



**YOR CALIFORNIA**

California Youth Opioid Response

# Treating Youth with Opioid Use Disorder

# 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

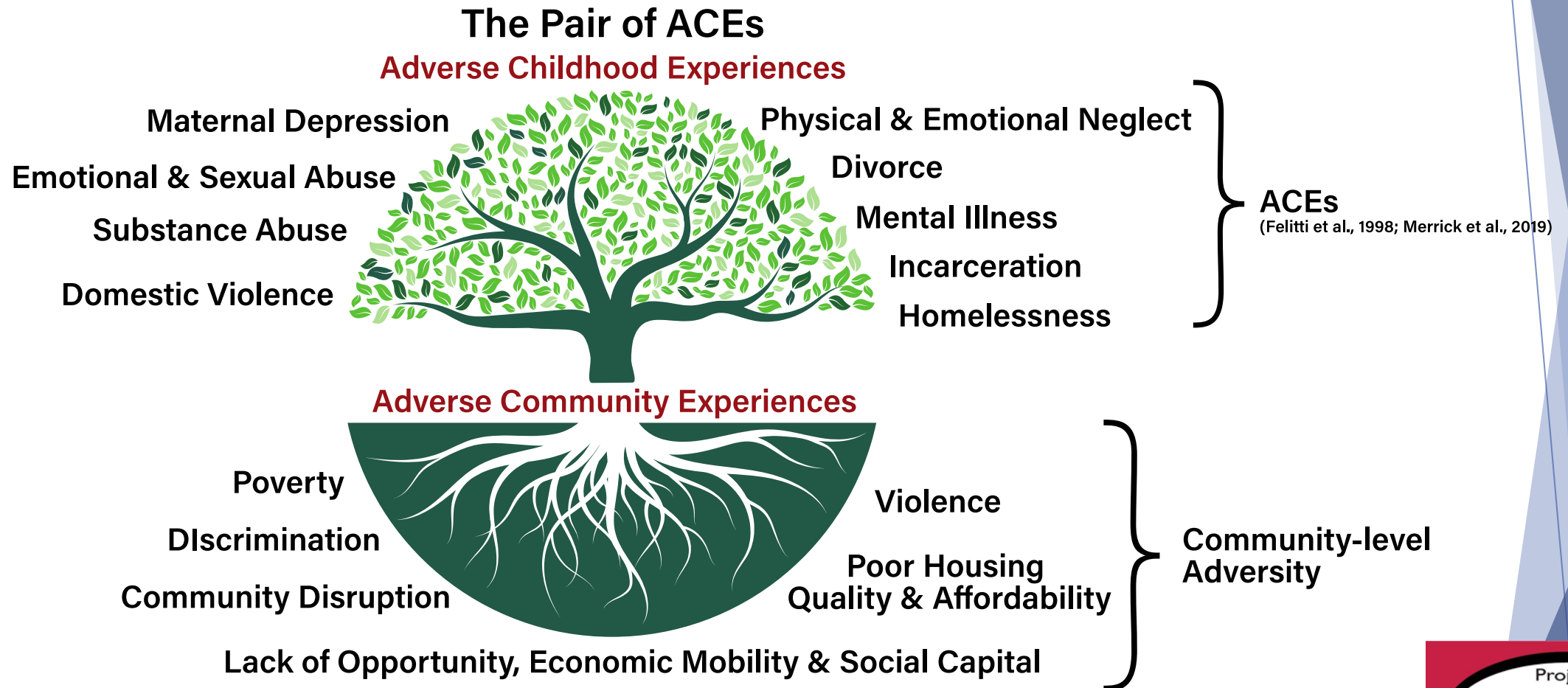


*Understanding youth development: promoting positive pathways of growth developed by CSR, Inc., for the Administration on Children, Youth and Families, HHS, 1997*



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# 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

Prepared by: California Department of Public Health - Injury and Violence Prevention



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# Medication Options for Youth with OUD

The American Academy of Pediatrics (AAP) advocates for increasing resources to improve access to medication-assisted treatment of opioid-addicted adolescents and young adults.

