



YOR CALIFORNIA
California Youth Opioid Response



Treating Youth with Opioid Use Disorder

Deb Werner, MA, PMP

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Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.



Three key points

- ▶ There is a need for OUD services for youth
- ▶ MOUD can, and often should, be made available for youth
- ▶ We can create a continuum of youth-specific and relevant services



Adolescence

Transition from childhood to adulthood

- ▶ Early adolescence - 11-14 years (middle school)
- ▶ Middle adolescence - 15-18 years (high school)
- ▶ Late adolescence - 19-26 years (young adult)

Youth Development Model

Key Elements

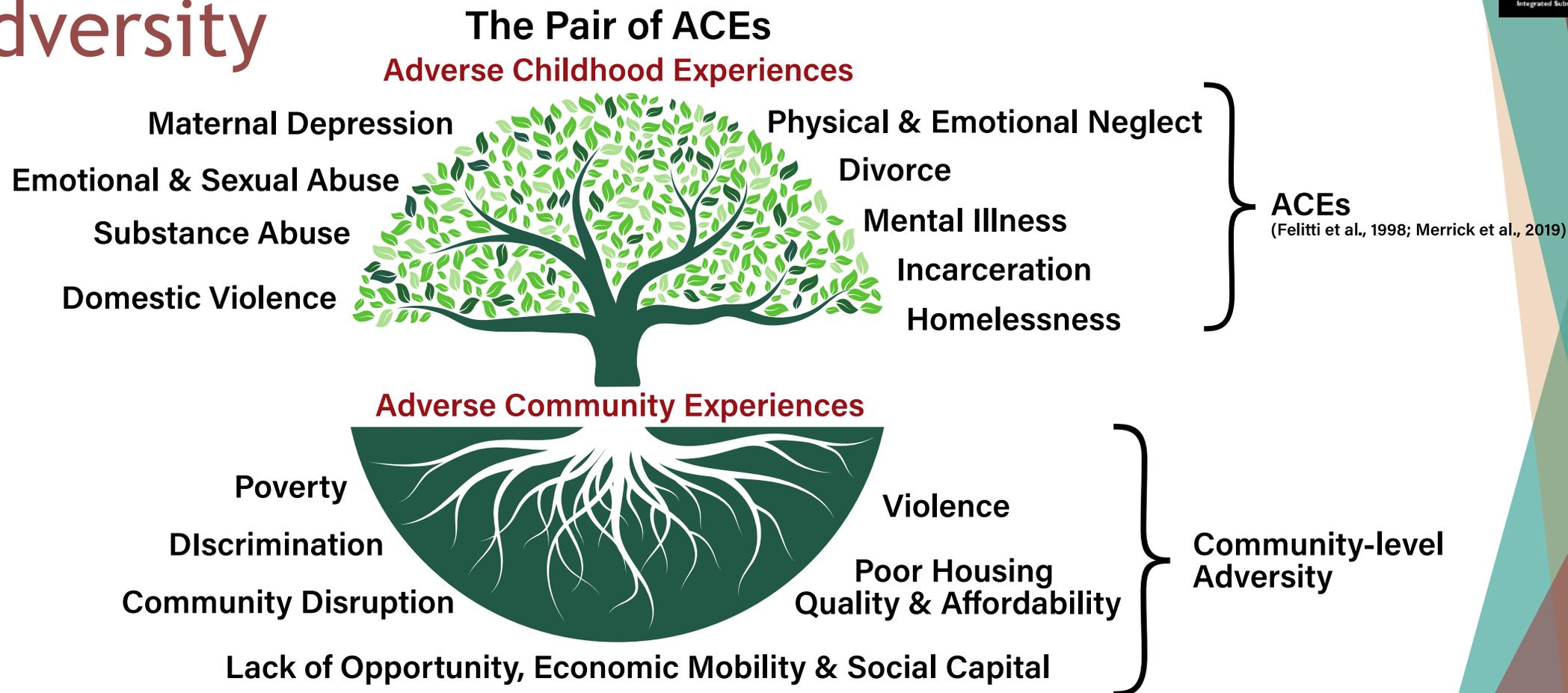
- ▶ Sense of Industry/Competency
- ▶ Control over One's Fate in Life
- ▶ Connectedness to Others
- ▶ Sense of Identity



