

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>SUPT</b>
	Policy Number	<b>SUPT-03-17</b>
	Effective Date	<b>01/21/2026</b>
	Revision Date	<b>N/A</b>
Title: Withdrawal Management for Youth		Functional Area: Treatment
Approved By: (Signature on File) <b>Signed version available upon request</b>		
<b>Lori Miller, LCSW</b> Division Manager, Substance Use Prevention and Treatment Services		

**BACKGROUND/CONTEXT:**

Withdrawal management is a set of medical interventions aimed at managing the acute physical symptoms of intoxication and withdrawal. Withdrawal Management services are urgent and provided on a short-term basis. This may include the withdrawal risk assessment and/or health questionnaire, focusing on the stabilization and management of psychological and physiological symptoms associated with withdrawal, engagement in care, and effective transitions to a level of care where comprehensive treatment services are provided.

**DEFINITIONS:**

**American Society of Addiction Medicine (ASAM) Assessment:** Utilized the following dimensions to assess for a substance use disorder (SUD) and to determine the appropriate level of care:

- Dimension 1: Acute Intoxication and Withdrawal Potential
- Dimension 2: Biomedical Conditions and Complications
- Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications
- Dimension 4: Readiness to Change
- Dimension 5: Relapse, Continued Use or Continued Problem Potential
- Dimension 6: Recovery/Living Environment

**Youth:** Individuals aged 12–17 years. **Extreme Withdrawal Symptoms:** Signs/symptoms indicating potential medical risk or instability, including seizures, delirium, severe agitation, hallucinations, confusion, unstable vitals, severe dehydration, psychotic features, suicidal ideation, etc.

**PURPOSE:**

To protect the health and safety of youth ages 12–17 who are experiencing extreme withdrawal symptoms related to substance use by establishing a standardized, timely process for immediate referral to the local emergency department (ED) for stabilization, followed by assessment and linkage to the appropriate level of care by the Youth Team.

**DETAILS:**

A full ASAM Criteria assessment shall not be required as a condition of admission to a facility providing Withdrawal Management. To facilitate an appropriate care transition, a full ASAM assessment, brief screening, or other tool to support referral to additional services is appropriate. If it has not already been completed in relation to the Withdrawal Management episode, the full ASAM Criteria assessment shall be completed within 30 days of the beneficiary's first visit with an LPHA or registered/certified counselor for non-Withdrawal Management services (or 60 days for beneficiaries under 21, or beneficiaries experiencing homelessness), as described above.

All Staff: Identify extreme withdrawal symptoms; activate emergency procedures; arrange ED referral/transport; notify Youth Team; document actions. Youth Team: Conduct post-stabilization assessment; determine level of care; coordinate referrals and warm handoffs; ensure follow-up and documentation.

Identification & Immediate Safety Actions: Recognize extreme withdrawal symptoms; call 911 if life-threatening; arrange safe transport to ED; notify guardian and Youth Team; document actions. ED Coordination: Provide essential information to ED; request ED to notify Youth Team at discharge.

Post-Stabilization Assessment: Initiate assessment within 24 hours; determine level of care; complete safety plan; obtain consents.

Referral & Linkage: Schedule intake within 72 hours; provide warm handoff; address barriers; engage family. Follow-Up: Confirm engagement; monitor adherence; re-assess needs.

Annual training for all staff on recognizing withdrawal, emergency response, minor consent/confidentiality, transport procedures, and warm handoffs.

Monitor time from identification to ED arrival, ED discharge to assessment, and assessment to treatment intake; engagement at 7, 30, and 90 days; readmissions; youth/family satisfaction.

Policy will be reviewed annually or after any significant incident, regulatory change, or contractor update.

**Withdrawal Management Services (ASAM Level of Care 3.2)**

Management Services are provided to beneficiaries experiencing withdrawal in the following outpatient and residential settings:

Level 3.2 WM: Clinically managed residential withdrawal management (24-hour support for moderate withdrawal symptoms that are not manageable in outpatient setting).

Withdrawal Management Services include the following service components:

- Assessment
- Care Coordination
- Medication Services
- Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD)
- MAT for Alcohol Use Disorder (AUD) and other non-opioid SUDs
- Observation
- Recovery Services

Withdrawal Management Services may be provided in an outpatient or residential setting. If beneficiary is receiving Withdrawal Management in a residential setting, the beneficiary shall reside at the facility. All beneficiaries receiving Withdrawal Management services, regardless in which type of setting, shall be monitored during the detoxification process. Providers are required to either offer MAT directly or have effective referral mechanisms to the most clinically appropriate MAT services in place (defined as facilitating access to MAT off-site for beneficiaries while they are receiving withdrawal management services if not provided on-site. Providing a beneficiary the contact information for a treatment program is insufficient). Residential treatment facilities licensed by the California Department of Health Care Services (DHCS) offering ASAM level 3.2-Withdrawal Management must also have a DHCS Level of Care (LOC) Designation and/or an ASAM LOC Certification that indicates that the program is capable of delivering care consistent with the ASAM Criteria.

Youth who present with extreme withdrawal symptoms will be immediately referred to the local ED for medical stabilization. After ED care, the Youth Team will promptly assess the youth and link them to the appropriate level of treatment, ensuring continuity of care, youth/family engagement, safety planning, and ongoing follow-up.

**REFERENCE(S)/ATTACHMENTS:**

n/a

**RELATED POLICIES:**

SUPT P&P 03-01 DMC-ODS Overview

**DISTRIBUTION:**

<b>Enter X</b>	<b>DL Name</b>	<b>Enter X</b>	<b>DL Name</b>
X	SUPT Administration		SUPT Prevention Providers
	SUPT Administrative Support Staff		SUPT Adult Treatment Providers
X	SUPT County Counselors	X	SUPT Youth Treatment Providers
	SUPT Collaborative Courts		BHS Mental Health Services
X	BHS-SAC	X	BHS Quality Management

**CONTACT INFORMATION:**

Lori Miller, LCSW - Division Manager

[MillerLori@saccounty.gov](mailto:MillerLori@saccounty.gov)