Children and Youth Behavioral Health Work Group (CYBHWG) Notes

Optional: Informational Meeting/Webinar – Fentanyl & Youth/Young Adults

August 28, 2023

Members					
☒	Representative Lisa Callan, Co-Chair	☒	Libby Hein	☐	Joel Ryan
☐	Keri Waterland*, Co-Chair	☒	Dr. Robert Hilt	☐	Noah Seidel
☐	Hannah Adira	☒	Kristin Houser	☐	Maureen Sorenson
☐	Javiera Barria-Opitz	☒	Avreayl Jacobson	☒	Mary Stone-Smith
☐	Dr. Avanti Bergquist	☐	Andrew Joseph, Jr.	☒	Delika Steele
☒	Shelly Bogart	☒	Kim Justice	☐	Representative My-Linh Thai* (alternate)
☒	Kelli Bohanon	☒	Michelle Karnath	☒	Jim Theofelis
☐	Representative Michelle Caldier (alternate)	☒	Preet Kaur	☐	Dr. Eric Trupin
☐	Diana Cockrell*	☒	Judy King	☐	Senator Judy Warnick
☒	Lee Collyer	☐	Amber Leaders	☐	Lillian Williamson
☐	Elizabeth De La Luz	☒	Laurie Lippold	☒	Senator Claire Wilson
☒	Representative Carolyn Eslick	☐	Mary McGauhey	☐	Dr. Larry Wissow
☒	Dr. Thatcher Felt	☒	Cindy Myers	☒	Jackie Yee
☐	Summer Hammons	☐	Michele Roberts		

Views from the community

Johnny Ohta, CDP, & Abbie Woods, SUDP *Ryther/UDYC/Orion Center*
See TVW recording (0:6:22)

Highlights

- Both the Orion Center and the University District Youth Center (UDYC) are drop-in clinics.
- The current landscape has changed in the addiction world, now fentanyl is inexpensive and readily available compared to 3 years ago when there was a small amount of people using fentanyl and it came with a high cost.
- This change in the addiction world with an increase in overdoses for young people has caused both the Orion center and UDYC to change their approach.
    - This is a wrap-around approach with collaboration with providers and community organizations consists of intensive case management, prescribing detox medication and addressing all the other things that a young person might need, whether that's housing, criminal justice, system navigation, or helping with the basic needs like food assistance, ID, education, and employment. This can only be done with the collaboration of several other organizations.
- Both centers do a lot of work with client families, schools or whoever might need some guidance on how to work with these young people and help them make some changes.

Alexie Orr, Foundation for Youth Resiliency and Engagement

See TVW recording (21:53)

Highlights

- This program is in Omak WA, serving Okanogan County youth 12-24 and is the only program in the area serving this population.
- The program works with youth that have substance and other behavioral health struggles using the whole person care approach and the concept of not say no if possible.
- It serves youth in many ways, including both physical and mental health needs, along with system navigation obtaining ID and other documents, criminal justice, employment, detox medication, and other basic needs such as clothing, food, and hygiene products.

What's working

- Build trust and create relationships to give youth a safe place and show someone cares.

What we need

- More funding from non-profit and less restriction on funding received.
- More detox centers, including local detox centers for youth and adults, do not have enough facilities to meet the need.
- A better way to manage withdrawals, that is the one thing that scares young people, they may interpret detox as a scary experience.
- More street outreach and mobile crisis services.

Loni Greninger, Jamestown S'Klallam Tribe

See TVW recording (34:10)

Highlights

- Jamestown has a healing clinic, and they Invite members to visit.
- The healing clinic was built in response to Jamestown being the number 1 place for opioid use.
- Currently the clinic is the main medical and dental provider for Clallam County and the Olympic peninsula and is also identified as the largest treatment center in both Clallam and Jefferson county serving native and non-native brothers and sisters.

What is working

- Relationships and trust building for youth.
- Kids are isolating more and more since covid
- More dropouts, less attendance, increase in incarceration,
- Hard to get them back into the tribal programs, ask what the purpose is.
- This is an Indian county concern across the US. Losing youth to fentanyl

What we need

- Emergency declaration for the fentanyl and opioid crisis.

Views from the executive sponsors for the State Opioid and Overdose Response Plan

Dr. Tao Kwan-Gett, Department of Health and Dr. Charissa Fotinos, Health Care Authority
See TVW recording (41:50), page 6 for slides

Highlights

- Elements were shared on the State Opioid and Overdose Response Plan.

