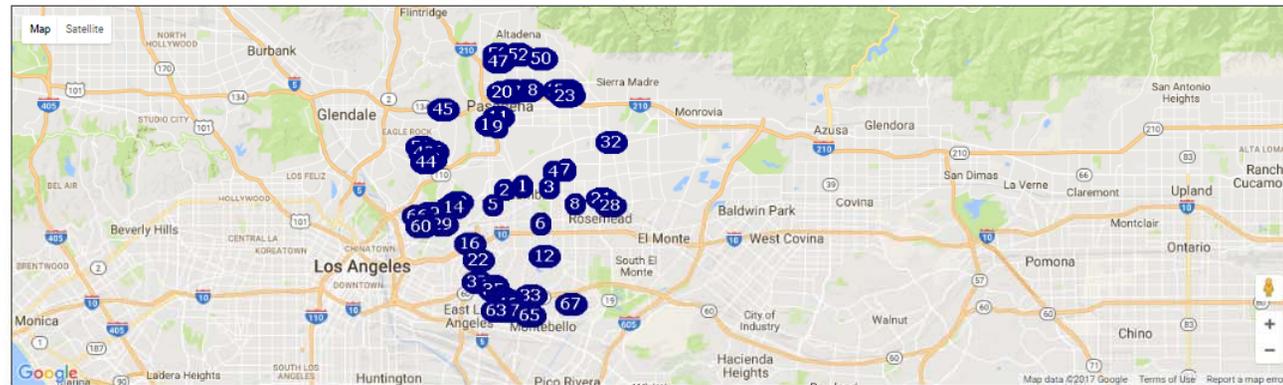
TREATMENT/SERVICE TYPE: ▾

- Outpatient Treatment, Level 1 (OP) ⓘ
- Intensive Outpatient, Level 2.1 (IOP) ⓘ
- Residential Treatment, Levels 3.1 & 3.5 (RS) ⓘ
- Residential Population-Specific Treatment, Level 3.3 (RS) ⓘ
- Ambulatory - Withdrawal Management, Levels 1-WM & 2-WM (A-WM) ⓘ
- Residential - Withdrawal Management, Level 3.2-WM (R-WM) ⓘ
- Opioid Treatment Program (OTP) ⓘ
- Recovery Bridge Housing (RBH) ⓘ
- Driving Under the Influence (DUI) Program ⓘ

LANGUAGES SPOKEN: ▾

CLIENT SERVED: ▾

RESET FILTER



	Agency	Available Beds	Intake Appointment	Specific Service Type	Languages Spoken	Last Updated
<p><b>1</b></p> <p>0.18 miles</p> <p>Directions</p>	<p>PACIFIC CLINICS</p> <p>101 South Second Street Alhambra, 91801</p> <p>Business Hours: Monday through Friday, 8:00 a.m. to 3:00 p.m.</p> <p>Phone number:</p>		<p>OP</p> <p>IOP</p>			<p>11/16/2016</p> <p>9:44:56 PM</p>

## Workforce / Training



- **Need to expand workforce with specific skillsets to address needs of young people**
- **Requires diversification of specialty SUD workforce:**
  - Training up SUD counselors
    - Upstream trainings – need to engage SUD counselor certifying bodies (CCAPP, CAADE, CADTP) around their curriculums
    - Downstream trainings – trainings at the County/provider level
  - Hiring more LPHA’s familiar with caring for young people
- **High yield areas of training:**
  - Developmental framework for treating young people with SUDs
  - Motivational Interviewing
  - Cognitive behavioral therapy
  - Case management
  - Trauma
  - Co-occurring mental health conditions (including personality disorders)

## Financial Considerations



- Consider differential in adult vs. youth rates given different staffing and treatment needs and requirements (e.g. youth residential licensure)
- Settle at the lesser of costs or charges: need to leverage the difference between costs, which may lag behind the greater revenue generated from higher DMC-ODS rates → opportunity to increase salaries to be more competitive for the fixed pool of counselors and LPHA's available to specialty SUD and MH systems.
- Prevention vs. DMC-ODS: Maximize all available funding by leveraging EPSDT for interventions
- *Risk Management in definitions of medical necessity and EPSDT interventions for youth*
- Minor Consent Medi-Cal

## Practical Considerations

- **Adolescents have restrictions on their time that reflect their special needs related to broad human development**
  - Aligning Treatment with Family Needs
  - School Schedules and Other Special Instructional Needs
  - Health or Mental Health Service Needs
  - Extracurricular and Social Activities
  
- **Requirements**
  - Residential or Intensive Outpatient Service Hour Minimum
  - Establishment of Medical Necessity and Treatment Plan
  - Option of Minor Consent Medi-Cal

**“The opposite of addiction is not sobriety; the opposite of addiction is social connection.”**

*- Johann Hari*



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# Panel Discussion / Q&A

