



Caring for Native Youth with Substance Use Disorders

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- Health Systems Administrator
- Overseeing construction of Sacred Oaks
 - YRTC near Davis, CA
- Experience with:
 - Federal YRTC
 - Urban Clinic
 - Tribal Health Clinic

Carrie Greene

- Licensed Professional Clinical Counselor (Ohio)
- Behavioral Health Consultant CA IHS
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- Experience with:
 - Juvenile Justice System
 - ACEs
 - Intergenerational Trauma



Objectives:

- ▶ Review Adverse Childhood Experiences (ACEs), historical trauma, and intergenerational trauma as it relates to mental health and substance use disorders
 - ▶ Explain substance use and mental health disparities among the AI/AN population
 - ▶ Describe services provided by Youth Regional Treatment Centers (YRTC's)
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“

Good habits formed in youth make all the difference.

Aristotle

”



Adverse Childhood Experiences (ACEs): A Preface

- Original study completed by CDC and Kaiser Permanente 1998
- Traditional paradigm of disease process:
“What’s wrong with you?”
- High risk behaviors = logical causes to poor health



ACEs Preface (cont.)

17,000+ Americans surveyed

*Middle-Class Americans

ACEs can significantly contribute to negative adult physical and mental health outcomes

ACEs affected more than 60% of adults

Led to paradigm shift

~~“What’s wrong with you?”~~

“What happened to you?”



American Academy of Pediatrics



- ▶ Some **stress is normal** and necessary for development
- ▶ STRONG, FREQUENT, or PROLONGED, stress can be **toxic**
- ▶ Toxic effects worsen in the **absence** of the buffering protection of a supportive adult relationship



ACEs Defined

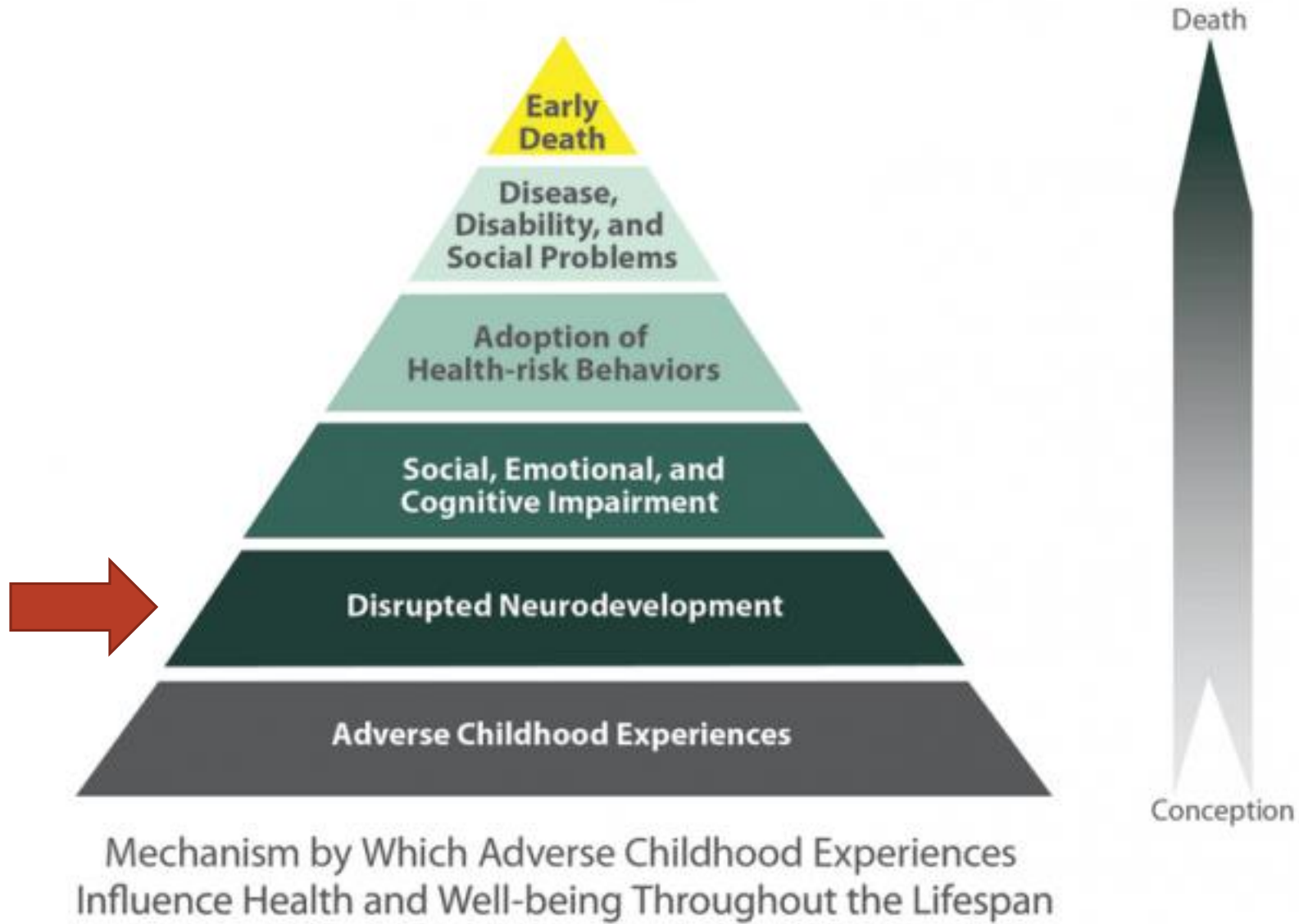
- ▶ • Emotional abuse
- ▶ • Physical abuse
- ▶ • Sexual abuse
- ▶ • Emotional neglect
- ▶ • Physical neglect
- ▶ • Mother treated violently
- ▶ • Household mental illness
- ▶ • Parental separation/divorce
- ▶ • Incarcerated household member
- ▶ • Death of parent/caregiver
- ▶ • Community violence
- ▶ (**Poverty & minority stressors)



ReMoved by Nathaneal Matanick

<https://www.youtube.com/watch?v=IOeQUwdAjE0>

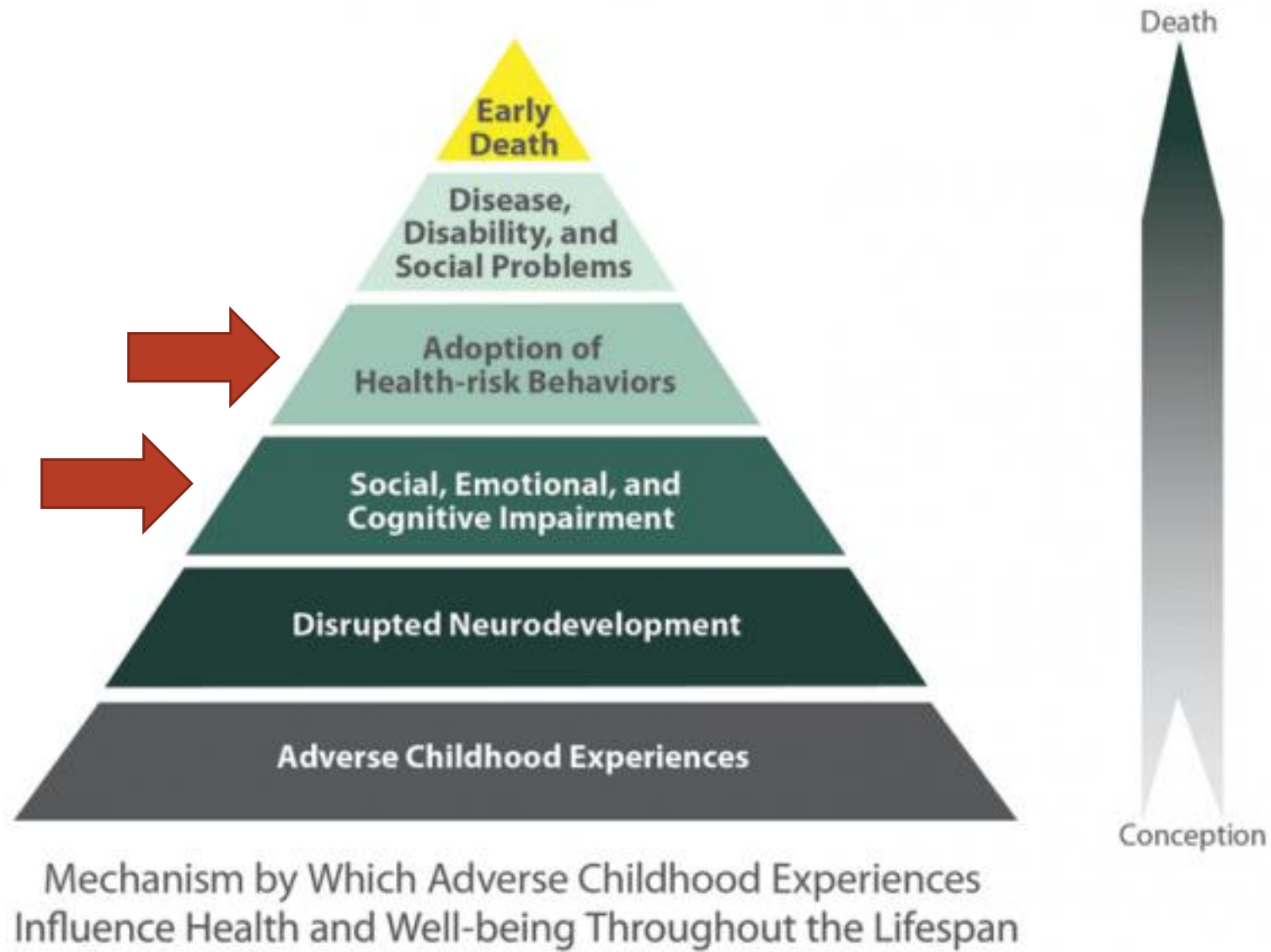


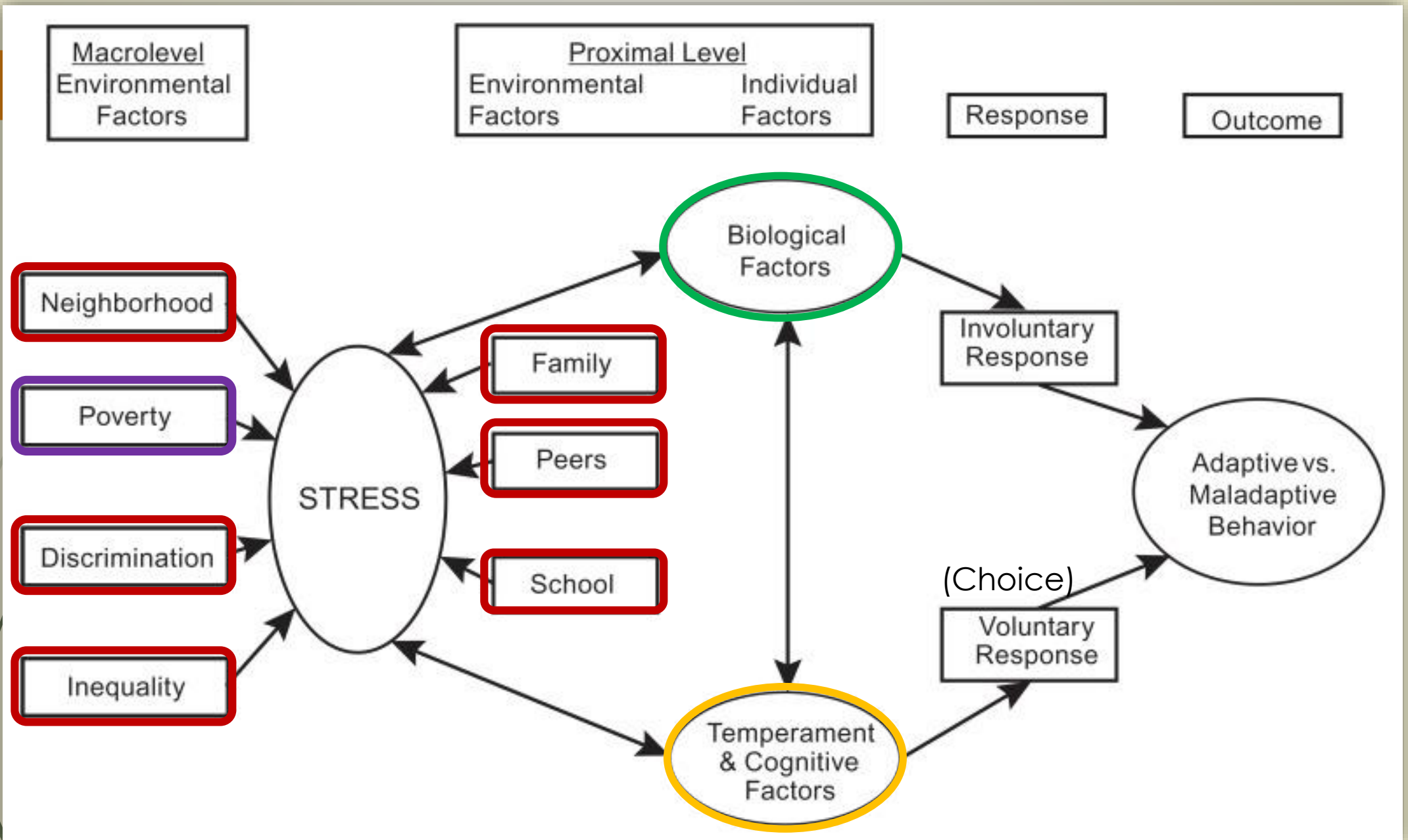


Source: CDC

<https://www.bing.com/videos/search?q=how+does+trauma+impact+brain+development&&view=detail&mid=B4AACC13F2F060D39DE5B4AACC13F2F060D39DE5&&FORM=VRDGAR>







Social Determinates of Health





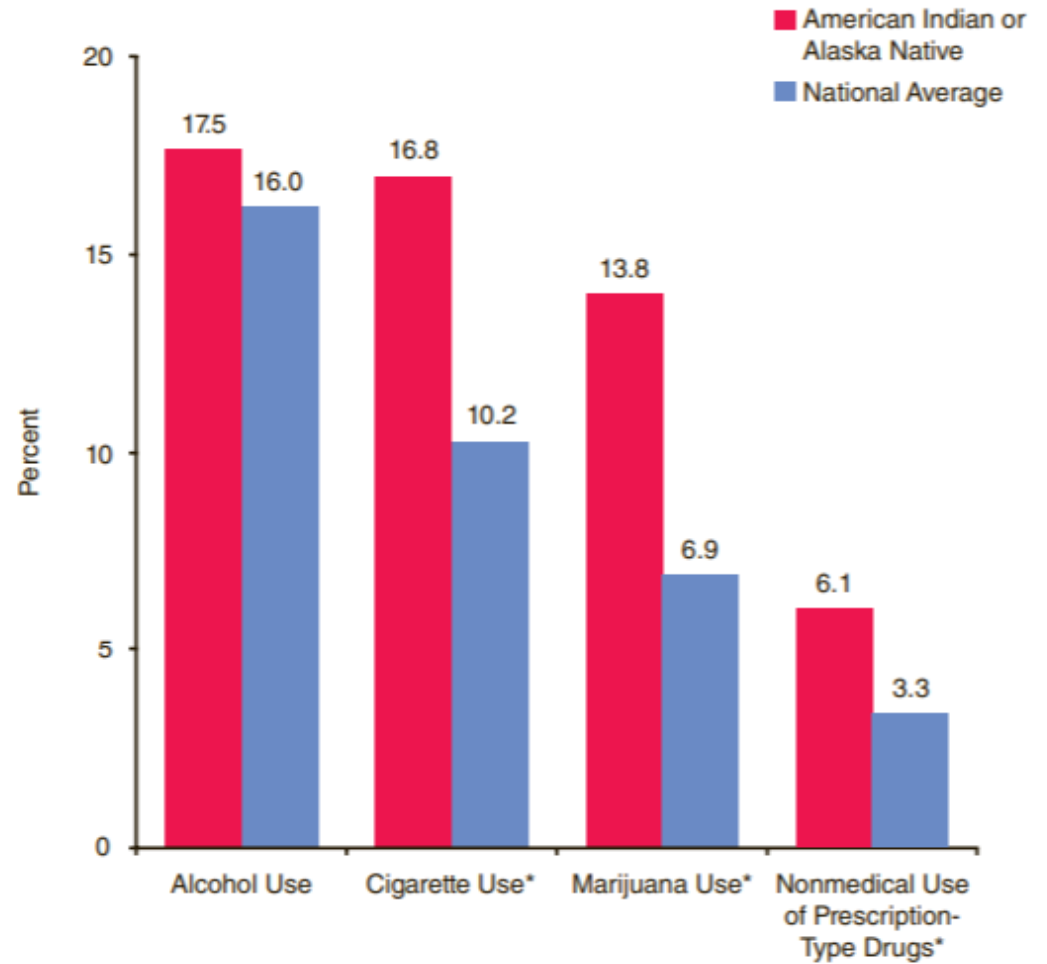
SDOH examples:

- Availability of **resources** to meet daily needs (e.g., safe housing and local food markets)
- Access to **job opportunities**
- Access to **health care** services
- Quality of **education and job training**
- Availability of community-based resources in support of **community living** and opportunities for recreational and **leisure-time activities**
- **Transportation** options
- **Public safety**
- **Social support**
- Social norms and attitudes (e.g., **discrimination, racism, and distrust of government**)
- **Exposure to crime, violence, and social disorder** (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., **concentrated poverty** and the stressful conditions that accompany it)
- **Residential segregation**
- **Access to emerging technologies** (e.g., cell phones, the Internet, and social media)
- **Culture**

Substance Use AI/AN Youth

- ▶ 12-17 year olds (y.o.)
- ▶ Notable disparities across all categories
 - ▶ *Alcohol 10-12 y.o.
- ▶ Statistics lag behind
- ▶ 2009 was early in the opioid epidemic

Figure 1. Past Month Substance Use among American Indians or Alaska Natives Aged 12 to 17 Compared with the National Average: 2004 to 2009



* The difference between American Indian or Alaska Native adolescents and the national average is statistically significant at the .05 level.

