

## OYAA MURAL NOTES

OYAA Committee

---

### Subcommittee Wednesday, 2/13/25

#### Community Mapping- Room 2: Mental Health and Co-Occurring Disorders

CHALLENGE STATEMENT: [Youth in Oregon that experience co-occurring SUD & Mental Health disorders] need/want [access to tailored services that account for individuals' personalized needs] because [they want to to feel wanted, safe, and treat their diagnoses without the financial, geographic, and other barriers that currently restrict access to essential healthcare].

#### COMMUNITY MAPPING:

schools don't recognize co-occurring MH x SUD early

not enough services for i/dd youth

Transportation

financial barriers

lack of public transportation

winter weather

People & Demographics

culturally specific services unavailable

justice-involved youth left out of treatment options

many providers are not confident in new treatment methods

co-occurring SUD x MH services lacking

Rurality

difficult finding care in more rural areas (not Portland area)

Southern, Eastern Oregon

places without services must travel to larger "hubs"

Themes:

Family involvement/support

Financial resources

Stigma and better discussions about it

Accessibility

Family History

Lack of providers

Co-existing SUD x MH care

## **Room 1: Juvenile justice and other carceral settings**

**Attendees:** Annette, Erica, Gio, Joylene, Kaleb, Michael lang

### **Transportation**

- Only being able to access services within bus route
- Risk of being arrested if commuting while in crisis
- People & Demographics

### **Rurality**

Being in an urban area doesn't mean you have any more access than rural communities

### **Themes:**

- Youth in JJ have untreated Substance Use Disorder
- Untreated youth are put on the pipeline to Jail/prison
- Lack of diversion opportunities (treatment needed in order to pass diversion)
- Lack of diagnosis, treatment
- lack of access to treatment while incarcerated
- No support provided if treatment is needed (isolation, stigmatization, worsening the situation)
- No connection to services before involvement, during incarceration or after release
- Connection and support is the opposite of incarceration/isolation (if you share that you need support, the response is more isolation)
- During incarceration there are SOME services for youth (More for youth in OYA) -age 18 or under ONLY
- Aging out of available resources

## **Room 3: Peer Support**

**Attendees:** Abree, Kamryn, Kati, Lindsay, Timmie, Wes

### **Physical Buildings/Centers**

- SUD Peer Center (open to Lifeways guests - heavy on mental health) - - advocating for a family center.
- Pendelton - specific to clients. Lifeways has some open drop in spots a couple of days a week.
- Teen center in ontario - but nothing for youth younger than 14
- Limit access to peer drop in centers in rural areas generally.

### **Accessibility**

Same issues as it relates to co-occurring treatment - limited options in spread out distances.

## **Transportation**

- Without a car, hard to get to some of these supports.
- People & Demographics
- In Eastern Oregon and Rural Counties - adult peers working with youth due to population/workforce constraints.
- Need involvement in other services to access what is available.
- Only being able to access services within bus route
- Risk of being arrested if commuting while in crisis

## **Rurality**

Being in an urban area doesn't mean you have any more access than rural communities

## **Themes:**

- Family-based
- Age-appropriateness of supports
- Rural access
- Diversity in age culture and LGBTQIA identity - All peers who are also responsive in all areas of Oregon
- Training and funded
- Training in CRM/PSS needs to really hone in on youth sud
- Themes:
- Youth in JJ have untreated Substance Use Disorder
- Untreated youth are put on the pipeline to Jail/prison
- Lack of diversion opportunities (treatment needed in order to pass diversion)
- Lack of diagnosis, treatment
- lack of access to treatment while incarcerated
- No support provided if treatment is needed (isolation, stigmatization, worsening the situation)
- No connection to services before involvement, during incarceration or after release
- Connection and support is the opposite of incarceration/isolation (if you share that you need support, the response is more isolation)
- During incarceration there are SOME services for youth (More for youth in OYA) -age 18 or under ONLY
- Aging out of available resources

**CHALLENGE STATEMENT:** [Youth and families who could benefit from peer support services] need/want [ low-barrier access to CRM, peer services and treatment ] because [there is a lack of trained, age appropriate, inclusive and diverse peer support specialist, program, and drop-ins].

