

Breakout Room Activity

Northern California Region - March 1, 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*).

- Working with REDYPAA Community (youth branch of NA/AA) - making social connections, support from other youth in addition to adults
- Got exception to Title 30 - make sure parents are with youth
- Collaboration with inpatient and outpatient residential services - helps get the word out (word of mouth works well)
- Working with SUN at hospital
- Collaborate with foster agencies, local school system (HS and community college), and BH organizations

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

- Understanding confidentiality and dynamics of parent/guardian involvement (at different ages)
 - Barrier: Difficulty reaching youth (window of opportunity is narrow, might not be able to call them back)
- Barrier: Title 30 - Some staff unable to interact with youth (obstruction to culturally sensitive care)
- Barrier: Limited youth resources in community
- Facilitator: Specific TAY groups
- Facilitator: MAT nurse who is able to work with youth

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

-

Breakout Room 2:

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

- Cultural activities, more outreach and community events and in person events
- HSS sites- hesitation with youth patients being admitted into MAT programs (do see 18-21 yo)
- Seeking other services, warm handoff to Behavioral Health

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

- Concern from providers working with Youth
- Providers may benefit from increased consultation (ED Bridge for best practices in their county)
- Working around Covid Protocols- meeting safely, setting up appointments, concern with consistency around intakes and setting up treatment
- Parents not knowing what they are doing
- Physician concern with Youth being on MAT for long term (without a step-down process)- Mendocino Main Site

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

- Community Outreach- (Hill Country) & limited resources in Shasta
- Starting to Treating Youth (Culturally Appropriate- Kimaw)
- 16-17 yo have been treated, perhaps having a protocol around the Youth treatment protocol (Chapa De Grass Valley- Auburn)
- Building up Resources/Referrals (YOR), Working with providers to reduce wait times

Breakout Room 3:

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

- TAY: Use MI skills; treatment needs to be low barrier, meet youth where they are at. Use non stigmatizing language. Give them the power.
- Collaborate with the schools or agencies in the area that help youth; be a voice of support. Help spread info on programs/resource.
- Eureka: 18-21 - can be a challenge. Older clients can be role models for younger clients.
- Recovery lifestyle: friend bonds are so strong with youth. Hard to stay in recovery when friends are still using. Community support/options is important:
 - Escape clubs
 - Place to belong without using
 - What can they do after treatment

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

- Challenge for 18-21
- Need time to gain trust
- Recovery: friend bonds are strong (after treatment where do you go)
- Addressing trauma and SUD (trust is shattered)
 - Older peers can work with youth (take them under their wing); adults in treatment can relate to trauma
 - Once treatment finishes - continuum of care stops

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

- Create youth groups - to keep youth engaged in community (and staying healthy)
- Realize youth have a different lens on the world
- Protect confidentiality
- Stay up to date on pop-culture (tik tok/games)
- Playful energy in the room (have fidget spinners/crystal)
- Providers need more youth training (adapted to youth)
 - Example no Youth ASAM assessment

Breakout Room 4:

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

- Those that try to reduce barriers and create a true continuum of care with youth SUD and Behavioral Health services
 - Homeless services specific to youth are a great avenue
- School collaborations have been successful in Placer and Nevada County (info about drop in clinic)
 - Personal connection to school system (grew up there, has kids who also went there) is really beneficial to gain school's trust

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

- Collaborations with schools aren't the most helpful sometimes (these students tend to miss school); providing harm reduction supplies at schools can be a challenge
- Barriers in getting kids to trust clinics to come in (especially LGBTQ+ youth - stigma)
- Staff turnover has been an issue during covid

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

- Getting out on the street and making time to make their services known
- Only thing that has been done for youth was one presentation to a college a couple years back (Aegis)- don't work with youth otherwise

Breakout Room 5:

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

- Mountain Valleys - Collaborates with Partnership Health
- Mendocino coast clinics
- Aegis Eureka

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

- Mountain Valleys - limited access to youth due to remoteness. Very small and rural (Bieber clinic could be considered wilderness). Tend to be siloed, so difficult to establish any significant program. Do see youth through counseling services, but not MAT services.
- Mendocino Coast Clinics - Have an adult MAT program that is doing well, but providers feel unequipped to work with youth, feel like they do not have the training. Have no services for youth.

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

- Mountain Valleys - Would like to know how to more effectively access youth population and make services more visible to youth.
- Mendocino Coast Clinics - Received a SAMHSA grant to expand services, but need to find providers that can work with youth. Have therapists that are specialized in youth, but they are not specialized in working with youth. Working to build up services at this time by filling needed positions.

Breakout Room 6:

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

- Drop in center, warm line (text and call), youth group to get input on messaging and language, interacting with schools, targeted outreach.
- Doing outreach at the skatepark and looking at best places to do local outreach and engaging with the community.
- Aegis - In counseling programs patients refer and that's how they reach younger patients. (Youngest patient 18 yo)
- Had counselor that went out to schools and had different discussions.

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

- "We don't treat youth" populations that programs describe
- Issues regarding consent
- Parental denial - not having engagement with parents
 - Parents who are engaged but don't want children taking medication
- School piece has limitations if students are no longer attending

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

- Working in/with schools; programs working within the community and can accommodate youth
- Decrease stigma when asking for help by making it more inviting
 - Make it more personal, private, and comfortable
- Make the whole situation more comfortable for our youth - separate rooms for youth and entrance. Meeting them where they are.