Q&A / Comments

- For the Pierce Region I wanted to share Mary Bridge is piloting a program called Medication Assisted Treatment (MAT) for adolescent patients who are interested.
    - We are always looking for your providers to strengthen this important work.
- The Health Care Authority, at the invitation of several tribes, went to Iceland to view their model of youth prevention. It is called The Icelandic Prevention Model and has been in place for several decades. Because it has been around so long, the youth don't know it even exists. It has been shown to be very effective. The focus is on prosocial activities, centering around the youth voice and needs with strong collaboration and support by the schools, parents, and community/leisure organizations.
- Prevention and youth programs are essential. Derek Sandison Director of Dept of Agriculture is asking the Governor for more money to elevate the 4-H, FFA and other youth programs.
    - Completely agree re: more youth programs - as positive youth development programs come out of many sectors (e.g., music sports 4-H etc.) it would be very helpful to have a state coordinating entity that is supporting communities to assess the reach/network adequacy of youth development efforts and directing funds as needed.

Current work and future opportunities

Christina Muller-Shinn, Mason County
See TVW recording (1:13:40); see page 36 for slides

Highlights

- Shelton is a rural county with limited services.
- Held a community forum in 2022 with 50 people in attendance in person with viewing virtually over 500 times.
- Community asking for harm reduction for youth. This request came from all areas, schools, parents, tribal members.
- Alerted to fentanyl in 2020 when youth started seeking help from the outreach table that is placed in the train station and asked about naloxone as they had seen friends' overdose.
- Primary prevention and treatment access is so important, and we need more services.
- Comprehensive education is needed for awareness.

Harm Reduction Initiatives:

- Overdose prevention and education and naloxone training with squeamish youth in intern program.
- Overdose workshops in juvenile detention – this includes 90% of incarcerated youth.
- Comprehensive drug education classes in schools. Workshops have been presented to youth as young as 6. This drug education is based on Safey First curriculum from the drug policy alliance which is an evidence-based curriculum.
- 1 hour overdose recognition and response workshops.

State Opioid and overdose response plan workgroup / Youth and young adult ad-hoc group

Amanda Lewis, Health Care Authority
See TVW recording (1:29:50)

Children and Youth Behavioral Health Work Group

Highlights

- Recommendations
    - 4 strategies – with many activities within the strategies.
        1. Communications plan related to youth young adult access to care with the dentification of substance use and co-occurring disorders.
        2. Continuum of care identified billing for services.
        3. Increase access to medication and treatment options.
        4. Use of evidence based and researched based practices.

Additional Resources

- Medication Assisted Treatment (MAT)
- Opioids (preventoverdosewa.org)
- Youth Overdose Education – STOPOVERDOSE.org
- Addictions, Drug & Alcohol Institute Brief: Increases in opioid overdoses among young people (Dec. 2021)
- Youth opioid awareness campaign & Tribal opioid awareness campaign
- Opioid and Overdose Response Plan
- Overdose Education and Naloxone Distribution
- The Icelandic Prevention Model – Planet Youth
- View the meeting on TVW

Public Comment

- The Workforce/Rates Subcommittee had preliminary discussions about funding (e.g., Medicaid) for non-traditional types of programs/services/supports, such as youth development activities (4-H, etc.). Would there be interest in continuing that discussion?
    - Yes! Anything that increases connection, purpose, fun and belonging for youth! Ironic we call it non-traditional (applies to treatment)- but in LIFE these are the missing link activities- 4-h, sports, music, art- this was the norm- tradition for many of us just a generation ago.!
- The current service landscape makes it nearly impossible for our kids that have any type of SUD symptoms to get access to acute treatment. Detox and stabilization. We particularly see a lot of kids who are not eligible for involuntary treatment because there are no secure withdrawal facilities for you to be able to access when they aren't voluntary.
- And there is a lot of confusion about the application of family-initiated treatment, particularly around outpatient services and substance use. Disorder treatment for our youth, particularly youth who are highly resistant to services. And so, from the hospital and we are seeing a lot of complex challenges and getting these kids placed when they are presenting as a danger to themselves, but there is an SUD component to it.
- It makes it really hard for them to get accepted into an inpatient. For treatment, even co-occurring sometimes. and so, what we're finding is kids are lingering in emergency departments and not being able to get the access of care that they need.
- And then there are limited community resources that were able to even track these kids after their discharge. So, I know that we're making a lot of efforts on this community collaboration and really trying to provide that kind of coordination and services, but I cannot tell you the heartbreak that we see on a daily basis when we have to discharge these kids to the street because there are no other options.
- Knowing that the likeliness of them to pursue treatment or even be able to come into our facility again is very limited.