Understanding youth development: promoting positive pathways of growth developed by CSR, Inc., for the Administration on Children, Youth and Families, HHS, 1997



SDOH Perspective on Childhood Adversity





Youth and Opioids in California

Opioid-Related Overdose Deaths, 2018

	Total	Percent of Deaths	Rate per 100,000 population
10 to 14 yr olds	1	0.0%	0.04
15 to 19 yr olds	53	2.2%	2.08
20 to 24 yr olds	176	7.2%	6.49
10-24 yrs old	230	9.5%	
All ages	2428	100.0%	5.82

Source: CDPH Center for Health Statistics and Informatics
Vital Statistics - Multiple Cause of Death and California
Comprehensive Death Files

California Opioid-Related Emergency Department Visits, 2018

2018	Total	Percent	Rate per 100,000 population
10 to 14 yr olds	42	0.5%	1.65
15 to 19 yr olds	337	3.8%	13.24
20 to 24 yr olds	1122	12.7%	41.38
10-24 yrs old	1501	17.0%	
all ages	8832	100.0%	21.44

Source: California Office of Statewide Health Planning and
Development - Emergency Department Data

Medication Options for Youth with OUD

- American Academic of Pediatrics 2016 policy statement:
“ adolescents with opioid use disorder should be offered pharmacotherapy with buprenorphine/naloxone, methadone, or naltrexone.”
- Timely receipt of buprenorphine, naltrexone, or methadone is associated with greater retention in care among youths with OUD compared with behavioral treatment only (retrospective study) (Hadland, JAMA pediatrics, 2018)



Complimentary Roles of MAT and Psychosocial Tx

- ▶ MAT can stabilize reward circuitry → better retention in treatment and more abstinence → greater ability to engage in and benefit from psychosocial treatments
- ▶ Psychosocial treatments can:
 - further shift incentive salience (shift reward pathway to non-substance using behavior)
 - improve prefrontal cortex functioning
 - enhance emotional regulation ability
 - develop more adaptive anti-stress response and reduce stress reactivity

Emily Tejani, MD, YOR California Learning Collaborative, October 10, 2019

Elements of Treatment

- ▶ Outreach, Motivation and Engagement
- ▶ Assessment & Treatment Planning
- ▶ Medications and pharmacology
- ▶ Skill Building Programming
 - ▶ Drug Resistance Skills
 - ▶ Problem Solving
 - ▶ Communication
 - ▶ Emotional Awareness & Regulation
 - ▶ Self-Efficacy



- ▶ Life Style and Support
 - ▶ Interpersonal Relationships
 - ▶ Replace Drug Activities
 - ▶ Safe and Health Environments
 - ▶ Family Recovery
 - ▶ Civic Participation
- ▶ Case Management/ Establishing Recovery Supports
 - ▶ Family Support
 - ▶ Housing
 - ▶ Community Support
 - ▶ Education/Economic Development

Key Principles in Youth Services



[Tribal
MAT] A unified response to
the opioid crisis in
California Indian Country



- ▶ Prioritizing and addressing high-risk youth populations
- ▶ Access to Medications
- ▶ Positive Youth Development
- ▶ Involving Families
- ▶ Addressing Co-Occurring Disorders
- ▶ Addressing Stigma

- Culturally Responsive
- Accountability
- Community Partnerships
- Data-Driven
- Evidence-Based Approaches
- Innovation
- Sustainability



Selected Barriers to Youth Access

- ▶ Stigma and Discrimination
- ▶ Mis-perception related to perceived need
- ▶ Inadequate screening and assessment
- ▶ Lack of youth-specific, youth relevant early intervention, treatment and recovery support resources
- ▶ Parental consent for medications for most minors
- ▶ Silos and lack of meaningful collaborative systems between youth-serving agencies, health providers and behavioral health providers

