OREGON YOUTH ADDICTION ALLIANCE

Oregon Alcohol and Drug Policy Commission
Oregon System of Care Advisory Council

Friday, January 31, 2024
3:00 p.m. – 5:00 p.m.

JOIN THE MEETING VIA:
https://www.zoomgov.com/j/1617146489

Meeting ID: 161 714 6489
Passcode: 096376

Notes from the December 2024 OYAA Meeting are available HERE

Chairs: Kamryn Berk and Kaleb Gambee
Vice Chair: Erica Fuller
Facilitators: Jummy Akinyode, Shaunte Duron and Susan Fischer-Maki
Staff: Joyleen Carter (SOCAC) and Wes Rivers (ADPC)

Supporting Meeting Materials

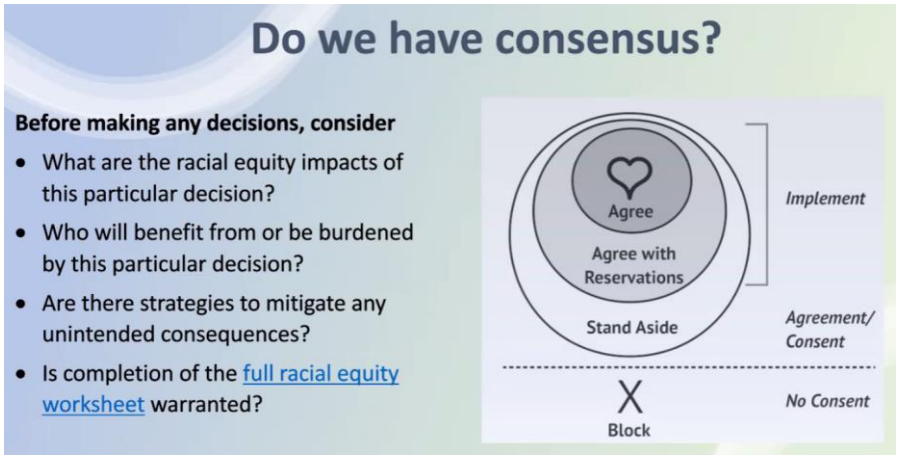
- Youth Adult Partnership Training
- Draft Charter

Group Agreements:

- Be present and involved
- What is shared in this space, stays in this space.
- Varied and opposing ideas are welcome. Challenge ideas, not people.
- Use the names and pronouns people introduce themselves with.
- Focus on our shared purpose: improving the system for Oregon youth.
- Listen actively – respect others when they speak and avoid interrupting.
- Honor those with quieter voices. If you tend to talk more, give others space to speak. If you are quieter, try to speak up.
- Be mindful of power dynamics in the room.
- Avoid acronyms!
- Avoid problem-solving for one person's situation or crises.
- Propose solutions whenever possible — don't just value the problem.
- Adults must take youth adult partnership training before attending regularly.

Before making any decisions, consider:

- What are the racial equity impacts of this particular decision?
- Who will benefit from or be burdened by this particular decision?
- Are there strategies to mitigate any unintended consequences?
- Is completion of the full racial equity worksheet warranted?

TIME	AGENDA ITEM
3:00 – 3:15	1. Appreciative Welcome (Shaunte Duron plays music) a. Meeting Goals b. Group Agreements c. Roll Call of OYAA Members to establish Quorum
3:15 - 3:30	2. Icebreaker: *What is something that has brought you joy since the last meeting? This could even be something you did over the holidays.*
3:30- 3:45	3. Voting on Charter a. Introduction of Consensus Process  b. Call for an Official Vote on the Charter
3:45 -3:55	4. Addiction in Oregon: Where are we now? a. Website - Quick update
3:55-4:00	Break
4:00-4:15	5. Our Focus a. Reminder of the goal we're working towards (Kamryn) b. Background on how the buckets were selected (Kaleb) c. Preview of how buckets will guide work meetings (Kaleb) d. Through values across the buckets (Kamryn) e. Descriptions of each bucket

	f. Explain breakout rooms, and release participants to select their own
4:15-4:30	6. Subcommittee Breakout Groups - MURAL https://app.mural.co/t/commonthreadconsulting8627/m/commonthreadconsulting8627/1738279546952/754a4f32df395890ab80079d43979bc27e181625?sender=uaaa426f4a5aa6a03bcc00913
4:30-4:45	7. Debrief of the breakouts
4:45-4:50	8. Public Comment
4:50-5:00	9. Reflections: Group reflects on meeting experience a. Through-line of the conversation. Kaleb b. Group Check In (Kamryn) c. Preview next meeting: (Kamryn) i. Subcommittee Work group meeting Feb 12th ii. OYAA meeting Feb 28th

