TREATMENT POLICY #15

SUBJECT: **Young Adult and Transitional Age Youth Treatment Services**

ISSUED: **April 1, 2022**

EFFECTIVE: **July 19, 2019**

PURPOSE:
The purpose of this policy is to establish the philosophy and requirements for young adult and transitional aged youth services (designated services and programs for young adults ages 18-21). Ensure a full array of services for young adults and supports for families and caregivers.

SCOPE:
This policy impacts the Prepaid Inpatient Health Plans (PIHP), their young adult and transitional age youth programs and service provider network.

BACKGROUND:
The Office of Recovery Oriented Systems of Care (OROSC) was awarded a State Youth Treatment-Planning (SYT-P) grant for fiscal year (FY) 16- FY17. The purpose of the planning grant was to develop a structure to build an effective system that will increase access to and improve the quality of treatment and recovery support services for transitional aged youth 16-21 years, including those transitioning out of foster care, and their caregivers. This included expanding the understanding of the developing 18-25-year-old brain. An estimated 127,000 (14%) youth aged 16-21 had a substance use disorder (SUD). Thirty-seven percent of those youth also had identified mental health concerns. In 2013, a total of 6,749 substance abuse treatment admissions for transition youth aged 16-21 were reported by publicly funded SUD programs.

The current system of care reflects poor penetration rates for the treatment of adolescents and transitional youth age 16-21, with only approximately 8% of those with an identified need, receiving substance use disorder (SUD) treatment services. In addition, there is little ability for conducting effective outreach to this population, direction for collaboration with referral sources, or linking to resources in the home community.

For FY18-FY22, OROSC was awarded a State Youth Treatment-Implementation (MYTIE) grant. This funding will support continuing the goals of the SYT-P grant including policy development, development of a support network and youth peer curriculum. The purpose of the MYTIE project is to: 1) Improve state infrastructure that will increase service access, treatment and recovery support service use and quality for transitional youth aged 16-21; 2) Establish partnerships with key stakeholders for the purpose of developing policies, expanding workforce capacity, disseminating evidence-based practices, and implementing financial mechanisms to support the implementation of these Evidence Based Practices (EBP); 3) Identify issues and barriers that affect access and treatment of SUD and co-occurring disorders; 4) Identify disparities that effect access to treatment; 5) Promote the development of statewide family and youth support organizations; 6) Implement the strategic plan to guide needed changes to the service delivery system.

DEFINITIONS

ACE's: Adverse Childhood Experiences.

ASAM: American Society of Addiction Medicine; also refers to the 6 dimensions used to evaluate an individual to establish most appropriate, least restrictive, level of care needed for treatment to alcohol or drug use disorder.

Case Management/Care Management/Care Coordination - a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes (per CMSA/org).

CMHAM: Community Mental Health Association of Michigan.

Co-Occurring Disorder: Concurrent substance use, addictive behaviors, physical health, and mental health clinical presentations that may or may not demonstrate sufficient signs for symptoms to substantiate a diagnosis of an addictive, physical and/or mental disorder.

Developmentally Competent: capacity to identify where difference on the basis of development is significant and to provide services that appropriate address developmental difference and enhance positive outcomes for the population.

Eligible Client: individuals aged 18-25 who have an identified substance use disorder.

Evidence Based Practices (EBP): treatment models that have been identified by national or state requirements as best practices based on evidence regarding best treatment options for client care and are approved by SAMHSA (https://www.samhsa.gov/nrepp). They focus on continual learning, education, and development of best practice.

IOP: Intensive Outpatient Treatment provides a higher level of intensity and structure than other outpatient treatment programs; still providing treatment while an individual is living outside of a hospital or residential setting (i.e. in their home).

MAT Services: Medication Assisted Treatment that commonly uses one of three medications: methadone, buprenorphine (both deceive the body into thinking it is still getting the substance of use/abuse without getting the individual high or put into an altered state) and naltrexone (blocks the effect of opioids).