Source: 2004 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

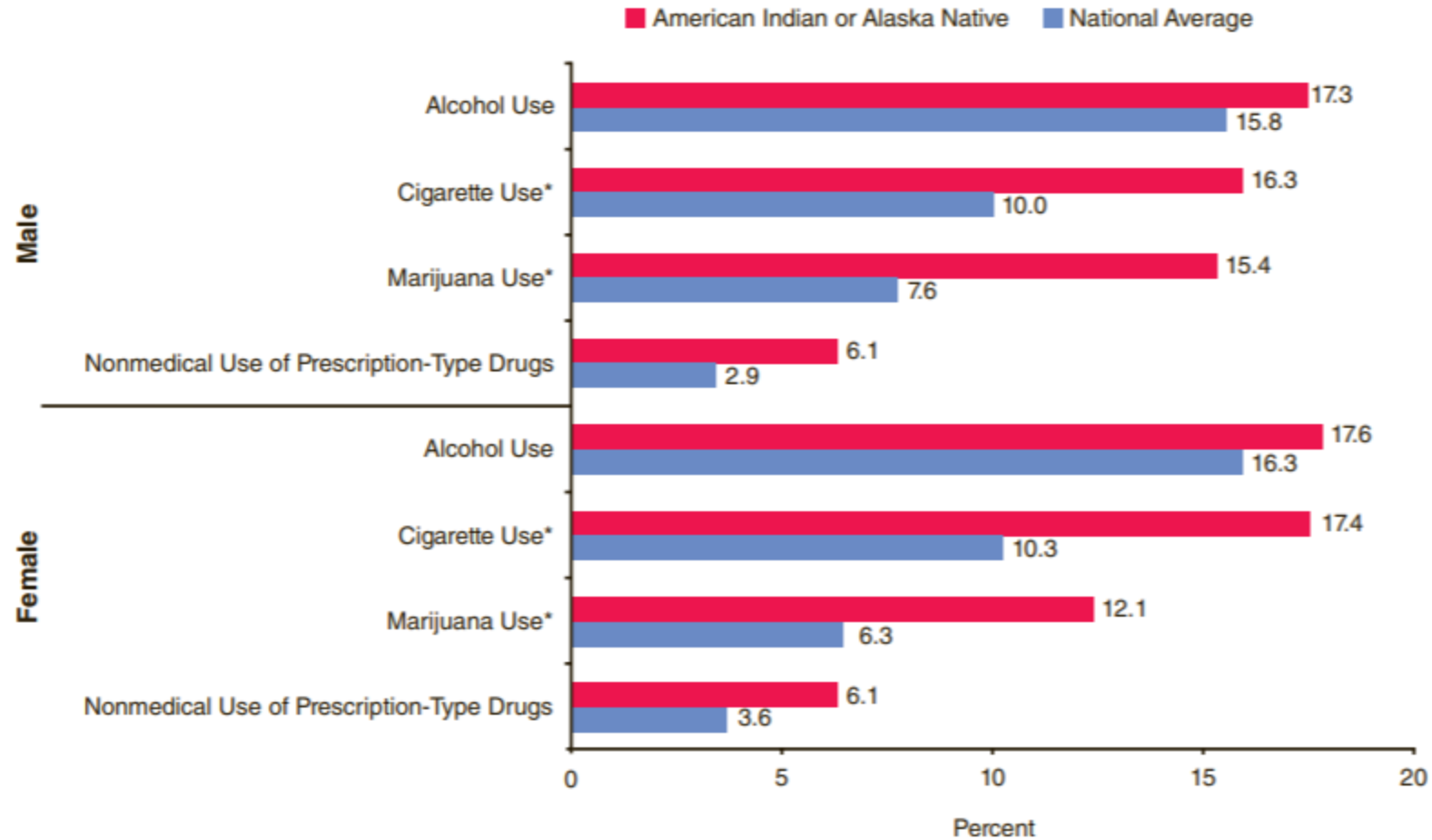
Table 1. Past Month Substance Use among American Indians or Alaska Natives Aged 12 to 17 Compared with the National Average, by Age Group: 2004 to 2009

Age Group	Alcohol Use		Cigarette Use		Marijuana Use		Nonmedical Use of Prescription-Type Drugs	
	American Indians or Alaska Natives (%)	National Average (%)	American Indians or Alaska Natives (%)	National Average (%)	American Indians or Alaska Natives (%)	National Average (%)	American Indians or Alaska Natives (%)	National Average (%)
Aged 12-14	10.2	6.2	7.7*	3.5	5.6*	2.0	3.8	2.0
Aged 15-17	24.9	25.4	26.2*	16.5	22.2*	11.6	8.5*	4.4

* The difference between American Indian or Alaska Native adolescents and the national average is statistically significant at the .05 level.

Source: 2004 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

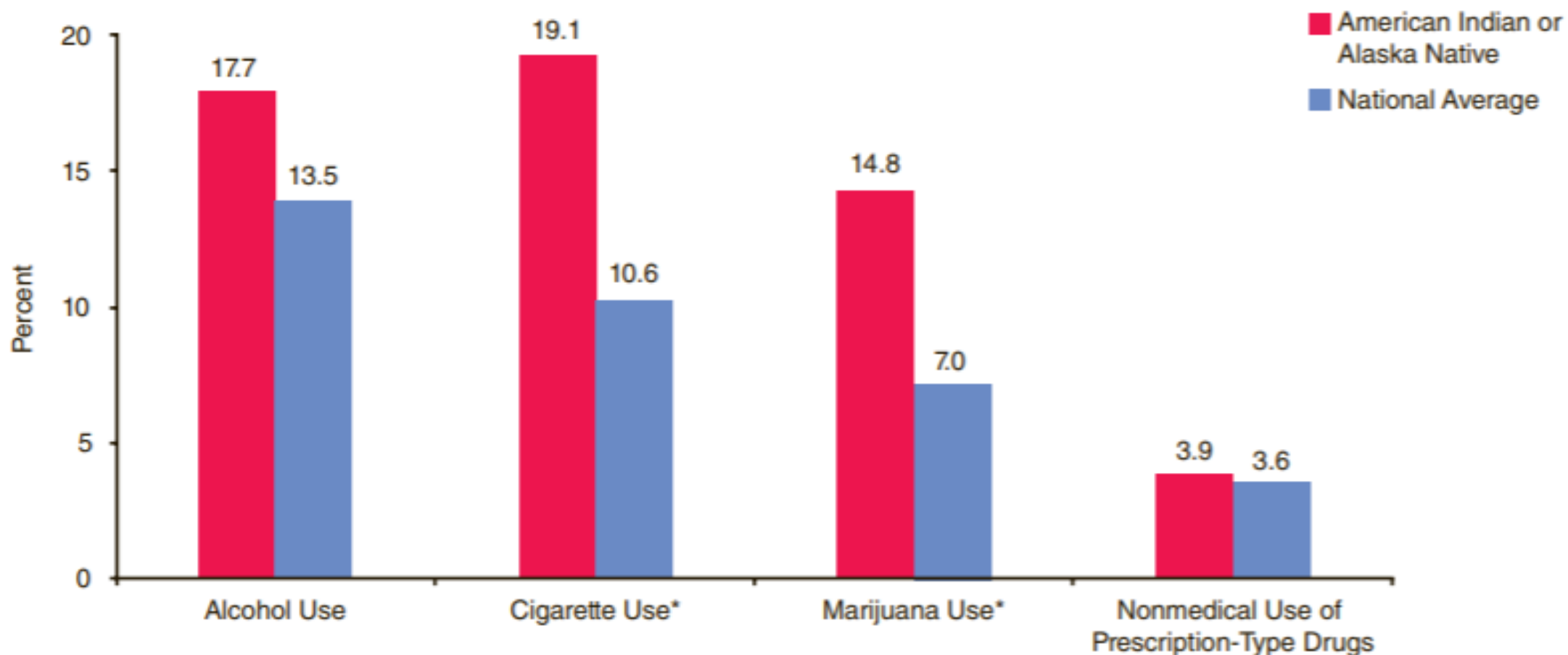
Figure 2. Past Month Substance Use among American Indians or Alaska Natives Aged 12 to 17 Compared with the National Average, by Gender: 2004 to 2009



* The difference between American Indian or Alaska Native adolescents and the national average is statistically significant at the .05 level.

Source: 2004 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 3. Past Month Substance Use among American Indians or Alaska Natives Aged 12 to 17 Living in Poverty Compared with the National Average Living in Poverty: 2005 to 2009



* The difference between American Indian or Alaska Native adolescents and the national average is statistically significant at the .05 level.

Source: 2005 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).



Adolescent Treatment Needs

- ▶ Unique developmental needs
- ▶ Values and belief systems are different than adults
- ▶ Environmental considerations (e.g., peer influences, educational requirements)
- ▶ Adolescents need treatment programs that address their academic issues
- ▶ Families an integral part of the treatment plan.
- ▶ Treatment is often not voluntary
 - ▶ Ordered into treatment by the court or social service system
 - ▶ Coerced by their parents
 - ▶ Under false pretenses—NOT ADVISED


Unique Treatment Needs Of Adolescents

- ▶ Account for age, gender, ethnicity, cultural background, family structure, cognitive and social development, and readiness for change.
- ▶ Providers should have specific training in adolescent development.
- ▶ Programs should avoid mixing adult clients with adolescents clients.





YRTC Treatment Focus

- ▶ The primary focus of the YRTCs is to provide treatment to adolescents who abuse alcohol and/or drugs;
 - ▶ The treatment goals include eliminating physical and psychological dependence on alcohol and other drugs;
 - ▶ Treatment of physical and other illnesses identified during treatment;
 - ▶ Develop independent living skills;
 - ▶ Provision of schooling appropriate to the client's level of academic achievement and needs; and
 - ▶ Helping the client to develop and implement an aftercare plan to maintain sobriety after discharge.
- 



What Makes the YRTC's Unique?

- ▶ Emphasis on AI/AN culture is a central component:
 - Affirming cultural norms of sobriety, responsibility to the Tribe, village, band and/or clan
 - Culturally appropriate care (i.e., AI/AN practice-based and evidenced-based practices)
 - Design and location of the centers
 - Program components such as family involvement, alcohol/substance abuse education, food services, and recreation
 - Cultural and spiritual practices involving healing
- ▶ AI/AN youth have the opportunity to receive treatment in their region

IHS Operated

- ▶ Desert Sage Youth Wellness Center (SoCal)
- ▶ Desert Visions Youth Wellness Center (AZ)
- ▶ Great Plains Youth Regional Treatment Center (SD)
- ▶ Nevada Skies Youth Wellness Center (NV)
- ▶ New Sunrise Youth Regional Treatment Center (NM)
- ▶ Sacred Oaks Healing Center (NorCal)
 - ▶ *under construction
- ▶ Unity Youth Regional Treatment Center (NC)




Desert Sage YRTC (CA)

Tribally Operated



- Graf Rheeneerhaanjii (AK)
- The Healing Lodge of Seven Nations (WA)
- Jack Brown Youth Regional Treatment Center (OK)
- Navajo Regional Behavioral Health Center (NM)
- Native American Rehabilitation Association of the Northwest (OR)
- Yéil Jeeyáx - Raven's Way (AK)





YRTC	Number of Beds	Ages	Gender	Enrollment Model	Length of Stay
Desert Sage	32	12-17	Co-Ed	Open Continuous	120 days
Desert Visions	24	12-18	Co-Ed	Open Continuous	120 days
Graf	12	12-18	Co-Ed	Open Continuous	90 days
Great Plains	17	13-17	Co-Ed	Open Continuous	90 to 120 days
Healing Lodge	45	13-17	Co-Ed	Open Continuous	Up to 120 days
Jack Brown	20	13-18	Co-Ed	Open Continuous	90 to 180 days

