

Youth Recovery Hinges on Community Support, Yet Providers Lack Reimbursement Pathway

By [Ashleigh Hollowell](#) | May 2, 2025

Psychosocial interventions continue to be the primary way to treat youth substance use disorders (SUDs). Yet, these approaches are often formal and miss the mark on building community.

“I feel like mental health treatment in particular is very sterile. It’s very focused on meds and one-to-one interactions,” Dr. Joseph Lee, president and CEO of the Hazelden Betty Ford Foundation, told Behavioral Health Business. “We can all admit that community is eroding across the country, but what’s the mental health field doing about it? It still seems like it’s the same—in fact, it seems more siloed than ever before.”

Hazelden Betty Ford is a nonprofit addiction treatment organization that offers both inpatient and outpatient mental health care across nine states.

While community could be a key component to recovery for teens, it can be a challenge for providers to implement due to the lack of reimbursement pathways.

[Research](#) shows that adolescent SUD treatment needs differ from those of adults. Particularly amid “an epidemic of loneliness and isolation” as detailed in the 2023 U.S. Surgeon General’s [report](#), these issues may be pervasive and getting worse—especially for adolescents with SUDs.

“I worry especially about young people who feel even more disenfranchised because of their mental health and substance use issues,” Lee said. “As a behavioral health industry, what are we doing for that community part? Our modalities of treatment, yes, are more integrated, but it still seems heavily dependent on individual therapy and medications. It is not in any way a criticism of those things. It’s just that there seems to be something missing.”

Identifying the Root to Improve Recovery

Between 2019-2021, youth drug overdose deaths more than [doubled](#), largely due to opioids.

There were [2.2 million](#) adolescents between 12-17 with a substance use disorder in 2023, according to a [report](#) from the Substance Abuse and Mental Health Services Administration. Of them, 1.8 million did not receive substance use treatment.

Simultaneously, around 856,000 adolescents had a co-occurring major depressive episode and substance use disorder. The same [report](#) found that an identical number of them—856,000—also attempted suicide in that time period.

Being more digitally connected than ever, 52% of teens [credit](#) social media as a support system, which is on par with the amount of teens who say they also feel comfortable talking to their parents about their mental health—also 52%.

However, support—especially when it comes to SUD recovery—requires more than digital communities and conversations with parents can provide.

“Technology-enabled communities can sometimes be very toxic,” Lee said. “I think technology can facilitate communities to a certain extent, but in the end, I feel communities that are driven by technology are often driven by consumerism, and consumerism fundamentally wants you to be different than other people.”

But a sense of belonging and connectedness is what fosters the foundation of communities. Noticing something missing, Lee asked some of his adolescent patients in recovery at Hazelden Betty Ford about the kind of temporary community recovery can provide. Resoundingly, they told him it’s genuinely hard to find that sense of community anywhere else.

Until now, prioritizing a sense of community hasn’t been a big part of the conversation in the behavioral health space.

The concept was [recently addressed](#) by Department of Health and Human Services Secretary Robert F. Kennedy Jr. who told a crowd during an opioid crisis update, “We need to really focus on re-establishing these historic ties to community. We have this whole generation of kids who’ve lost hope in their future.”

A 2023 [call to action](#) from the HHS Office of Population Affairs to initiate additional research into adolescent health laid out several goals, including closing the gaps in research around “which programs and supports are most beneficial for them.” However, it’s unclear where that research is now under the new administration.

Bridging the Gap: Culturally, Structurally and Clinically

SUD treatment typically includes a group therapy component, however “they often aren’t structured to create deep, lasting connection among clients,” Carter Barnhart, co-founder and CEO of Charlie Health, told BHB.

Charlie Health just [launched](#) its own virtual SUD treatment pathway for youth and adults that includes medication-assisted treatment options. Clients receive nine hours of weekly group therapy and are matched to groups based on shared experiences to foster peer trust and support. They also receive consistent communication from coordinated care teams, including their individual therapist, group facilitators and providers. The offering is virtual, but Barnhart says that it allows patients to stay grounded in their real lives while receiving support.

“Too often, the medicalization of mental health care has overlooked the fundamental human need for connection. Especially for younger generations, healing has to be relational,” Barnhart said. “The field can evolve by investing in group therapies, peer programming, family engagement and

community partnerships. We need to move beyond treating isolated symptoms to rebuilding ecosystems of connection and support.”

In practice, that might be easier said than done, however. Outside of pediatric behavioral health and youth SUD treatment, the behavioral health field at large is struggling to transition from a fee-for-service model to value-based care that aligns with payment models with patient outcomes. Often, this leads to providers engaging in services that are right for the patient but might not be reimbursable.

Further integration of community building and sustainment could fall into that category depending on how it is approached.

Doing this in a meaningful way across the field would “require providers to adopt alternative payment models and collaboration with payers, policy reform, and training and support for providers,” Donald Bearden, chief of pediatric psychology at Le Bonheur Children’s Hospital in Memphis, Tennessee, said.

Le Bonheur Children’s Hospital is a 255-bed pediatric hospital that treats patients with severe or chronic conditions and also offers psychology and behavioral health services.

Early intervention and building partnerships with community leaders, schools and local organizations and involving them in the delivery of mental health services, is a key play to, while also implementing systems to measure successes and address shortcomings, he explained.

A [2018 study](#) on treating youth SUDs underscored that a sense of belonging, especially culturally, can even provide better outcomes for some groups than traditional modalities of therapy. Among Latino adolescents with SUDs, those assigned to a culturally accommodating group for cognitive behavioral therapy outperformed outcomes of those assigned to just standard CBT. Cultural-based groups and delivery of therapy also led to [reductions](#) in post-treatment substance use.

Business-wise, placing a focus on group therapy is generally more cost-effective as well, Bearden said. Finances aside, a sizable shift toward incorporating community-based therapy for youth SUD care will require cultural, structural and clinical changes across the industry, he added.

“Culturally, there needs to be a shift towards recognizing and valuing the role of community in healing. This involves understanding and integrating the cultural contexts and lived experiences of individuals into treatment plans, as well as ensuring cultural competence among healthcare providers,” Bearden said. “Structurally...this includes expanding the community-based behavioral health workforce... Clinically, there should be a focus on integrating community-based approaches into clinical practice.”

He noted that this shift involves training clinicians to collaborate with community members and specialists. The shift could also include looking towards prevention rather than treatment.