- Methadone (for addiction treatment): comes in pill, wafer, and liquid form. Taken daily and dispensed from a licensed treatment facility.
- Buprenorphine: available in pill or sublingual form. Taken daily or every other day from a treatment center or as prescribed by a specially licensed physician.
- Naltrexone (brand names – Vivitrol and Revia): available in pill or injection form. In pill form, it is taken daily at first; can taper to once every three days at a treatment facility or as prescribed by a specially licensed physician. By injection, it is administered monthly by a licensed physician. Used as treatment for opioid and alcohol dependence.

OBOT: Office Based Opioid Treatment prescribes buprenorphine (*see MAT above*) *and* typically refers out to other services such as outpatient, medical or other enhanced services.

OP: Outpatient Treatment, or treatment that is provided while an individual is living outside of a hospital or residential setting (i.e. in their home).

OTPs: Opioid Treatment Programs in which medications (*see MAT above*) and behavioral treatment modalities are blended to treat opioid use disorders.

Withdrawal Management: Provision of medical and psychological care of individuals who are reducing or eliminating substances from their system (i.e. opioids, alcohol).

VISION:
To promote a systematic transformation with Michigan's young adult SUD services through identified best practice model(s) and intervention practices. This will be accomplished by having a strength-based coordinated system of care, a state-wide assessment to drive an appropriate level of treatment, evidenced based practice treatment modalities, fidelity monitoring of evidence-based practices and a continuum of care to guide treatment beginning at the earliest identified intervention point.

CORE VALUES:

- Continuation of Care
  - From the onset of care, termination and recovery supports are identified and worked on. Identified outcomes are understood and shared among all members of the treated family and treatment system and are signed off on the treatment plan. Legal, education, employment, child safety and other applicable mandates are considered in developing and setting up recovery support networks. Progress is monitored and each team member participates in defining success. Selected outcomes are standardized, measurable and individually developed and tracked.
- Cultural and Gender Competence
  - Services, programs, and treatment modalities reflect and respect an understanding and support of issues specific to gender, age, ability level, race, ethnicity, sexual orientation, and lifestyle diversity. This includes continuing education of providers and creation and distribution of culturally appropriate information.
- Developmentally Appropriate Care
  - Services, programs, and treatment modalities reflect and respect the emotional, developmental, physical, physiological, and social uniqueness of this population. Knowledge of and programming reflective of individuals who begin drug or alcohol use during the developmental ages may stunt, or retard, their emotional and mental progression. Therefore, they may not respond to 'adult' programming and crosswalks will need to be in place to ensure understanding and comprehension of the tools and therapy given. Cognitive ability cannot be assumed, and individual assessments will need to be completed in order to appropriately program treatment.

- Evidence-Based Treatment
    - Use of Evidence-Based Programs specifically designed, tested, and validated for adults and transitioning youth for the treatment of substance use disorders. Continued training regarding best practices of the field as programs are developed and proven effective. Evidence based practices will be monitored periodically for fidelity as well as a review of the clinicians delivering the model to confirm proper delivery of the model.
- Family Inclusive
    - Family inclusion in the treatment process is empowering, impactful and increases the likelihood of cooperation, ownership, and success. Families are viewed as full and meaningful partners in all aspects of the decision-making process affecting their lives, including decisions about treatment plans. They are viewed as resources to an individual's history and can provide a scope or lens separate from the individual. Autonomy and individualized, respectful treatment plans are developed to increase acceptance and adherence to the plan, as well as assistance with following up services within the continuum of care and potential relapse episodes through a statewide network of partner agencies. This continuation of support will be available for individuals as they return to their community and family as needed.
- Harm Reduction and Safety
    - Best practices will be implemented for treatment of the individual to minimize negative consequences associated with drug use. These include but are not limited to medically assisted treatment and sexually transmitted infection education and prevention.
    - Individual safety is a priority of treatment, including collaboration with (and notification of, if needed) child protective services, foster care services, domestic violence shelters or suicide prevention services. Consideration will be given to whether the identified threats to safety are still in effect, whether individuals are being kept safe by the least intrusive means possible and whether the safety services in place are effectively mitigating those threats. Safety planning is developed and maintained where applicable.
- Holistic Treatment
    - Inclusion of an individual's physical, mental, spiritual, and emotional health to develop and deliver the most appropriate treatment; treatment of the entire body and its systems to discover and treat all effected parts within the individual. Treatment will include family inclusion and support, where appropriate.
- Individualized Care
    - Individuals will be provided with an individualized treatment plan specific to their needs, history, culture, cognitive ability, and individuality. Family will be included when it is in the best interest of the individual being treated. Treatment plans will be updated regularly to effectively communicate current treatment

objectives and progress throughout treatment. Treatment staff will meet the client where they are; this means physically, emotionally, spiritually, and mentally and develop treatment goals to reflect these aspects of the individual. Client's skills will be developed throughout the treatment plan and continuum of care.