OYAA Public Meeting Ongoing notes

Friday 1/31/25

Members: Kamryn Berk, Kaleb Gambee, Erica Fuller, Maddie, Kayla, Gio, Ashlie, Michael, Araceli Granados, Annette, Kati Jokinen, Tony Vezina, Vanessa Nordyke

Absent: Miranda

Non-Members: Shaunte Duron, Wes Rivers, Jummy Akinyode, Katie Clemo, Stephanie Condon, Timmie Turley, Greg Huston, Bill Hansell, Susan Fischer-Maki, Joyleen Carter, Brittany Knigith, Mitch Doig, Sean Kim, Lindsay Reeves, Jess Rivoli, Alanna Russell, Molly Haynes, Abree Williams

Key Takeaways

- OYAA Charter Approved – Consensus model used with minor amendments for clarity.
- Breakout Rooms Organized – 8 rooms covering key themes (mental health, peer support, treatment, etc.).
- Data Gaps Identified – Limited youth-specific research on substance use; need for targeted studies.
- Next Meeting Dates Set – Subcommittee meeting on Feb 12; full council on Feb 28.

- Follow-Up Required – Racial equity worksheet to be shared with members, support resources for youth after discussion.

Next Steps

- Kaleb to share the racial equity worksheet with all members.
- Kamryn to schedule and send invites for subcommittee work session (Feb 12).
- Facilitators to follow up on breakout room themes and assign discussion leads.
- Team to finalize and distribute meeting materials ahead of the next full council meeting (Feb 28).
- Betsy to provide additional resources for youth members, if needed, after sensitive discussions.

Summary by Topics

OYAA Charter & Voting Process

- The group finalized the OYAA Charter, incorporating feedback from previous meetings.
- Used a consensus model, discussing racial equity considerations and any unintended impacts.
- A few members raised concerns about accessibility and implementation, which were addressed through amendments.
- The Charter passed with full approval.

Breakout Room Discussions & Key Themes MURAL

- Mental Health & Co-Occurring Disorders – Emphasized financial accessibility, personalized care, and removing barriers.
- Juvenile Justice – Highlighted the high rate of youth substance use in the system and gaps in diversion programs.
- Peer Support – Focused on diverse, culturally relevant programs and training needs.
- Reducing Stigma – No participants in this breakout, but remains a priority for future meetings.
- Treatment & Recovery – Discussed expanding youth access to MAT and treatment navigation support.
- Family Recovery Spaces – Need for integrated support systems for youth and families.
- School-Based Prevention – Push for harm reduction education, universal screening, and naloxone availability in schools.

Gaps in Youth Substance Use Data

- Speaker 3 presented statewide trends in youth substance use.
- The group noted limited research on youth-specific data, with substantial gaps in tracking long-term outcomes.
- Agreed to advocate for more data collection and reporting specific to youth substance use disorder services.

Chronological Summary

Charter Review & Approval @ 0:00 - Kaleb and Kamryn facilitated the Charter review process, ensuring all members understood the amendments.

- The group voted using the consensus model, finalizing the Charter with minor edits.

Breakout Room Discussions @ 20:12 - Members split into eight thematic groups to discuss barriers and solutions for youth addiction services.

- Each room focused on identifying gaps, brainstorming solutions, and proposing actionable next steps.

Youth Substance Use Data Overview @ 48:35 - Speaker 3 presented substance use trends in Oregon, emphasizing the lack of youth-specific data.

- Members discussed potential advocacy strategies to push for more comprehensive research.

Next Steps & Closing @ 1:10:50 - Kamryn and Kaleb reviewed next action items, ensuring all members were aligned.

- Confirmed meeting dates: Subcommittee (Feb 12) & Full Council (Feb 28).
- Final reminders for members to reach out if they need additional support.

OYAA MURAL NOTES
OYAA Committee

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: