Washington State Department of Social & Health Services

Transforming lives

Treatment for Adolescent Substance Use

Options for Minors (Under Age 18)

A Guide for Parents

Answers to Frequently Asked Questions

What are the consent laws for inpatient treatment?

Do youth runaway from inpatient treatment?

Does treatment work?

Where do I get more information?

Is the consent of the minor needed for a parent to admit them to inpatient treatment?

Washington Recovery Help Line (866-789-1511)

http://www.warecoveryhelpline.org/

866-TEENLINK (866-833-6546) every evening 6-10pm

www.866teenlink.org

May 2014

DIVISION OF BEHAVIORAL HEALTH AND RECOVERY

Chemical Dependency Treatment Options for Minors Under Age 18

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Introduction:

The Division of Behavioral Health and Recovery (DBHR) is a part of the Department of Social and Health Services (DSHS). DBHR certifies the chemical dependency treatment agencies in Washington State. DBHR provides funding to counties for outpatient youth services, and contracts directly with providers for youth withdrawal management and inpatient treatment services.

The goals of DBHR-contracted youth chemical dependency treatment are to provide each adolescent and their family with a structured, age-appropriate program, which stresses:

- The goal of abstinence from alcohol and other drugs.
- Comprehensive assessment and placement at the appropriate level of service.
- Services, which involve and honor family members, who may include birth, adoptive, foster, and step parents, and other caring adults in the adolescent's life.
- An understanding of adolescent development, including the level of maturity, emotional stability and functioning, educational history, and learning ability.
- Treatment should be provided which respects and addresses the age, gender, language, culture, ethnicity, and sexual orientation of youth and their family members.

A special note to parents…"*The only thing more complicated than the behavior of someone involved in substance abuse is the behavior of an adolescent. The combination of the two defies a rational explanation.*" *This quote came from a book about adolescent substance abuse. It will hopefully validate your complicated feelings and fears about what is happening to your child. Whether you just discovered that your son or daughter is using drugs and alcohol, or you have known in your gut for years, you will sometimes feel like you are the one that is having trouble with reality. Keep in mind that this is a normal response to addressing abuse and addiction problems in those you love and care about. The denial of obvious problems, the rationalizing, the changes in behavior, mood, the lack of respect for you, all of these will drastically challenge your role as parent. Confronting the possibility of drug or alcohol use problems in your child may be the hardest thing you will ever do, but give yourself credit for doing the right thing. Reach out, ask for help, take care of yourself, get support through the resources in this guide, find out about an Alanon meeting in your area, and try to remain calm.* ***You are not alone.***

Family members, especially parents, play a key role in both preventing and intervening in youth substance use and misuse ([1], [2]). Studies have shown that family involvement in youth substance

[1] Velleman R, Templeton L, Copello A. The role of the family in preventing and intervening with substance use and misuse: A comprehensive review of family interventions, with a focus on young people. Drug and Alcohol Review 2005;24:93-109.

abuse treatment and recovery may result in better youth outcomes than individual youth treatment alone, including lower levels of substance use post-treatment and higher levels of protective factors such as rational problem solving and learning strategy skills ([3]).

Helpful family involvement may include:

- Talking with youth about substance use and related negative consequences, as well as communicating parents' expectations regarding youths' behavior ([4], [5]);
- Participation in family therapy ([6], [7]);
- Parental use of substance abuse treatment services ([8]);
- Awareness and monitoring of peer associations and friend choices ([9]); and
- Informed use of strategies for preventing or reducing youth substance use ([10]).

Parents (and other family members) are strongly encouraged to become involved in their youth family member's treatment and recovery process by communicating with providers, receiving education and educational materials, and participating in the youth's treatment program as recommended.

We hope this Guide is helpful. Please feel free to contact the staff listed in the last section of this handbook for further information and assistance.

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[2] Hogue A, Liddle H. Family-based treatment for adolescent substance abuse: Controlled trials and new horizons in services research. Journal of Family Therapy 2009;31:126-154.

[3] Latimer W, Winters K, D'Zurilla T, Nichols M. Integrated Family and Cognitive-Behavioral Therapy for adolescent substance abusers: A State I efficacy study. Drug and Alcohol Dependence 2003;71:303-317.

[4] National Youth Anti-Drug Media Campaign. Keeping Your Teens Drug-Free: A Family Guide. In: Office of National Drug Control Policy, editor.; 2005.

[5] National Institute on Alcohol Abuse and Alcoholism. Make a Difference: Talk to Your Child About Alcohol. In: National Institutes of Health, editor.; 2009.

[6] Substance Abuse and Mental Health Services Administration. Family therapy can help: For people in recovery from mental illness or addiction. In: U.S. Department of Health and Human Services, editor.: HHS Publication No. (SMA) 13-4784; 2013.

[7] Deas D. Evidence-based treatments for alcohol use disorders in adolescents. Pediatrics 2008;121(sup 4):S348-S354.

[8] Bertrand K, Richer I, Brunelle N, Beaudoin I, Lemieux A, Ménard J-M. Substance abuse treatment for adolescents: How are family factors related to substance use change? Journal of Psychoactive Drugs 2013;45(1):23-38.

[9] Branstetter S, Low S, Furman W. The influence of parents and friends on adolescent substance use: A multidimensional approach. Journal of Substance Use 2011;16(2):150-160.

[10] Ryan SM, Jorm AF, Kelly CM, Hart LM, Morgan AJ, Lubman DI. Parenting strategies for reducing adolescent alcohol use: A Delphi consensus study. BMC Public Health 2011;11(13).

Outpatient/Intensive Outpatient Services:

1. *What is outpatient chemical dependency treatment?*

- It is a state-certified non-residential program for youth age ten (10) to 20, which provides chemical dependency assessments, counseling services, and education, for youth and their families. DBHR-funded outpatient services are funded through the counties. These programs are designed to screen, assess, diagnose, and treat youth and their families for mild, moderate and severe substance use disorders.

2. *What is a chemical dependency assessment?*

- An assessment is a thorough, multidimensional, individualized interview performed by a Chemical Dependency Professional (CDP) to determine the diagnosis and recommendation for the appropriate level of treatment. Most CDPs, at outpatient youth agencies, are trained to work with adolescents, and use screening and assessment tools that can address resistance, denial, and other barriers to "getting the true picture" of what is going on with your child. It should be noted that youth, when given a safe and supportive setting, are often very honest about reporting their drug and alcohol use, as well as other problems associated with the use. Interviews with parents are usually conducted as part of the assessment. Information may also be used from juvenile justice staff, teachers, and other counselors or treatment agencies.

3. *What is the age of consent for outpatient treatment?*

- Youth age 13 and older can *request* outpatient services *without* parental consent. (RCW 70.96A.095)
- Agency must notify parents of the minor's request for services within seven (7) days (RCW 70.96A.230):
  - ➔ If the youth signs a release for parental notification, or
  - ➔ If the agency director determines the minor lacks capacity to make a rational choice regarding consenting to the disclosure.
  - ➔ Best clinical practice is to involve the parent/guardian as quickly as possible, unless youth expresses concerns over their safety regarding the notification of parents. For example, sometimes parents who may have a substance use disorder themselves may have threatened youth about going into chemical dependency treatment.
- Any minor under 13 must have consent of parent for treatment. (RCW 70.96A.095)

4. *Can a parent take a minor to an outpatient agency for an assessment <u>without</u> the consent of the minor?*

- **YES:** The consent of the minor is **not** required. A parent may bring a minor to a certified treatment agency for an assessment to determine if the minor has a substance use disorder and in need of *outpatient* treatment (RCW 70.96A.250).

- In most cases this assessment, *without the minor's consent,* will happen at an outpatient treatment program or withdrawal management facility. Inpatient programs may not be able to provide immediate assessment and/or up to a 72-hour hold due to the lack of state-funded treatment beds.
- Youth must sign a release of information to have assessment information released to a parent.
- Youth **can refuse** to give consent for results of the assessment to be released to parents. This may present a problem in parents getting information from the assessment, but in most cases, the agency can provide general information about the level of risk. It is also best practice for the outpatient agency to encourage the minor to allow the parents to receive assessment information.