Note: Must be age 17 at the time of admission

YRTC	Number of Beds	Ages	Gender	Enrollment Model	Length of Stay
NARA	24	12-17	Co-Ed	Open Continuous	90 to 180 days
Navajo	10	13-17	Co-Ed	Open Continuous	90 days
Nevada Skies	16	12-18	Co-Ed	Open Continuous	120 days
New Sunrise	24	13-17	Co-Ed	Open Continuous	120 days
Unity	16	13-18	Co-Ed	Open Continuous	80-90 days
Raven's Way	12	13-18	Co-Ed	Open Continuous	82-120 days

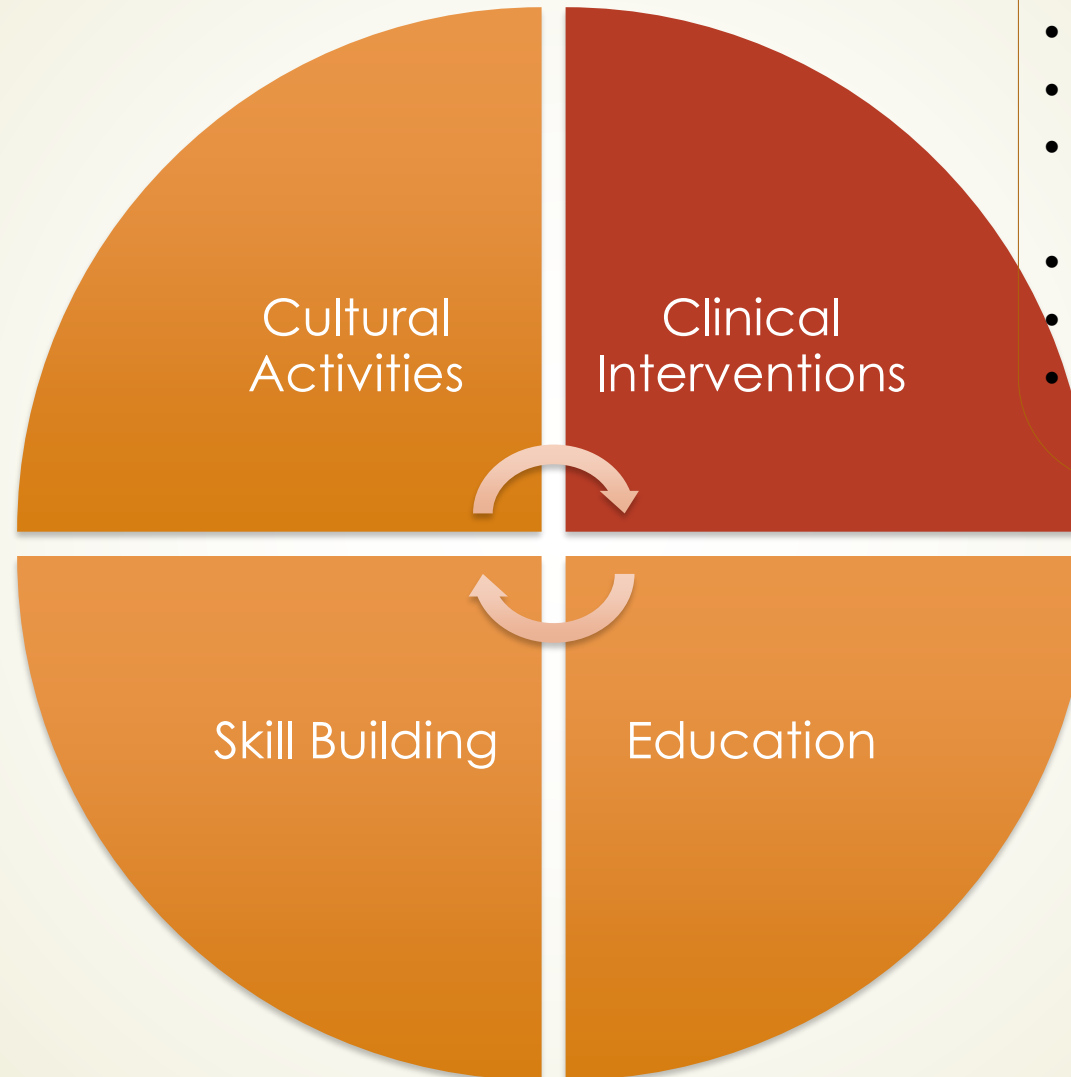
Note: Must be age 17 at the time of admission



Facility Staffing

- ▶ Intake/Aftercare Coordinator(s)
- ▶ Supervisory Residential Assistant and Residential Assistants (Social Services Assistants)
- ▶ Licensed Clinical Social Worker(s)
- ▶ Substance Abuse Disorder Counselor(s)
- ▶ Psych. Tech(s)
- ▶ Clinical Nurse(s)/Psychiatric
- ▶ Licensed Vocational/Practical Nurse(s)
- ▶ Cultural Coordinator/Arts
- ▶ Recreation Specialist
- ▶ Custodial Worker(s)
- ▶ Food Service Worker(s)
- ▶ Administrative Staff