## **Room 5: Treatment and Recovery Options**

**Attendees:** Alana, Arecila, Jummy, Mitch, Sean, Yunsel

### **Physical Buildings/Centers**

- Not enough teen health centers due to funding
- lack of under 18 in-patient and outpatient treatment place
- Centers are run down, not nice
- Accessibility
- Resources in different languages

### **Transportation**

- People & Demographics
- Parents are scared about their kids getting services without their knowledge and then providers get nervous to provide services
- Youth are afraid of their parents response to getting services
- There aren't relatable younger providers and also need more peers
- Rurality

### **Themes:**

- where to go and how to find
- Accessibility
- Do they take insurance? Can I get in a place?
- How to select the right treatment for you
- Lacking discharge summaries and direct connection to referrals
- Stigma around mental health
- SUD is undermined in healthcare
- Getting paired with medications that negatively impact body and brain due to lack of in-depth screening

### **CHALLENGE STATEMENT:**

[Youth and families with treatment needs] need/want [support and access to money, and resources that support financial, secure and confidential treatment needs where they already are] because [they want comfortability to ensure their personal healthcare needs are met ].

---

## **OYAA Public Meeting Friday, 1/31/25**

### **Room 1: Juvenile justice and other carceral settings**

**Attendees:** Vanessa Nordyke, Erica Fuller, Mike Hill, Stephanie Condon, Bill Hansell

- Youth "desire more nonjudgmental and harm-reduction focused messaging."
- Less stigma and shaming of individuals in juvenile justice.
- A better world is one in which no youth are held in secure facilities.
- Many youth I work with are only incarcerated because they can't get services anywhere else in the state.
- Better world = Appropriate funding for Services within facilities for youth
- More robust diversion opportunities
- Youth Substance Use in Oregon is higher than national average
- In OYA approx 80% of youth ages 13-24 have an identified substance use disorder.
- All people including youth who are incarcerated will have access to a full continuum of behavioral healthcare immediately. Carceral setting policies and practices will be reflective of trauma informed care as opposed to punishment focused.
- I have a loved one who has been incarcerated for 30 years, since adolescence for a crime committed while under the influence of methamphetamine.
- 90+% of adult addictions begin in adolescence

### **Room 2: Mental Health and Co-Occurring Disorders**

**Attendees:** Jummy, Araceli, Gio, Annette, Kaleb, Maddy, Ashlie

- Hard to find resources especially suicide prevention
- Family history of MH issues
- Safe Houses
- Accessible Resources
- Peer Support
- More mental health care professionals who are more holistically trained so that they have more time for each individual client. Hard to jump from therapist to therapist
- Compassion
- Better discussions about MH
- Supporting family members struggling to help with lack of resources
- There is a stigma around MH
- More personalized or tailored services for treatment
- Financial Support for treatment
- mental health is generational - internalizing what is observed of family members. Not enough early intervention between generations

- Many youth seek therapy but those therapists don't have training in SUD. Easier to build a relationship with one person for addressing your needs. Also difficult to open up with someone once one course/strand of treatment has already started.
- barriers to care for family members - wait times, not enough resources
- Addressing hesitance to beginning therapies, and supporting youth who are ready for treatment as opposed forcing someone into treatment and blocking services for others. Sometimes the parent voice outweighs the youth voice with respect to consent to services.

### **Room 3: Peer Support**

**Attendees:** Abree, Greg, Kamryn, Katie, Shaunte, Timmie

- I love peer support! Peers are crucial to success!
- Peer support needed in rural areas
- Peer support should be tailored to age.
- Diverse peer support (cultural, LGBTQ+, age, experience, knowledge)
- Family-oriented (not just youth or adult)
- Family oriented support groups, or hotlines/recovery hotline for families and individuals in recovery
- Helpful for youth not ready for treatment
- Training resource accessibility for peer support
- Livable wage for PSS/FSS

### **Room 4: Reduce Stigma and Criminalization (Legal Issues)**

**Attendees:**

- Develop strong relationships with law enforcement to incorporate "deflection programs" that increase access to treatment while reducing criminal justice involvement.
- Promote recovery as a normal phenomenon.