Youth Withdrawal Management/Stabilization Services:

5. What is youth withdrawal management/stabilization?

- The purpose of these services is to provide at-risk, runaway, homeless youth age 13 – 17 a safe, temporary, and protective environment. Youth appropriate for these services are those experiencing a crisis related to the harmful effects of intoxication and/or withdrawal from alcohol and other drugs, in conjunction with an emotional or behavioral crisis.
- There are seven (7) youth detox sites throughout the state. Contact DBHR or a Behavioral Health Treatment Manager *(listed on page 14*) for more information.

6. Can minors admit themselves to youth withdrawal management services?

- Withdrawal management/stabilization services are considered residential services. See question 8 for general admission requirements, and question 23 for allowances for minors to admit themselves to detoxification services.

Inpatient Treatment:

7. What is inpatient chemical dependency treatment?

- DBHR certifies and contracts with most of the adolescent-specific inpatient programs in Washington State. Inpatient programs are designed for youth age 13 – 17 who have been diagnosed with a substance use disorder. The programs involve intensive individual, group, and family counseling, education, school activities, recreation, recovery support groups, and connection to continuing treatment in the home community.
- Youth who are under age 13, or age 18 *may* be served through an exception to policy by a youth inpatient program. Contact the individual program or DBHR for more information.
- DBHR contracts for different levels of treatment, based upon clinical need.

- **Level 1** programs are appropriate for youth with primary addiction problems who require less clinical intervention and behavior management.
- **Level 2** programs are appropriate for youth who have co-occurring emotional and mental health problems, and for youth who may be resistant to treatment, or have a high probability to run from treatment. DBHR also contracts for
- **Recovery House** services for youth needing a continued residential stay after completing primary inpatient treatment.

- Contact DBHR or a Behavioral Health Treatment Manager (listed on page 14) for more information. Treatment resource information is available through the 24 hour help line for mental health, problem gambling and substance abuse at 1-866-789-1511 or visit ***www.waRecoveryHelpLine.org***

8. *What are the consent laws for minors for chemical dependency inpatient treatment?*

- In most cases, only a parent can admit a minor to inpatient treatment.
- The parent has the *primary* consenting power for inpatient treatment.
- Consent of the minor is *not required for admission*, but is strongly recommended as soon as possible after admission.
- Most minors can be admitted to treatment without additional legal assistance.

9. *Can a parent take a minor to an inpatient chemical dependency treatment facility for an assessment without consent of minor?*

- **YES:** The consent of the minor is **not** required. A parent may bring a minor to a certified treatment agency for an assessment when the minor has a substance use disorder and in need of *inpatient* treatment (RCW 70.96A.245).
- In most cases this assessment, *without the minor's consent,* will happen at an outpatient treatment program or withdrawal management facility. Inpatient programs may not be able to provide immediate assessment and/or up to a 72-hour hold due to the lack of state-funded treatment beds.
- ***NOTE:*** It is always in the best interest of the child to attempt to involve them in coming to a decision to enter treatment. There are times when admitting an adolescent without their consent is necessary, however, gaining their agreement will help empower them to be a part of their own recovery process.

10. *Can a parent have a minor child admitted to inpatient chemical dependency treatment if the child is unwilling to consent to treatment?*

- **YES:** Becca legislation allows for a "parent-initiated" admission (RCW 70.96.A.245) to treatment, and DBHR can assist in residential treatment prioritization under the following situations:

➔ Treatment is medically necessary. DBHR conducts reviews of admissions under this section to determine if the conditions for "medical necessity" have been met. (RCW 70.96A.097)

➔ Youth is on an At Risk Youth (ARY) petition.

➔ Parents have the ability to transport youth to treatment.

➔ DBHR contracts for some "secure" treatment beds, which are designed to limit the ability of a child to run from treatment. These programs are not "locked," but can be helpful in safely containing very resistant youth.

➔ Most DBHR-contracted programs require an application packet be filled out prior to any confirmation of bed availability or admission date.

➔ There are usually appointment time requirements for most inpatient programs. The number of state-funded beds is limited.