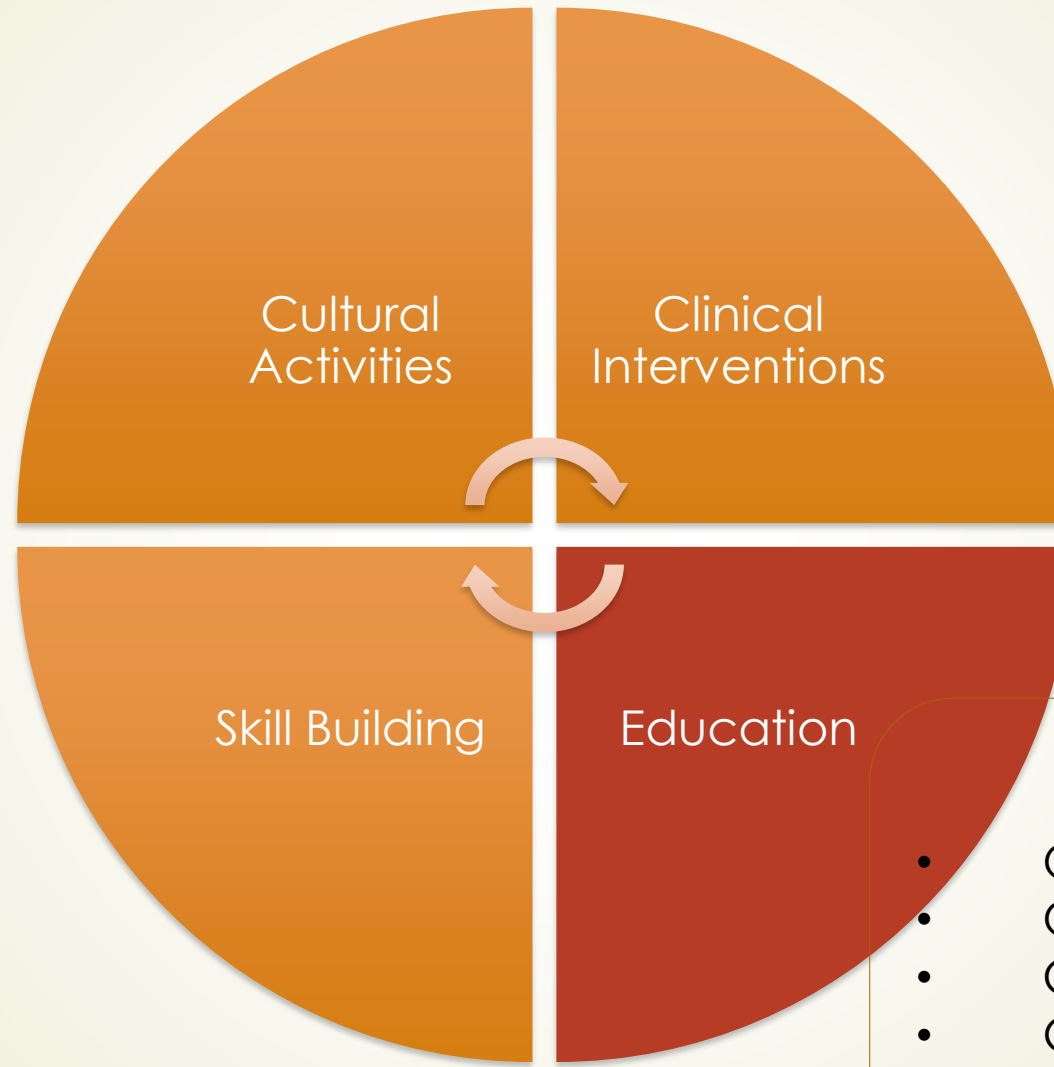


- Psychosocial Assessments
- Individual Therapy
- Group Therapy
- Family Therapy
- Recreational/Adventure Based Therapy
- Animal Assisted Therapy
- Medication Management
- Aftercare/Discharge Plan



Evidence- And Practice- Based Models In Use

- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Motivational Interviewing
- Teen Matrix Model
- Project Venture, National Indian Youth Leadership Project
- White Bison: Red Road to Wellbriety
- Acceptance and Commitment Therapy
- Moral Recognition Therapy



- On-Site Classroom
- Online Schooling
- Credit Recovery
- G.E.D. Study
- Traditional Schools




Cultural Activities

Clinical Interventions

Skill Building

Education

- Job Skills
- Communication Skills
- Life Skills
- Health Skills (Nutrition, Exercise)
- Expressive Arts
- Problem-Solving Skills
- Goal-Setting
- Stress Management
- Anger Management

- 
- Talking Circles
 - Drum & Drum Ceremonies
 - Traditional Teaching/Story Telling
 - Sweat Lodge Ceremonies
 - Traditional Arts and Crafts
 - Traditional Games (Stickball)
 - Spiritual Gardening
 - Pow wows or other local gatherings





Family Engagement



- ▶ In some facilities, family suites area available
- ▶ Family Days
 - ▶ Some YRTC's bring residents and families together for 2 to 3 days of therapy, and education on the following topics:
 - ▶ Family systems
 - ▶ Communication and family dynamics
 - ▶ Parenting
 - ▶ Recovery support & relapse prevention

YRTC Primary Services Are Protective Factors For Suicide

YRTC Services

- Clinical Interventions

- Education

- Skill Building

- Cultural Activities

- Aftercare/Discharge Plan

Protective Factors

- **Clinical Care:** Effective clinical care for mental, physical, and substance use disorders

- **Clinical Care:** Easy access to a variety of clinical interventions and support for help seeking

- **Coping Skills:** Skills in problem solving, conflict resolution, and nonviolent handling of disputes

- **Skills:** Frustration tolerance and emotion regulation

- **Culture:** Cultural and religious beliefs that discourage suicide and support self preservation

- **Family and Community Support:** Support through ongoing medical and mental health relationships

- **Resilience:** The ability to bounce back after experiencing trauma or stress, to adapt to changing circumstances, and respond positively to difficult situations

YRTC Role in the Continuum of Care for AI/AN Adolescents

- Screening
- Service Unit/Tribal Behavioral Health Encounters
- Schools: Discipline and Academic Problems
- Courts: Juvenile Offenders and Parental

- Evaluation
- Diagnosis
- Referral

- A/SA Education
- Outpatient Care
- YRTCs
- Intensive Inpatient Care
- Relapse Prevention

- Recovery House/Home
- Family Education/Intervention
- Outpatient Group
- Support Group
- Tracking/Follow Up