### **Room 5: Treatment and Recovery Options (Clinical)**

**Attendees:** Michael, Betsy, Sean, Liz, Tony

- Reaction: Not a lot of options to get MOUD in the continuum of care (outside of inpatient).
- Why: Works in the realm of assisting those who are transitioning from higher levels of care.
- Resources knowledge for this is so important for care coordination for effective care to be accessed.
- Lived experience-- Witnessing family members.
- Wants to know what is out there.
- Why: Expanding access to this care is important. Many primary care physicians haven't received training.

- SUD is viewed differently than other health problems (it can be ignored).
- Future Vision:
- More guidance when youth are trying to find treatment that works for them.
- Fixing the lack of treatment options in general.
- "when I was trying to find resources, I couldn't find information about what is available. I couldn't find information on co-occurring treatment."
- Guidance to be connected to the services needed ("I was given a list and had to call 20 different facilities to find out where I could get the treatment I thought was right for me at the time).
- More Options/ Access points to receive medication for use disorders (can I get medicine even though I'm also in treatment?). (Theme: Rule not exception that you can access).
- Doctors will have provided with education on SUDs
- Its hard to stop if you haven't found your solution to cope with whatever is going on in your life.
- STIGMA
- Hard to find a facility that can offer the combination of MOUD + Behavioral health services (even more challenging for combined mental health services.
- Anecdote- Had access while in a program but had to be taken off before discharge.
- If you can access it during services, it can be a big challenge to have continuing access.
- Need the development of scaled eco-systems of care that match the acuity needs in the local community and are flexible over time.
- Oregon Specific information is hard to come by
- Is care different for youth depending on which insurance you have? Where you are?
- Care Oregon Access experience was better than Private insurance (anecdotal)

## **Room 6: Youth and Family Recovery Spaces (Non-Clinical)**

**Attendees:** Brittany, Jess, Joyleen, Kayla, Lindsay, Meggan

- How will we get help for all of us to understand each other?
- Families are scared that they can't help their young person and want to have the young person in a more controlled setting than they are needing clinically
- Need evidence-based approach to supporting parents like CRAFT & Invitation to Change
- Parents need a place to get support when youth are getting support.
- Recovery can be happening at different levels for parents and youth
- Family therapy related to youth
- Co-occurring support for youth
- Not many treatment spaces for parents with older children or parents with multiple kids in Oregon
- Alternative Peer Groups (and making them FREE)
- there are ways to help parents cope and do okay

- More peers for parents of parents who also have young people they care about in recovery
- This service may not be reimbursable through health insurance, creating a barrier to care.
- Places and people that younger siblings (under 12) can safely talk to and not be traumatic placements with strangers.
- Youth Recovery Centers (Like 4D's 14-17 spaces)
- Parents walking alongside their youth wherever they are at in their change process
- More resources for my mom and siblings while my mom is in treatment

## **Room 7: School-Based Prevention, Intervention and Harm Reduction**

**Attendees:** Alanna, Molly, Patti, Sean, Wes

- High rate of unaddressed substance use in young people
- Start providing education to students - and implementing that by 2030 would be the best solution. Make sure that adults in schools also have opportunities to learn. So universally accessible to students and educators.
- When use begins at such a young age - it makes sense that services be at school - staff need to be trained and youth need to be aware of their rights. While there are supports in communities, systems might not be connecting or communicating with each other. Intervention is happening but not necessarily prevention.
- Inconsistency in what is being done and inconsistency in data from schools to know what is being done. % of youth that are not able to access services - a lot of the providers are asking for referrals but says something about the linkage between schools in identifying and referring to those providers.
- Idea regarding use of naloxone kits - not many people know how to use them and many places don't have them implemented.
- Every district has a disciplinary diversion program that includes screening and referral to treatment
- Universal screening and referral to treatment

## **Room 8: Recovery Housing and Support**

**Attendees:**