

Breakout Room Activity

Capital Region - March 1, 2022 (1:00 pm - 3:00 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*).

- Middle schools, high schools, community college, medical clinics in hospitals, TAY Coalitions, harm reduction coalition, probation, skate parks, social media outreach with partners
- Youth specific groups and coalitions
- Nevada Co. teen clinic
- Sierra Native alliance
- Sports physicals, boothing at community events, not necessarily focused on MAT program

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

- Staffing shortages
- May not be specific to youth but youth are present

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

- More outreach to schools and other providers
- Fentanyl awareness days, test strips
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Breakout Room 2:

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

- Most programs in our group have open doors to youth; but see mostly adults
- Schools and parents are important collaborators
- Work with groups connected to youth: Example New Morning. Utilize existing resources in community.
- Rural program: MAT provider treats 12 and on. Collaborate a lot with pediatrician and social workers (specialize in youth outreach).
 - Connection and motivation

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

- Not having youth specific programs; need to focus on serving them. Young adult group needed a new approach
- Intakes: all patients started use in teen years
- Focus is on vaping - conversation is really focused on vaping in our community
- Hard to connect with youth in program; what is motivating them
 - Connecting to those things
 - GED and friends - worries are different than an adult

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

- Normalize conversation
- Educate community
- Harm reduction approach
- Understand the laws/policies to treat youth

Breakout Room 3:

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

- Aegis - not able to see youth (minors) at this time. Has definitely been brought up and there is a need, but currently do not provide service. Culture very similar amongst youth. Rising population 18-24 year olds.
 - Know who is and who is not servicing youth, deficiency to different counties for not providing services for this population
 - Have collected resources on youth and share those with providers
- Chapa De - approved 16 and up for buprenorphine, but don't have much. Have people in lower 20s - not as big. Patients tend to leave a little sooner.
 - Currently do not have anyone in MAT treatment (youth) but providers could be helping patients outside of MAT clinic
- Chico - 18-24 have been more prevalent in fentanyl use. Intake shows 80-90 percent of the time use is before 18.

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

- Have a lot more young adults coming in - most concerning is fentanyl use as first use
 - Opioids and almost always test positive for fentanyl
 - Able to provide youth with resources for fentanyl (test strips and narcan)
- Pressed pills youths are taking also handing out fentanyl strips

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

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Breakout Room 4:

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

- YOR (Communicare Health Center)- Yolo County- MAT program and SUD at Woodland Location, offer MAT services for patients 15+, difficulty with treatment placement. Worked with continuing education schools who they had a relationship with (successful to getting access to youth). SUN role (3 days/week in the ER) are referred to Communicare. Screened/inducted 35 patients, 5 have ongoing patients (often times contact information becomes invalid). Internal referrals.
- Talking to families about Narcan
- Collaboration with family members when involved in WRAP services

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

- Barton Health- no MAT program for Youth
- Chapa De- referrals are not being received, they have youth in their clinic, may be a reluctance to refer.
- Barrier- younger adult patients thinking they can do it on their own, or will self-taper.
- Family systems that may not consistently screen for referrals

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

- Increasing consistency, doing what you say
- Affiliating as a family practice clinic- increasing screening across the systems and looking at policies for those who are < 18 yo

Breakout Room 5:

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

- School settings given youth proximity
- Family collaborations
- Homeless services providers that cater specifically to youth
- Behavioral Health Counselors

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

- Barriers around harm reduction services especially in school settings (ie DARE)
- Not going to be able to reach as many high risk youth in school settings

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

- Creating pathways and possible referrals
- Tailor resources and information provided to the younger audience being treated even if treatment facility does not offer treatment to minors
- "Meet the youth halfway"
- Possibly collaborate with college campuses providing psychological services and resources to broaden capacity of treating youth 18-24