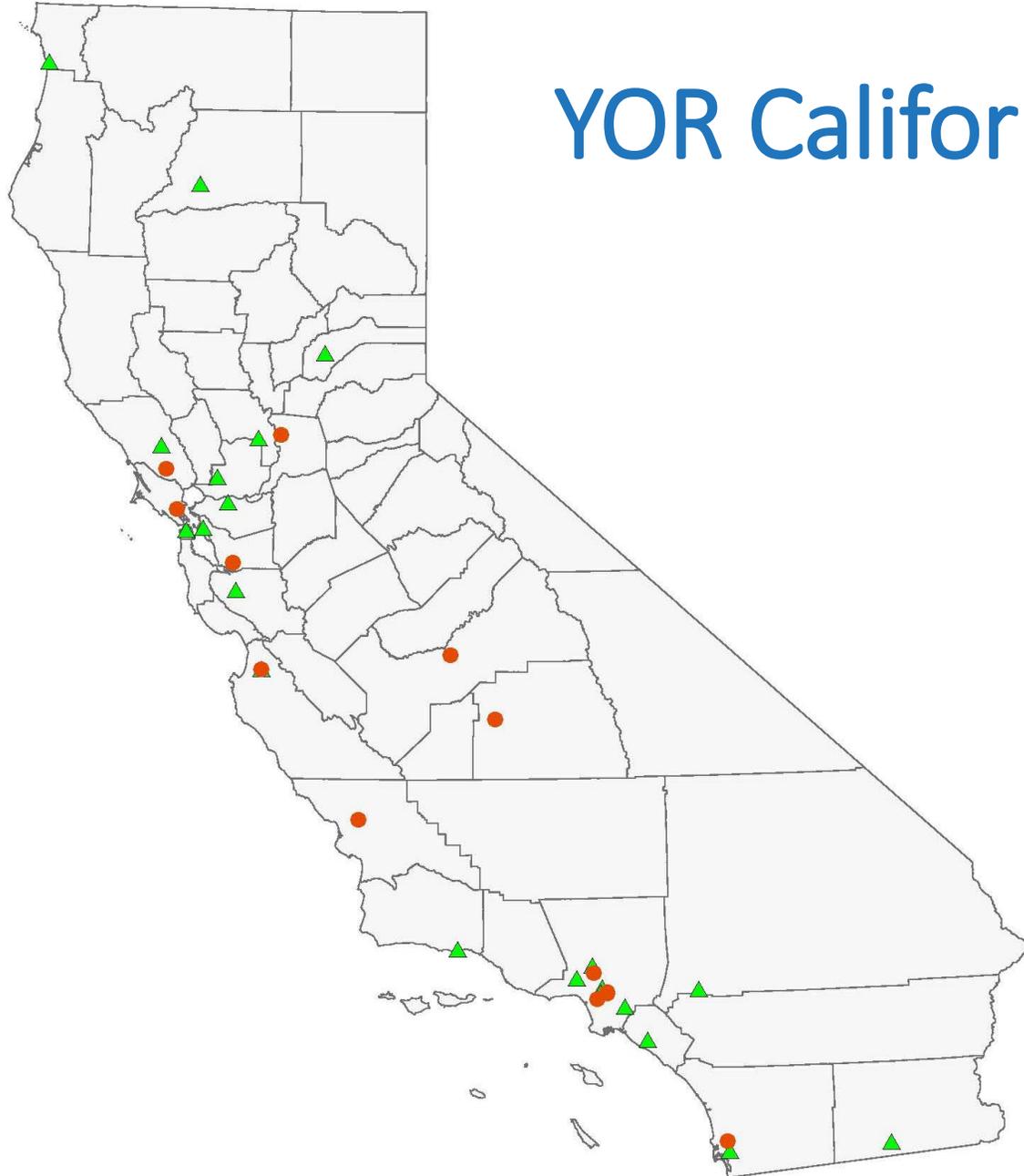
YOR California Goal

California Youth Opiate Response (YOR California) is to improve and expand access to a continuum of opioid use disorder (OUD) prevention, intervention, Medication-Assisted Treatment (MAT), and other treatment and recovery services for youth (ages 12-24) and their families, thereby preventing opioid overdose-related deaths.





