

Youth
Development
Oregon

Effective Youth Substance Use Disorder Intervention for Youth

Criminal Justice Commission Summit
Thursday, March 6

Today's Agenda



Welcome and introductions

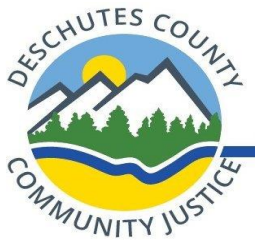
Overview

Programs summaries

Q&A

Closing/Thank You

Introductions



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Terms

- **American Society of Addiction Medicine (ASAM) Criteria:** comprehensive set of standards and decision rules that use a holistic, person-centered approach to determining the appropriate level of care and developing treatment plans for patients with addiction and co-occurring conditions.
- **Certified Recovery Mentor (CRM):** A Certified Recovery Mentor (CRM) is a peer who provides support to people recovering from substance use disorder. CRMs help people set goals, make informed choices, access community resources; as well as act as a role model and motivator to prevent relapse.
- **Certified Drug and Alcohol Counselor (CADC):** is a professional who, depending on their education and training, can provide a variety of clinical supports for people with substance use disorder, including screening, assessment and intake, counseling, crisis intervention and skill building services.
- **Outpatient Treatment Services:** Typically counseling and therapy-based treatment services in community (home, school, clinic) for no more than 6 hours a week (1 or 2 days a week).
- **Intensive Outpatient Services:** structured therapy treatment services in a home or clinical setting in which youth are receiving services between 6 and 19 hours a week (3 to 5 days a week).
- **High Intensity Outpatient Services (sometimes called partial hospitalization):** Even more intensive/structured therapy services in a home or clinical setting in which youth are receiving services more than 20 hours a week (5 to 7 days a week).
- **Residential Treatment:** Short-term (less than 30 days) and long term (more than 30 days), out-of-home care that provides structured, intensive treatment and therapy programs. Residential placements stabilize and provide pathways to less restrictive forms of recovery.
- **Withdrawal Management (“detox”):** clinical intervention designed to ensure a safe and medically supervised transition through the most intense phase of withdrawal from drugs/alcohol.

Substance Use Data

More
than
20%

Oregonians with substance use disorder

- ❖ 1,200 total alcohol-induced deaths in 2021
- ❖ 2,500 total alcohol-related deaths in 2020
- ❖ Black/African American Oregonians are more than twice as likely to die from an overdose than all race and ethnicities. American Indian and Alaska Natives are almost three times as likely.

Data from the Alcohol and Drug Policy Commission Strategic Plan

Substance Use Data



21.9%

Oregonians ages 12+ data from 2021-22

- ❖ 79.1% of those needing treatment did not receive it (due to methodology changes, we can no longer measure how this compares to previous years, but additional data indicates that this number has not decreased over time)
- ❖ Youth With Substance Use Disorder in 2021-2022:
 - Age 12-17 12.5% (~38,000 youth) in Oregon; 9% nationally
 - Age 18-25 36% (~148,000 youth) in Oregon; 27% nationally

Substance Use Quick Facts

- ❖ Substance use is a primary public health issue that contributes to the three leading causes of death among youth; accidents, homicides, and suicides.
- ❖ 90% of adult addictions/substance use-related issues start in youth (age 12-20).
- ❖ Only a small fraction (less than 8%) of teens with SUD receive treatment.
- ❖ 96% of teens with SUD can be found still attending school.
- ❖ Age of start of substance use as a teen strongly correlates with course and severity of addiction as an adult.
- ❖ There is evidence of intergenerational linkages in use and substance use disorder – parental and caregiver use and substance use disorder may increase risk for youth.
- ❖ Early treatment increases chances of long-term recovery significantly – when youth engage in treatment services, they reduce their risk as adults by nearly 60%
- ❖ Adolescent substance use disorder often occurs with other mental health and developmental issues, yet co-occurring treatment and research is lacking.
- ❖ Statistics show that over two-thirds of youth with SUD will eventually recover.

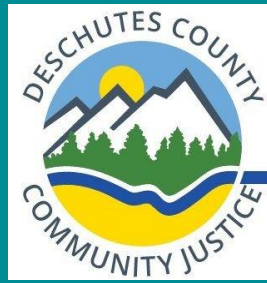
Program Takeaways: Wasco County



- The earlier we can engage with youth the better
 - Screening at multiple points of contact
 - It takes community to build a system
- Matching the response to the need
 - Brief celebrations and brief interventions
 - Teen Intervene
- Recovery happens in community
 - Multiple options for referrals – Local Mental Health, Youth Service
 - Community includes systems such as schools and law enforcement
- Recovery happens in family
 - family communication
 - family strengths

Outcomes = Resiliency and Success

Program Takeaways: Deschutes County



- Each youth is unique
- Crime severity does not correlate with risk and needs
- Assessment crucial
- Recovery happens within
- Skill-building based on risks and needs
- Personal moral development (MRT)
- Recovery happens in community
- Community service that enhances belonging and youth as assets
- Culturally specific and responsive supports, recreation, activities
- School connection and trust
- Recovery happens in family
- Family communication
- Family strengths
- Youth and families navigate multiple systems during recovery process
- Support with wait lists, lack of residential programs
- Tailored approach to avoid inappropriate or unhelpful treatment settings
- Stay human-centered with conflicting system requirements and definitions of eligibility and success

Listen to a youth (JP): https://www.youtube.com/watch?v=x2_C2lqf9b8

Program Takeaways: Multnomah Education Service District



- Recovery High Schools in Oregon:
 - [Rivercrest Academy](#)
 - [Harmony Academy](#)
 - [Discovery Academy](#)
- What is a Recovery School?
 - Recovery high schools are explicitly recognized as alternatives to incarceration and strategies to reduce recidivism, particularly for youth with substance use disorders.
- Adolescents with SUD also have 'co-existing' conditions
- Substance use education prior to release (detention settings and corrections settings)
- Transitioning from incarceration to 'the outs'
 - Importance of A&D treatment (IOP, residential settings)
 - Access to support for coexisting conditions
 - Continued access to MAT
- Transition Support-- Transition planning is a critical element for the success of students post-incarceration, with evidence that it leads to a reduction in recidivism by increasing post-incarceration school re-entry, school credit transfer, or job support.
- Funding –Oregon Department of Education

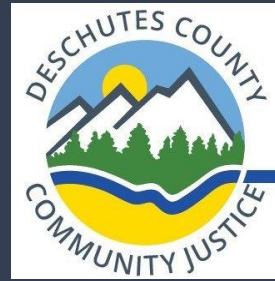
www.rivercrestacademy.org

SUD - What Works

- ❖ **Holistic Youth and Family Treatment:** whole family must be supported; support the whole youth: research shows that co-occurring programs offering integrated, evidence-based SUD and mental health treatment have better outcomes; multi-disciplinary teams; integration of medications for substance use; ongoing and long-term monitoring and recovery supports for both the youth and family as needed.
- ❖ **Evidence-Based Screening and Early Intervention:** intervening early in onset is key to long-term success; screen and refer in schools and places that youth are most likely to be seen; evidence-based therapeutic practices that can be done in isolation or in combination with one another; family involvement/support increase success.
- ❖ **Youth-oriented Recovery Spaces:** Recovery high schools increase likelihood of recovery and graduation; alternative peer groups (with family component); and other models of recovery support show promise for adolescents
- ❖ **Culturally and Linguistically Responsive/Specific Services and Supports:** community created interventions and traditional practice; emerging and adapted evidence-based practices



PANEL Q&A



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THANK
YOU