- School
- Employment
- Follow-Up
- Recovery Groups

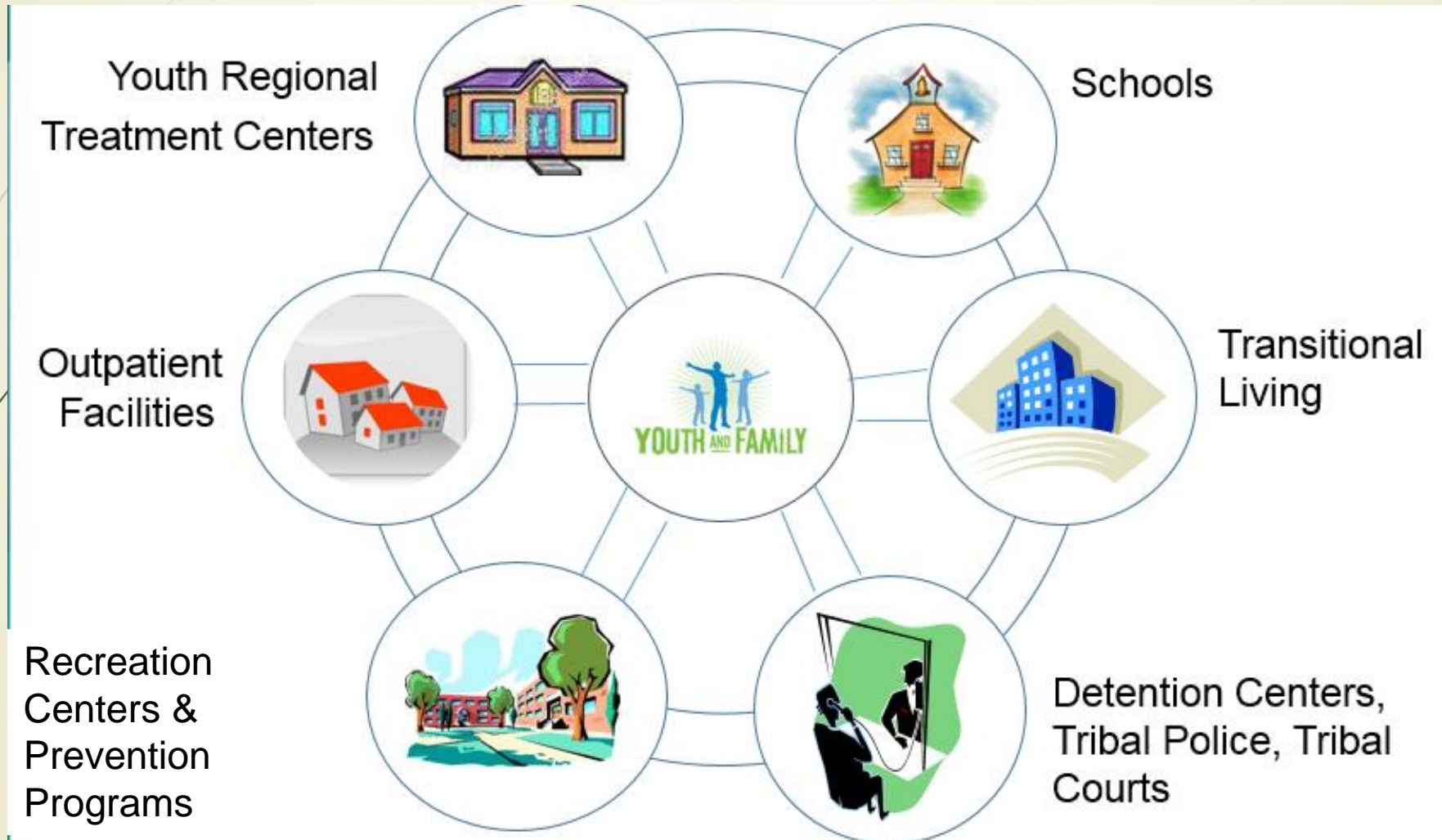
Figure 1: Continuity of Care for Adolescent Alcohol/Substance Abusers, Adapted from materials developed by Robinson



Aftercare

- ▶ Aftercare is essential to the success and continued sobriety of the adolescent and includes family, community, relatives, healthcare providers, BH providers, outside agencies, and support staff.
- ▶ In 2017, IHS has granted two 3-year demonstration grants to YRTC facilities to develop national models for aftercare in tribal/urban communities.
 - ▶ Desert Sage Youth Wellness Center (IHS)
 - ▶ Healing Lodge of Seven Nations (Tribal)
- ▶ The goal of the Aftercare Grant is to measure the effectiveness of treatment as well as to assist the youth/provider to maintain sobriety when they complete treatment.

Coordination Across Systems





Admission Criteria

- ▶ Please refer to each YRTC's website for intake packet and specific requirements for the facility you are interested in:
 - ▶ <https://www.ihs.gov/yrtc/treatment/>
- ▶ Youth is in the appropriate age range
- ▶ Must be eligible for direct care from IHS/Tribal facility
- ▶ Client must meet Diagnostic Statistics Manual (DSM) 5 criteria for a substance use disorder
 - ▶ There may also be co-occurring disorders
- ▶ Most YRTCs are in the range of ASAM Criteria 3.1 and 3.5 (Clinically Managed Low-Intensity Residential Services to Clinically Managed High-Intensity Residential Services)



Common Diagnoses/Dual Diagnoses

Substance Use Disorder Diagnoses	Mental Health Diagnoses
Alcohol Use Disorder	Conduct Disorder
Cannabis Use Disorder	Generalized Anxiety Disorder
Opioid Use Disorder	Major Depressive Disorder
Stimulant Use Disorder	Oppositional Defiant Disorder
Tobacco Use Disorder	Post Traumatic Stress Disorder



Conditions that require further evaluation:

(may preclude admission)

- ▶ **Medical instability:**
 - ▶ any person who is experiencing an acute medical problem that would interfere from benefiting from the treatment program.
- ▶ Actively **suicidal** or have recently committed self-harm
- ▶ Actively **homicidal** or recent acts of serious **violence**
- ▶ Actively **psychotic** or impaired in reality testing
- ▶ **Refusal** to participate in the treatment program
- ▶ **Significant runaway risk**- YRTCS are not lock down facilities
- ▶ Current admission of **sibling** or close family member

IHS, Medicaid, or private insurances cover the cost of treatment for most youth.



Medicaid







Contact Information



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