

## **HCTAYC AOD Recommendations**

### **1. Convene a county collaborative with HCTAYC leadership (including youth, families, tribes, public agencies, providers, CBOs, schools) to develop a plan for an integrated continuum of effective AOD services for TAY in Humboldt County**

- A. Work with HCTAYC to create a youth and family driven action plan that identifies strengths, current resources, gaps, available and needed cross system funding, and policy barriers for creating an integrated substance use and mental health TAY system of care.
- B. Identify and address needed actions to improve collaboration, communication and alignment of goals and services between agencies and providers.
- C. Establish shared agreement on best practice standards for prevention, screening, intervention, treatment and aftercare for all involved with TAY. Incorporate lessons learned from evidence based practices, youth feedback and providers identified by youth as effective.
- D. Collectively identify standards for quality treatment, and how to measure and evaluate effectiveness both through youth satisfaction and relevant outcomes.
- E. Evaluate existing residential placements providing AOD services for ability to offer quality treatment.

### **2. Ensure youth, and all adults who interact with youth (families, professionals) have current information about science of substance abuse, best practices and available resources**

- A. Develop youth informed consistent curricula to reflect latest research on adolescent development, science of substance use and misuse, evidence based and promising practices, and available resources.
- B. Provide training for tribes, HCOE, providers, Family Resource Centers, Public Health, Mental Health, Child Welfare, Juvenile Probation, Regional Facility, courts, lawyers, CASAs, law enforcement, high schools (including continuation and community schools), families (including the Foster Parent Association and foster families).
- C. Provide youth and families honest education regarding the effects of drugs, warning signs, how to discuss, and how to help youth get assessed and referred for treatment.
- D. Train agencies, community groups and TAY to do education, outreach and screening and understand confidentiality. Ensure plan is in place for early outreach (age 11-12).

### **3. Prioritize positive youth development activities and relationships as critical parts of prevention, intervention, treatment, and aftercare.**

- A. Ensure families (including foster families) are seen as the primary intervention and educated, supported, engaged, trained and coached to provide youth support. Offer multigenerational treatment approach when necessary.
- B. Ensure foster families caring for youth receive training and coaching on adolescent behavior and AOD.
- C. Create safe, sober, fun, non-judgmental 24/7 spaces for TAY staffed by peers.
- D. Ensure prevention, treatment and aftercare models all incorporate safe and affordable sober housing, jobs and economic opportunities, youth development activities, hobbies and interests, non-stigmatizing sober "normal" social activities, and case management.
- E. Explore partnership with Humboldt State University to offer opportunities for campus to offer activities, facilities and student mentoring opportunities with youth in the community.

**4. Ensure effective treatment is immediately available that addresses specific needs of each youth. Treatment should be relationship based and minimize risk factors and build protective factors.**

- A. Develop youth friendly outreach and intake processes that incorporate use of cell phones, texting and email, social media, peer leadership, and traveling to meet youth where they are physically located
- B. Ensure treatment is available on demand for youth and allows ability to immediately respond to crisis.
- C. Treatment should be customized to unique needs of TAY, address both mental health needs and substance use and be comprehensive, family based, goal-oriented, spiritual, creative, trauma and adversity informed and incorporate wellness activities. The focus should be on addressing root issues and becoming healthy.
- D. Whenever possible, outpatient treatment should be provided to youth where they are currently at (for example, school based or at home) without removing them from their family, supports, and community.
- E. For youth who must be in an institutional environment, create a safe, youth friendly residential treatment program that specializes in the unique needs of TAY. Ensure all residential programs adhere to standards that will be developed for quality treatment and a plan is in place to nurture family and social relationships, ensure normal TAY experiences and develop a plan for transition back to the community that addresses the potential harm that can come from secure, isolated institutional environments. Develop plan for collecting regular youth feedback on satisfaction, recommendations, and adherence to standards
- F. Institute a transition protocol for all youth experiencing out of home placement (juvenile hall, Regional Facility, out of area residential placement, etc.) to plan for return home in collaboration with youth, family, Probation, Mental Health, and the TAY division.
- G. Populations that need special thought: pregnant and parenting youth, parenting youth who are involved with child welfare (as either a parent or dependent), native youth, probation supervised youth, and LGBTQ youth.

**5. Elements of effective treatment include:**

- A. Holistic approach that ensures all basic needs are met and wrap around services provided to address family, community, school and health areas.
- B. Peer coaching and support for those that are close to the youth to allow them to actively participate in treatment.
- C. Quality treatment by competent staff in safe environments
- D. Adequate transportation to treatment activities.
- E. Specific TAY support groups that focus on building community and relationships (beyond the NA/AA model)
- F. Focus on harm reduction
- G. Culturally appropriate and tribal focused