➔ In cases of crisis or emergency issues, consider a youth for withdrawal management/stabilization admission.

➔ Upon written notification, a parent may request that the minor be discharged from the program.

11. What is required to meet the condition of "medical necessity" for inpatient chemical dependency treatment?

- Medical necessity for inpatient care of a minor is a requested service that is reasonably calculated to: *(a.)* diagnose, arrest, or alleviate a chemical dependency; or *(b.)* prevent the worsening of chemical dependency conditions that endanger life or cause suffering and pain, and there is no adequate less restrictive alternative available.

12. Is the consent of the minor needed in order for a parent to admit them to inpatient chemical dependency treatment?

- **NO:** The minor will be encouraged to sign a consent to treatment at the time of admission or shortly thereafter. It is clinically recommended but not required that the youth consent to treatment. Some youth may need a period of engagement and support to cooperate with this process.

13. What if a parent is unable to bring a minor child to an inpatient chemical dependency treatment program due to running away or severe behavior problems?

- Although many youth reluctantly agree to enter treatment, there are those youth who may be very resistant, defiant, and running away, whose parents have been unable to get them into treatment.

- Parents with youth who have a history of running away and being harmfully involved with alcohol and other drugs may wish to file an At Risk Youth (ARY) petition to assist them in the intervention process.
- Outpatient treatment services, family support groups, and private counselors may also assist in the intervention process.
- Some youth may have legal involvement with courts, probation, or parole, which may support a parent's efforts to intervene with inpatient treatment admission.

14. *Can school district personnel refer a minor to a chemical dependency inpatient treatment program?*

- **YES:** School district personnel who refer minors to an inpatient treatment program **must notify the parents within forty-eight hours**. In most cases, it is best to involve the parents regarding any referral to inpatient treatment, since the parents are required to provide consent to treatment.

15. *How does DBHR help parents and minors who have an At-Risk Youth (ARY) petition?*

- The ARY petition may be a helpful tool for parents of minors who may be on the run and resistant to going to treatment.
- DBHR also reviews "parent-initiated" admissions of non-consenting minors to determine if they meet "medical necessity."

16. *Can a minor admitted under RCW 70.96A.245 (parent-initiated admission) petition superior court for release from inpatient chemical dependency treatment?*

- **YES:** The minor admitted under this section may petition to superior court for release from the inpatient facility. (RCW 70.96A.255)
- ***DBHR is not aware of any case in which a minor has petitioned superior court to be released from treatment***. Youth usually have an appointment date to enter inpatient treatment, have thoroughly met medical necessity, and under RCW 70.96A 235, do not hold their own right to consent to inpatient treatment. The right to consent is held by the parents.

17. *Are chemical dependency treatment programs required to admit non-consenting minors who are brought to treatment by parents under the "parent-initiated" admission process?*

- **NO:** Treatment providers are not obligated to provide treatment to a minor under RCW 70.96A.245.

- Admission of a youth needing state funding requires the assessment of clinical needs, financial eligibility, whether the program is able and willing to admit the youth, and may involve an appointment date for an available state-funded bed.

18. *What do "secure" inpatient chemical dependency treatment programs contracted by DBHR provide?*

- DBHR-contracted inpatient treatment programs designated as "secure" are required to have monitoring systems in place within the building that prevent the youth from leaving the building without notification of staff. This usually involves alarmed windows and doors, and a secure or monitored perimeter.
- These programs have higher levels of security for youth who have been recently admitted, and are at highest risk to run. Youth who have moved beyond this initial stage may leave the facility with staff supervision on outings and for other treatment activities.

19. *Can a youth sign themselves out from an inpatient chemical dependency treatment program without the involvement of the parents?*

- **NO:** A minor, admitted on the consent of the parent, **cannot** leave the program without parental notification and permission.
- Any minor who leaves the facility in an "unaccompanied" or unauthorized manner will necessitate that the treatment center staff contact the parents and in most cases the police.
- A minor who is admitted as a **"self-consenting"** patient should be provided assistance with placement options and with contact with Division of Children and Family Services (DCFS) if she/he requests. (See Question #23)

20. *Do youth sometimes run away from inpatient chemical dependency treatment programs?*

- **YES:** Youth may be able to run away from most facilities, even those that are designated "secure." DBHR contracts require vigilant line of sight supervision, but youth may still run away from treatment.
- When this happens, all efforts are made by the treatment program to contact parents, police, probation, and other entities, to work towards supporting the safe return of the youth to the inpatient treatment program.
- Often the treatment bed is held in order to provide immediate re-admission for a youth who is "on the run." Youth who may have used substances while on the run may be referred to a temporary youth withdrawal management stay prior to re-admission.

21. *Is a "parent-initiated" admission considered the same as an "involuntary admission" to chemical dependency treatment?*

- **NO:** DBHR does not consider "parent-initiated admissions" as "involuntary" since the minor does not possess the right for consent to inpatient treatment. The **minor cannot admit him or herself,** so the admission by a parent is considered "voluntary" and not against the minor's will.

22. *If a "parent-initiated" admission is not possible, can the parent force a minor into involuntary chemical dependency treatment?*

- **YES:** The parent or referring agency may file for an *Involuntary Treatment Act* (ITA) admission. (RCW 70.96A.140)
- Contact the designated ITA assessment agency.
- A limited number of counties allow ITA petitions.
- Youth must meet ITA requirements.
- ***NOTE:*** A Designated Chemical Dependency Specialist must assess whether a minor is "incapacitated by alcohol or other psychoactive drugs," which means that the person, as a result of the use of alcohol or psychoactive chemicals, has his or her judgment so impaired that he or she is incapable of making a rational decision with respect to his or her need for treatment, and presents a likelihood of serious harm to himself or herself, to any other person, or to property; or that the person has twice before in the preceding year been admitted to detox or other chemical dependency treatment.
- DBHR will prioritize and assist parents with ITA admissions.
- DBHR has "secure" facilities, but not "locked" ITA facilities.
- Most ITA youth have "stipulated" (voluntarily been admitted after an ITA admission) upon or shortly after admission to treatment. Treatment staff will work with youth to engage them in treatment.

23. *Can minors admit themselves to inpatient chemical dependency treatment?*

- **YES:** Becca legislation allows a minor age 13 – 17 to "self-consent" to inpatient treatment if the minor meets the definition of a "Child In Need of Services" (CHINS). (RCW 70.96A.235).
- Youth that meet the definition of a CHINS would be those who have been living "on the street," is in limited contact with family, and whose parents **are unwilling or unable** to provide consent for admission to treatment. A "self-consent" minor would be in crisis and meet the medical necessity criterion, and would be motivated to seek help on their own.
- Inpatient treatment centers **can** admit these youth, but the staff must document that all reasonable attempts have been made to contact, notify, and involve legal guardian.
- All attempts should be made by the treatment agency to involve DCFS to provide temporary legal custody.
- A minor who is admitted as a **"self-consenting"** patient should be provided assistance with placement options and with contact with Division of Children and Family Services (DCFS) if she/he requests.
- Referral to Child Protective Services (CPS) would be appropriate where abandonment or other abuse/neglect issues are suspected.

24. Is there financial assistance to help pay for inpatient chemical dependency treatment?

- **YES:** Each DBHR-funded inpatient treatment provider is responsible for determining eligibility for funding assistance and other arrangements to help you pay for treatment. DBHR provides funding for those families who are considered indigent, or low-income. Those families whose child is already enrolled in Apple Health are eligible for full funding. Other family resources such as insurance or personal funds may be used in combination with partial DBHR funding. Arrangements can be made directly with the treatment provider. The eligibility requirements are available from any of the DBHR funded agencies.

25. Is there financial assistance to help with the transportation of youth to inpatient chemical dependency treatment?

- **YES:** Since DBHR-funded inpatient programs are a statewide resource; often parents may have to travel some distance to access services. Financial assistance is available to those parents who qualify for DBHR funding, and who have to travel more than 50 miles one way. The assistance can cover reimbursement for mileage, bus fare, ferry costs, overnight lodging, and in some cases airfare. This funding is called "Family Hardship", and is designed to assist those families in greatest need to participate fully in the treatment of their child. Priority is given for travel that is clinically required, including admission and discharge sessions and home passes. This resource is only available for in-state use.