- Strength-Based
    - An individual's unique qualities and identified strengths are identified and used to support strategies to meet their needs. Strengths must also be found and developed in the family's environment through their informal and formal support networks as well as in attitudes, values, skills, abilities, preferences, and aspirations. Strengths are expected to emerge, be clarified and change over time as the individual's initial needs are met and new needs and strengths emerge, with strategies discussed and implemented. Barriers to success are countered with strengths and skills the individual currently possesses and can be transferred to other areas within their systems.
- System of Care Philosophy
    - An individual is best prepared and equipped to work towards recovery when his/her community supports them. These systems include medical providers, department of corrections, mental health, and when these systems of care commit to deliver services in a way in which their services are braided and blended to support and strengthen one another instead of burdening and weakening the individual. When an individual's recovery is seen as a lifetime of services instead of an episodic event, individuals, with the support of their systems, are better equipped to remain free from substances.

REQUIREMENTS AND PROCEDURE

The Michigan Department of Health and Human Services (MDHHS) is dedicated to the following fundamental principles as the foundation for integrating age specific substance use disorder treatment services while focusing on effective and comprehensive treatment.

Developing a Philosophy of working with Young Adults and Transitional Age Adults who have a Substance Use Disorder

Program Structure

1. Treatment revolves around the development of the brain; therefore, treatment services must be developmentally appropriate.
    a. Due to the uniqueness of this population's needs, educational opportunities must be offered for individuals still enrolled in school or who have aged out or left the traditional school atmosphere without obtaining their GED or diploma.
    b. Recreation and hobby building as alternative coping skills must be arranged for in treatment modalities.
    c. Life skills (develop mind and ready client for future life stages), focusing on self-sufficiency and independent living skills must be considered and implemented where appropriate.

   d. Equality does not mean sameness; in other words, equality of service delivery is not simply about allowing services. Equality must be defined in terms of providing opportunities that are relevant to each age, culture, identity, ethnicity, or other group. Treatment services may appear very different depending on to whom and where the service is being delivered.
   e. The unique needs and issues of transitional age individuals must be addressed in a safe, trusting, and supportive environment.
   f. Treatment and services shall be built on an individual's strengths, competencies and resiliency and promote independence, self-reliance, and growth.
   g. Treatment and services must be supportive and inclusive of LGBT issues and development of self.
2. An assessment and an evidence-based practice model will be implemented for the program.
   a. Utilization of a universal, state-wide assessment to enhance continuum of care and streamlining of services from one provider to the next.
   b. Treatment plans will be formulated from the assessment, using the ASAM criteria for proper placement and designed from a comprehensive approach to treatment.
   c. Service delivery models will utilize current EBP models for SUD treatment with a focus on continual learning, education and development of best practices that have been identified by national or state requirements as an approved EBP (https://www.samhsa.gov/nrepp).
   d. Focus on specific issues related to psychological, developmental, social, cognitive, educational, and physical growth/development of individuals, ensuring EBP are validated for their specific population. Recognition of the influence of social and peer groups must be included and regarded when administering treatment.
   e. Providers will assure all staff are properly trained and certified to deliver services through the designated EBP model.

Education and Training of Staff
In addition to current credentialing standards, it is suggested that individuals working and providing direct service within a designated transitional age program have completed a minimum of 12 semester hours (or the equivalent) or 64 workshop based hours of age-specific substance use disorder training or 2080 hours of supervised young adult specific substance use disorder training/work experience within a designated substance use program. It is further suggested that those not meeting the requirements must be supervised by another individual working within the program and be working towards meeting the requirements. Documentation is required to be kept in personnel files.

Appropriate topics for population specific substance use disorder training include, but are not limited to:

- Adolescents and addiction
- Child/Human development
- Communication
- Family dynamics
- Grief and loss
- Group facilitation
- Juvenile justice
- Relational aggression
- Self-esteem/empowerment
- Trauma
- Mental Health/Co-occurring Disorders
- Education and Vocational
- Conflict Resolution, Problems Solving
- Adaptation, Competency and Resiliency
- Prevention
- Sexuality/LGBT
- Communicable Disease (HIV/AIDS/Hepatitis/STI)
- Medication Assisted Treatment

Admissions

PIHPs and treatment providers must follow the priority population guidelines identified in the MDHHS/BDHHA contract with coordinating agencies, listed below, for admitting youth to treatment:

Population	Admission Requirement	Interim Service Requirement
Pregnant Injecting Drug User	Screened and referred within 24 hours. Offer admission within 14 days.	**Begin within 48 hours:** Counseling and education on HIV and TB; Risks of needle sharing; Risks of transmission to sexual partners and infants; effects of alcohol and drug use on the fetus. Referral for prenatal care. Early Intervention Clinical Services.
Pregnant with Substance Use Disorder	Screened and referred within 24 hours. Withdrawal Management, methadone or residential – offer admission within 24 business hours. Other Levels of Care – offer admission within 48 business hours.	**Begin within 48 hours:** Counseling and education on HIV and TB; Risks of transmission to sexual partners and infants; effects of alcohol and drug use on the fetus. Referral for prenatal care. Early Intervention Clinical Services.

Population	Admission Requirement	Interim Service Requirement
Injecting Drug User	Screened and referred within 24 hours. Offer admission within 14 days.	**Begin within 48 hours – maximum waiting time 120 days:** Counseling and education on HIV and TB; Risks of needle sharing; Risks of transmission to sexual partners. Early Intervention Clinical Services.
Parent at Risk of Losing Children	Screened and referred within 24 hours. Offer admission within 14 days.	**Begin within 48 business hours:** Early Intervention Clinical Services.
All other substances	Screened and referred within 7 calendar days. Capacity to offer admission within 14 days.	**Not required**

The admission standards listed above are minimum standards. PIHPs and programs interested in providing the best possible treatment to families and young adults should be meeting a higher standard for admission and interim service provision.

Treatment
Programs that are designed to support and meet the unique dynamic needs of a transitional age substance user tend to be more successful in retaining clients. For a provider to be able to offer age-specific treatment, its programs shall include the following criteria:

1. Screening
   Screening will identify if a client meets minimum eligibility requirements of the program (i.e. age, gender), need for medical services, withdrawal management or MAT services, and admission date. There can be reviewed over the phone when a client is seeking services.

2. Intake
   Intake procedures will include, at a minimum, identification of the goals of the program, administering of a drug screen to create baseline data and evaluate for additional immediate services (i.e. medically assisted withdrawal management), signing of paperwork, an inventory of personal belongings and a tour of the program grounds.

3. Assessment
   Assessment shall be a continuous process that evaluates the client's psychosocial needs and strengths within the family context and through which progress is measured in terms of increased stabilization/functionality of the individual/family.
4. Privacy Issues
   a. HIPAA laws (https://www.hhs.gov/hipaa/for-professionals/index.html)
   b. 42 CFR Part 2 (https://www.integration.samhsa.gov/operations-administration/the_confidentiality_of_alcohol_and_drug_abuse.pdf)
   c. Insurance carriers (i.e. what can be disclosed to a parent if the youth is still on their insurance) (https://www.hhs.gov/hipaa/for-professionals/special-topics/mental-health/index.html)
5. Accessibility
   PIHPs and providers must demonstrate a process to reduce barriers to treatment by ensuring that priority population requirements are met, as well as providing ancillary services or ensuring that appropriate referrals to other community agencies are made.
   a. There are many barriers that critically inhibit attendance and follow-through for young adults and transitional aged youth in treatment. They may include school conflicts, housing, transportation, hours of operation and mental health concerns.
   b. Access will be provided to families; where appropriate.
6. Psychological Development
   Providers shall demonstrate an understanding of the specific stages of psychological development young adults and transitional aged youth are in, the acute and long-term effects and complications related to young adult and transitional aged youth drug and alcohol use and modify therapeutic techniques according to client needs, especially to promote autonomy. Only treatment models that have been evaluated on youth shall be utilized.
   a. Need for comprehensive evaluation and assessment with complete biopsychosocial history and ongoing treatment to treat the entire client.
7. Abuse/Violence/Trauma
   Providers must develop a process to identify and address abuse/violence/trauma issues. This includes human trafficking, Adverse Childhood Experiences and post-traumatic stress disorder identification and awareness. Services will be delivered in a trauma-informed setting and provide safety and security from family or other participants.
   a. A history of abuse, violence and trauma often contributes to the behavior of substance abusing and dependent individuals. A provider who does not take this history into consideration when treating the client is not fully addressing the addiction or resulting behaviors.
   b. Knowledge of and training on the Adverse Childhood Experiences (ACEs) should be made available to all individuals working with individuals who have been diagnosed with a SUD.