YOR California Grantees



YOR CALIFORNIA
California Youth Opioid Response

22 Implementation Grantees

9 Planning Grantees

More coming soon!

<https://www.cibhs.org/yorcalifornia>

Works in Progress



Quality Programs are **SAFE**:

Sequential: Sequenced activities to teach skills

Active: Active learning to practice skills

Focused: Focused time on skill development

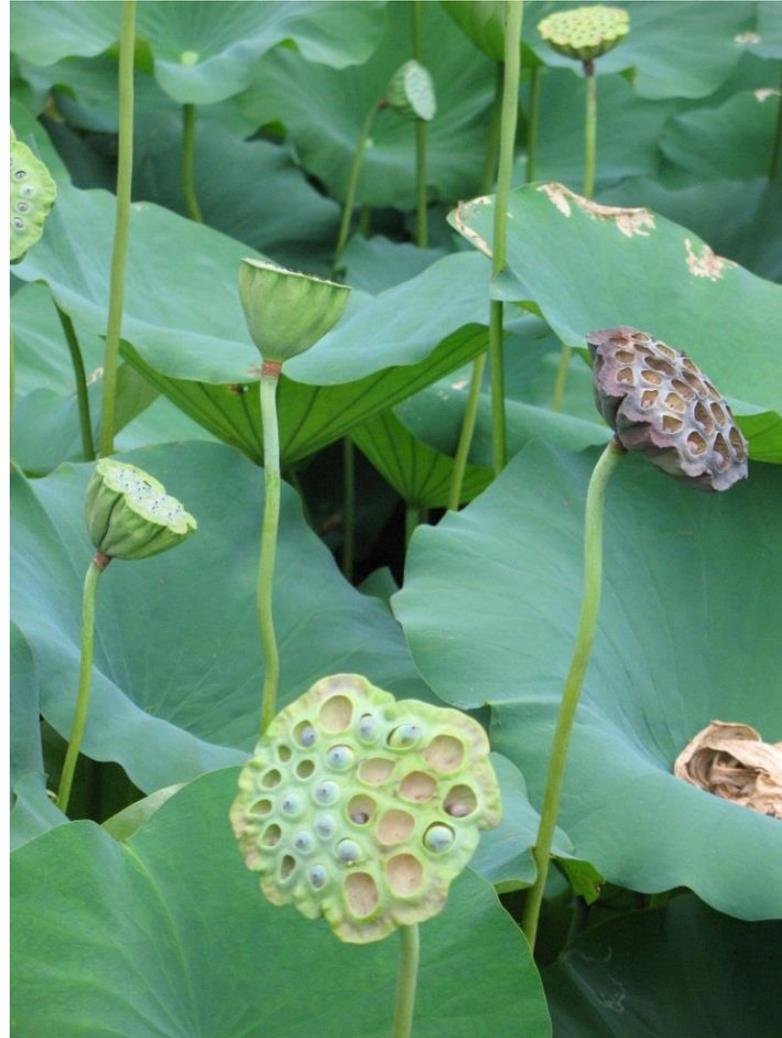
Explicit: Explicit Targeting of specific skills.

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Collaborative for Academic Social and Emotional Learning

"Words are important. If you want to care for something, you call it a flower, if you want to kill something, you call it a weed."

~Don Coyhis, Founder of White Bison



Purpose, Place, and Power : Yurok cultural connections





Contact Information



Deborah (Deb) Werner
YOR California Project Director
Jails Learning Collaborative Coach
Senior Program Manager
Advocates for Human Potential, Inc.

dwerner@ahpnet.com

818/999-6985