26. Are there waiting lists for inpatient chemical dependency treatment services?

- **NO:** However, there are only a limited number of publicly funded treatment beds for the state. DBHR-contracted agencies will address the needs of your child and will advise you of an appointment date so you can realistically plan for the treatment admission. Sometimes parents will contact more than one appropriate treatment program to find a date that works for them.
- It may be helpful to contact a local outpatient chemical dependency agency for intensive outpatient treatment services if more immediate intervention is needed.
- For crisis situations involving drug/alcohol use and related concerns, accessing youth withdrawal management/stabilization services may be appropriate.
- Whenever possible, DBHR and the contracted inpatient providers will prioritize admissions for youth who are pregnant, intravenous drug users, homeless, without an available legal guardian, and requiring direct transfer from a youth withdrawal management/stabilization bed.

27. Are there specific inpatient programs for special populations?

- **YES:** DBHR contracts for inpatient program for the following special populations:
  - ➔ Gender specific programs.
  - ➔ Co-ed programs.
  - ➔ Programs for Native American youth.
  - ➔ Culturally sensitive programs for ethnic minority youth and other diverse populations.
  - ➔ Programs for pregnant and/or parenting female youth.
  - ➔ Staff-secure programs.
  - ➔ Programs for youth with mental health and behavior problems.
  - ➔ Recovery house programs for youth needing recovery support after inpatient services.

28. *Does chemical dependency treatment for adolescents work?*

- **YES:** Studies done in the state of Washington and nationally document positive outcomes for youth treatment programs.
- Intensive inpatient treatment services for at-risk or runaway chemically dependent youth have been shown to work.
- Research conducted in Washington State has demonstrated significant declines in levels of depression, criminal behavior, and problems in school.
- In 1999, a University of Washington study indicated that more than half (54%) of "Becca-type" youth receiving treatment abstained from the use of alcohol and other drugs two months after treatment, and a majority reported substantially decreased frequency of use. Delinquent behavior and arrests declined significantly.
- Residential treatment is positively associated with improved educational performance, increased school enrollment, and dramatic decreases in school expulsions and suspensions.
- A National Institute of Drug Abuse (NIDA) study of more than 1,100 adolescents who received substance abuse treatment in residential, inpatient, or outpatient programs found improvement in rates of drug use and social behavior.
- The adolescents in the NIDA study, comparing the year before treatment with the year after treatment, the adolescents showed significant declines in the use of marijuana and alcohol.
- Adolescents also reported fewer thoughts of suicide, lower hostility and higher self-esteem.
- In the year after treatment, more adolescents attended school and reported average or better-than-average grades.
- This study confirms that community-based drug treatment programs designed for adolescents can reduce substance abuse and have a positive impact on many other aspects of their life.

29. *Where do I get more information and assistance regarding treatment resources?*

Harvey Funai	DBHR Behavioral Health Program Manager	(206) 272-2156
MeLinda Trujillo	DBHR Behavioral Health Program Manager	(360) 794-1365
Lauri Turkovsky	DBHR Behavioral Health Program Manager	(360) 725-3812
Ruth Leonard	DBHR Behavioral Health Program Manager	(360) 725-3742
Amy Martin	DBHR Behavioral Health Youth Treatment Manager	(360) 725-3732
Tara Smith	DBHR Behavioral Health Adult Treatment Manager	(360) 725-3701

- DBHR Toll-free phone number: 1-877-301-4557
- DBHR TTY: 1-800-833-6384
- DBHR Website: http://www.dshs.wa.gov/DBHR/
- ***Washington Recovery Help Line (866-789-1511) http://www.warecoveryhelpline.org/***
- *866.TEENLINK (866-833-6546)* ***every evening 6-10pm / www.866teenlink.org***

If you have comments, questions about this "Guide For Parents" ~ Please contact DBHR Behavioral Health Youth Treatment Manager at Amy.Martin2@dshs.wa.gov