8. Family Orientation
   Clinical treatment, when available through reasonable accommodations (including telemedicine) and not detrimental to the individual, include the client's family. This includes during all levels of treatment, when appropriate.
   a. Family can include family of origin, individuals cohabitating with the client, significant others, children, individuals identified as a resiliency factor.
9. Mental Health Conditions
   Providers must focus on any co-occurring disorders and treat each as separate disorders while being mindful of the interaction between the two. Use of EBP that are validated for both SUD and MH conditions are encouraged.
10. Physical Health Considerations and Conditions
    Agencies will abide by all rules and regulations set forth by the Americans with Disability Act (ADA) to ensure client's medical needs are taken into consideration and accommodated for appropriately. Coordination of care with the individual's primary care provider must occur as well. Visual and hearing impairments will be accommodated by the agency as needed.
11. Legal
    Individuals with substance use disorders may enter treatment with legal considerations. Individuals must be educated and able to work with individuals with these considerations as well as the systems in which they operate. Connecting individuals and services to appropriate specialty or family courts (as appropriate) are encouraged. These include, but are not limited to:
    a. Human trafficking.
    b. Limited or no state identification.
    c. Foster care youth aging or who have aged out of the system:
    d. Expungement opportunities of adjudicated offenses.
12. Sexuality/Intimacy/Exploitation
    a. Human trafficking (including sex and labor trafficking)
       i. Warning signs
       ii. Access to help
    b. Homelessness
    c. Communicable Diseases
       i. HIV/AIDS/STI/Hepatitis
    d. Survival sex
    e. Abuse
       i. Physical
       ii. Emotional
       iii. Power and control wheel (http://www.ncdsv.org/images/PowerControlwheelNOSHADING.pdf)
    f. LGBT specific issues

13. Survival and Life Skills
    Goals, treatment objectives and training will be given to transitional youth to assist them in leading a healthy, productive life following discharge from the program. This includes the teaching and practice of life skills and "soft" skills (attributes that allow individuals to work and interact effectively with others). These include, but are not limited to:
    a. Financial health, budgeting, identity theft and online safety
    b. Home upkeep
        i. Laundry, cooking, cleaning
    c. Personal hygiene and upkeep
    d. Social skills
    e. Workforce skills and attributes
        i. How to apply for a job
        ii. Interviewing techniques
        iii. Workplace etiquette
        iv. Professionalism
        v. Communication skills
            1. Nonverbal cues and expression of language
        vi. Teamwork
        vii. Networking
    f. Cyber security, cyber footprint, and identity theft
    g. Registration with selective services
14. Continuum of Care/Recovery Support
    a. Planning for recovery and community reentry begins at first contact with the provider.
    b. Collaboration between all levels of support to increase seamless transition and continuation of treatment goals and objectives throughout duration of substance use treatment.
        i. Including appropriate releases of information between providers, individuals, and caregivers where appropriate.
    c. Connection to a recovery support network in his/her area.
    d. System of care collaboration which includes all four (4) levels of case management services that are used collaboratively to enhance the level of care and recovery of an individual.

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