

Breakout Room Activity

Bay Area/ Mid State Region - March 2, 2022 (10:00 am - 12:00 pm)

Please record your notes on your breakout room slide.



Breakout Room 1:

What types of collaborations have been successful in engaging youth in treatment? (*YOR grantees please begin the discussion*).

- YOR Grantee: 8 full time counselors in 8 high schools in Modesto. Collaborate with schools, behavioral health, social services. They are the last resort to serve youth. No inpatient programs in the county. Target age is 12-17. Working on getting county physicians to prescribe MAT to youth. Heavy lift was medication side (MAT resistance).
 - Youth Advisory council on all 8 campuses (has been very beneficial)
 - Opioid Summit meets monthly - brings community groups together
 - Looking to expand screening; can now serve youth with private insurance
 - Provide early intervention groups

What are any facilitators or barriers that you've encountered in treating youth?

- Parental buy in (many parents won't consent to treatment)
 - Drug medical won't pay without parental consent
 - Consent not required but affects relationships with community (schools and parents)
- Lack of resources in rural community
- Providers reluctant to treat youth (provide MAT)
 - JACHO rules/creates barriers

What steps can you take to improve your program's capacity to treat youth in your community?

- Educate parents, teachers, staff and providers on MAT and treatment for youth
 - Outreach, social media presence
 - Presentations in school (letting people know about treatment options)

Breakout Room 2:

What types of collaborations have been successful in engaging youth in treatment? (*YOR grantees please begin the discussion*).

- South county health districts. Attends with parent and student. Educational groups and support at each school, 12 and up - HS, continuation school and middle school.
- Navigator working with other groups to engage youth, but program does not take patients under a certain age.
- Meet one on one with youth instead of in groups; sweat lodge; cultural crafting and art. Some self-disclosure and examples of coping from perspective of someone in recovery, with lived experience.
- Hospitals and law enforcement, lower stigma for 18-25 y/os.
- Resources for youth experiencing homelessness but unable to provide the medical treatment.
- Engage with safety net clinics.

What are any facilitators or barriers that you've encountered in treating youth?

- Covid has been a big barrier. Treating Youth is new to OTP setting., turnover for staff.
- Youth like face to face contact.
- No medical services that accompany behavioral health and it is not flexible.
- Not having one place for youth to come; siloed.
- The diagnosis follows them and being concerned about the stigma that will stay with youth through their lives.

What steps can you take to improve your program's capacity to treat youth in your community?

- Sustainability and continuity - keep going with the programs; increase staff.
- Determining how to provide more integrated care that's less stigmatizing.
- Focusing on coping skills, provide more compassion.

Breakout Room 3:

What types of collaborations have been successful in engaging youth in treatment? (YOR grantees please begin the discussion).

- Identifying traditional systems of care and letting them know that their youth programs exist without the certain limitations that traditional systems might have around youth
- Working with local coalition (YOR) to implement adolescent services has been successful (but implementation has had a lot of challenges)

What are any facilitators or barriers that you've encountered in treating youth?

- DMC ODS medi-cal doesn't cover adolescent treatment and have to send them out of county where needs are still not being met for youth (no residential detox program)
 - Ambulatory detox is not working; Emergency room is the only option currently
 - CAMP program doesn't want to collab with Medi-cal
- Not much outreach for youth at methadone clinic /stigma and barriers for methadone for youth
- Provider willingness to prescribe MAT to youth (out of 60 doctors they are working with only 1 willing to get x-waivered)
- Not having experiencing working with youth, unpreparedness to implement

What steps can you take to improve your program's capacity to treat youth in your community?

- Can work on being better prepared to provide MAT for youth/ get pediatrics providers on board with it
- Advocacy

Breakout Room 4:

What types of collaborations have been successful in engaging youth in treatment? (YOR grantees please begin the discussion).

- Host a youth group on the reservation (arts and crafts, talk therapy); video games, pizza, beading
- Welcome anyone to co-ed sweat lodge
- Meds Coalition (communities, schools, local governments, etc.) re: prescription medication use/overdose prevention, safe disposal

What are any facilitators or barriers that you've encountered in treating youth?

- Using medicine wheel; work with parents of youth clients
- See youth on 1:1 basis (due to small caseload); might be able to engage soon in group, as caseload increases
- Challenge of having to turn away individuals with an alcohol use disorder if they are not using opioids or stimulants
- Issues with treating adolescents in OTP/NTP setting, despite there being a need for it (structural issues - risk, safety, hours of operation, separate entrance, being escorted by parent/guardian)

What steps can you take to improve your program's capacity to treat youth in your community?

- Do orientation in local juvenile hall in an attempt to recruit new clients
- Stanislaus County looking for local provider to offer MAT to youth
- Greater future focus on recovery capital/family

Breakout Room 5:

What types of collaborations have been successful in engaging youth in treatment? (*YOR grantees please begin the discussion*).

- Collaborating with schools is helpful, creating a collaborative space within the community has been very successful.
- Working with providers that have experience/provide youth services.
- Working with youth who are more at risk of SUD. Building collaborations around these populations are important - pathways and navigation are important. Creating space that is relevant to different age groups.
- Go onto reservation and work with tribal youth and do groups. Try to ID the real needs in the community and focus on things that can be relatable to them - creativity of expression; music; and work with both elementary and high schools and connect them to resources
- Started MAT for youth (first in Santa Cruz County to start it) - youngest pt right now is 14 yo.

What are any facilitators or barriers that you've encountered in treating youth?

- Transportation and getting families to bring youth to different events
- Stigma around getting services and families to buy into treatment - worried about people being seen
- No place where pt can go for withdrawal management for youth
- Huge barrier for patients who have started MAT is engagement - hard to get them to come in regularly. A lot of push from family and youth might not be ready.
- Limited to who can be treated - HUB so only 18 and up

What steps can you take to improve your program's capacity to treat youth in your community?

- Involving elders, and taking a collaborative approach
- Community buy in and reaching out to the community
- Started posting about social media with information about clinic and presentations in schools
- Can refer to treatment program

Breakout Room 6:

What types of collaborations have been successful in engaging youth in treatment? (*YOR grantees please begin the discussion*).

- Uplift - Biggest collaboration has been school-based. A program in the schools that have sent a lot of referrals. There is a big need for substance services at schools, as well as other drop-in centers. Working with drop-in centers in the community. There shouldn't be competition with drop-in centers, so having a good relationship with other centers has been helpful.
- BAART San Francisco - Working with the city college mental health department, working with drop-in centers (Larkin Youth Center) that is working on starting up a MAT program. Working with foster care and mental health programs in the city.
- SPLG - Salud Para La Gente has made a lot of changes due to COVID. Have a very rigorous pediatric department, but there is a lack of communication between the pediatric department and MAT department. There is a youth support meeting that was working pre-covid, but it is not connected directly due to COVID.

What are any facilitators or barriers that you've encountered in treating youth?

- BAART San Francisco - Trying to convince people that MAT can be useful for youth. Trying to change the stigma to get over barrier of getting youth in treatment. Hard for professors are colleges to picture their students struggling with addiction.
- BAART Antioch - Cultural differences can be a barrier in terms of addressing stigma. For example, being from a Latinx community, it's normal not to seek assistance for MH/SUDs.
- SPLG - Have not had a lot of teens seeking assistance. Adolescent vaccination rate is down and visits are down due to Covid. A lot of teens are really neglected in the last couple of years. More difficulty engaging with teens due to their reliance on handheld devices and social media. Teens aren't interested in media or platforms that were relevant
- Uplift - Have been experiencing similar barriers and stigma around MAT for youth. Barriers among own clinical staff.

What steps can you take to improve your program's capacity to treat youth in your community?

- Uplift - Educating the community is a big part of the work we're doing.
- SPLG - Need to find new ways to engage with youth on social media platforms. Changing the conversation, ADDICTION is not the primary problem, it is a coping behavior for the mental health challenges that are worsening and in some ways new with Social Media related reaction to feelings.
- BAART SF - Changing the way that information is presented, trying to make it more relevant. Increasing messaging on fentanyl and fentanyl related overdose deaths amongst youth. Building awareness around ways to aid students and give them resources.
- BAART Antioch - Trying to educate staff and cultural communities as much as possible on MH/SUD and treatment.