American Academy of Pediatrics, Committee on Substance Use and Prevention, *Pediatrics* September 2016, 138 (3) e20161893; DOI: doi: 10.1542/peds.2016-1893

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, S. E., Bagley, S. M., Rodean, J., Silverstein, M., Levy, S., Larochelle, M. R., . . . Zima, B.T. (2018, November). *JAMA Pediatrics*, 172(11), 1029-1037. doi: 10.1001/jamapediatrics.2018.2143





# 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



- ▶ 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 Opioid 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.

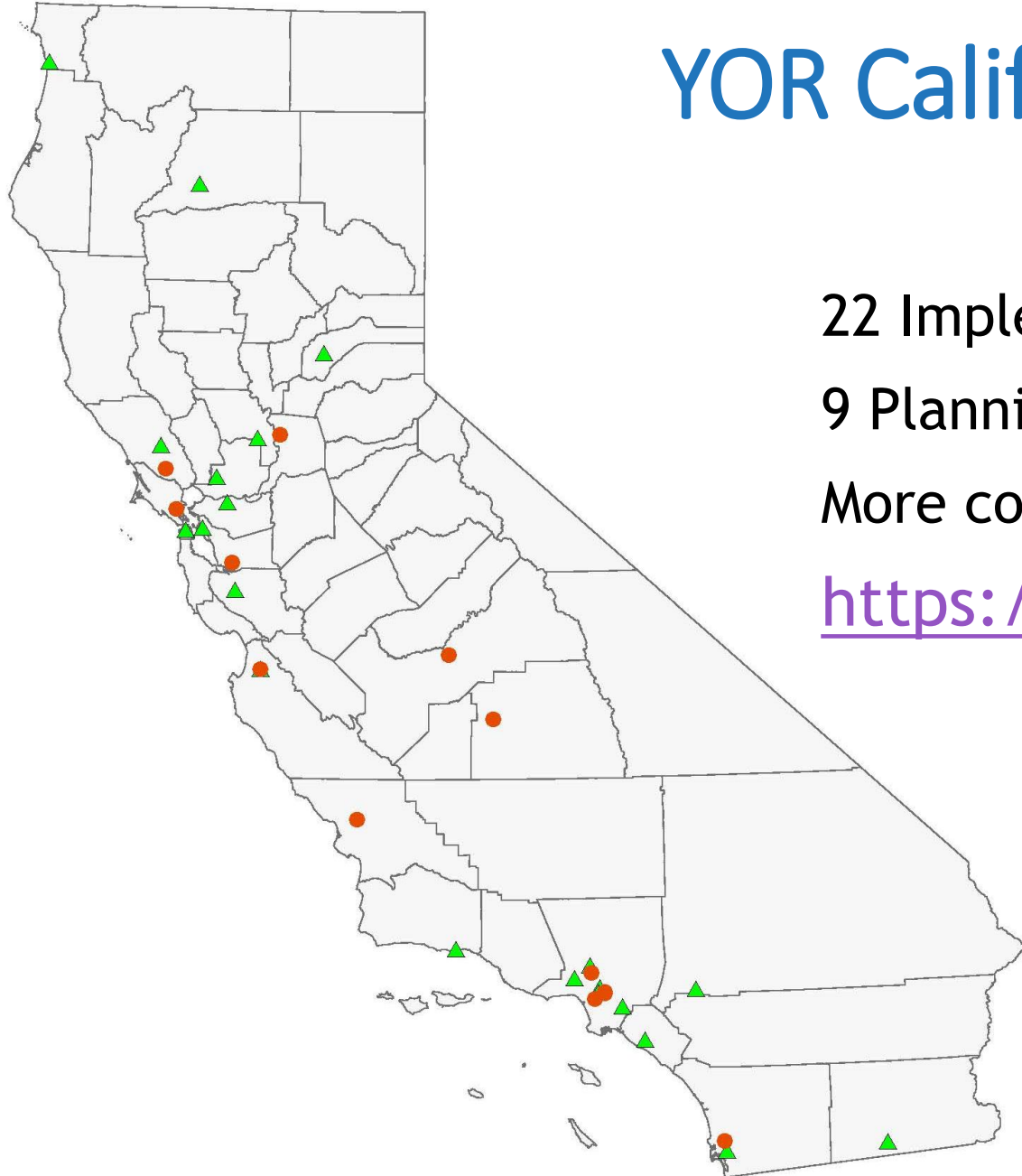


Real World Solutions for Systems Change



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# YOR California Grantees



22 Implementation Grantees

9 Planning Grantees

More coming soon!

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



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# Granite Wellness Centers

Mission: to promote wellness and quality of life

- ▶ **Youth Resilience Project:** Develop and deliver a coordinated continuum of care – prevention, treatment, and wellness services –specifically addressing opiate use disorders for young people ages 12-24 and their families in rural Nevada and Placer Counties.
- ▶ *GWC will engage diverse partners to create a robust system of care that specifically meets the needs of rural young people and their families*



916.782.3737

**GRANITE**  
WELLNESS CENTERS


**FIND YOUR WELLNESS** [granitewellness.org](http://granitewellness.org)



# Prevention

## ▶ Prevention and Wellness

- ▶ Community Education: social media, opioid summit, medical offices, schools
- ▶ Outreach—billboards; resource lists shared across all counties; extensive materials; and outreach
- ▶ Children’s program - Betty Ford model/curriculum
- ▶ Recovery and Wellness Series
- ▶ Family Recovery and Education series
- ▶ E-Health app (youth developed; launching fall 2020)
- ▶ Naloxone distribution



**GOOD  
ON THE  
OUTSIDE**

**HARD  
ON THE  
INSIDE**

If you or someone you know is struggling with addiction, we are here to help. Call or text today.

If you are having an emergency call 911

**FREE AND CONFIDENTIAL**  
**800-555-5555**

**GRANITE  
WELLNESS CENTERS**





# Early Intervention

## ▶ Early Intervention

- ▶ Student Assistance Program: *School-based services in 18 schools,*

*integrated CRAFFT assessment and opioid specific curriculum*

*School or self referred; for 20/21, school-based, telehealth, or at Granite*

*Site.*

- ▶ Student Intervention Program—partnership with courts

## OPIOID USE DISORDERS

Prevention, Intervention,  
and Treatment



## YOUNG ADULT WELLNESS

The human brain is developing until about age 25. If a person starts using drugs early in life, it can cause changes to the brain's structure and function. In the United States, 90% of people with a substance use disorder begin use under age 18. Fortunately, the brain can recover if a person stops using opioids. Granite Wellness Centers sees opiate use disorder as a treatable illness, and we are here to help. Treatment, including medication assisted treatment, is available for young people ages 16 and older.



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# Treatment

## ▶ Treatment

- ▶ MAT, new MAT Warmline
  - ▶ For 18 and over, partnership for youth under 18 with 2 x-waivered pediatricians
- ▶ Adolescent Outpatient and Intensive Outpatient
  - ▶ Grass Valley, Auburn, Truckee, Roseville;
  - ▶ Change Company Interactive Journaling, MI and CBT based curriculum, and Mindfulness-Based Adolescent Substance Use Curriculum
- ▶ Youth Clinic
  - ▶ Drop-In, confidential
- ▶ New Young Adult (TAY) Group - 3 Sites
  - ▶ Opportunity with telehealth

Coming Next: Residential Waiver

I don't think you see what it's doing to you.

You are not yourself anymore. We miss our friend!!!!

Life is hard for me too. I had to get help.

Talk to someone instead of taking something.

**SUBSTANCE ABUSE IS SERIOUS**

If you are having an emergency call 911

**FREE AND CONFIDENTIAL** 530-388-0359

If you or someone you know is struggling with addiction, we are here to help. Call or text today.

National Suicide Hotline: 1-800-273-8255

**GRANITE WELLNESS CENTERS**



# What next?

- ▶ **Finish Strong:** Drive-thru naloxone distribution; Young Adult Self Care Kits; residential capacity
- ▶ **Adaptability, Flexibility:** Modified contracts; outdoor programming; Children's Program on YouTube
- ▶ **Sustainability**
  - ▶ Built into many programs (aligned with insurance; DMC; capacity: E-Health app; EMR; curriculum)
  - ▶ Seeking SOR2 to support strong MAT program



**TRYING TO CHANGE THE WAY YOU FEEL?**

If you or someone you know is struggling with addiction, we are here to help. Call or text today.

If you are having an emergency call 911

**FREE AND CONFIDENTIAL**  
**800-555-5555**

**GRANITE WELLNESS CENTERS**



*"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



# Contact Information



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