- So, I just cannot stress enough that absolute need we are seeing kids in very dangerous situations and such limited resources to be able to get them connected.
- So, thank you for allowing us to share that. I know that we're all working hard at trying to fill those gaps, but it is really an emergency for our kids and youth across the state.

  Yes, I have some follow up questions and relationship to this when we're talking about because one of the main things that I heard for example Alexei speak about was unrestricted funds that are able to be used at a community level in order to meet the needs that they're seeing related to youth and their families.
- *Kids on Medicaid. I have one client who's 45 days before they can even get into a facility and another one, they're waiting 2 months to get in. I'm wondering what's being done about that if we're going to be, If there's going to be one that's going to be opening, or something that we're looking forward to. In the future here. Especially when it comes to detox and inpatient facilities.*

Washington State Department of HEALTH

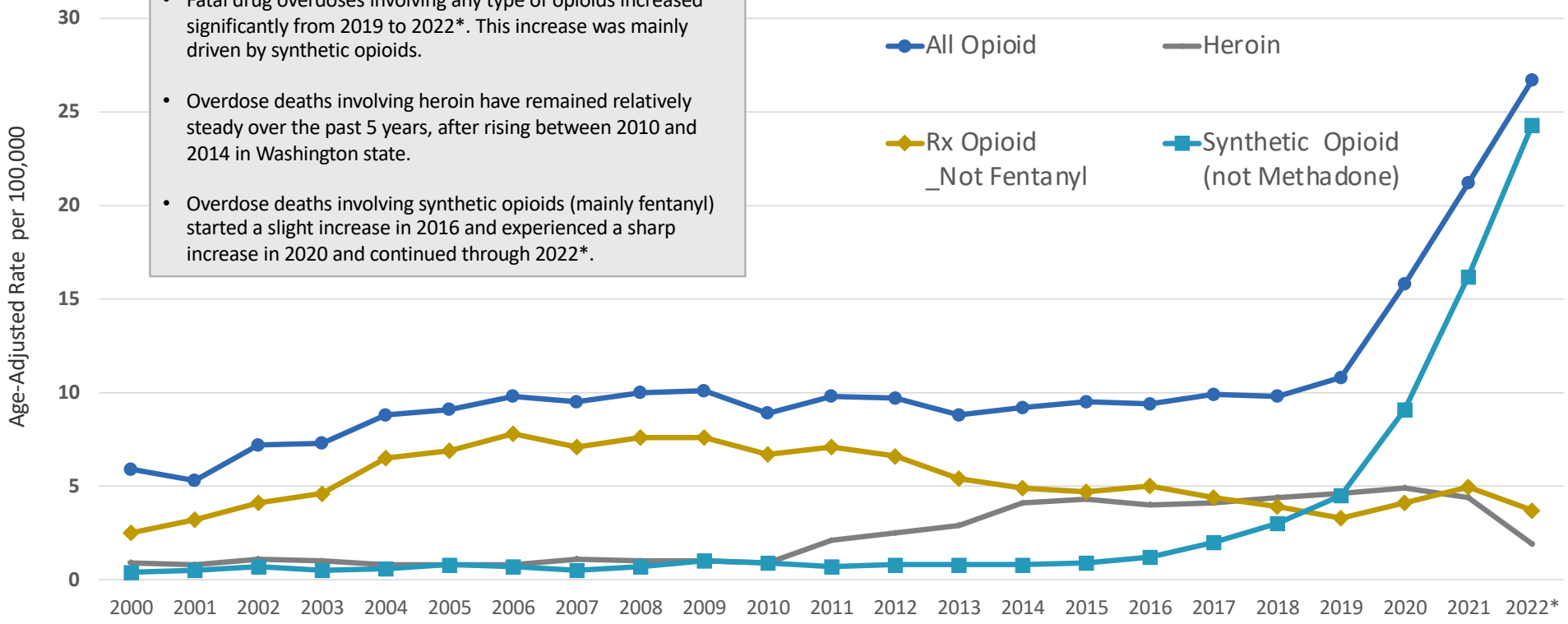
CHILDREN & YOUTH AND THE OPIOID AND OVERDOSE CRISIS

Tao Sheng Kwan-Gett, MD MPH

August 28, 2023

Opioid overdose death rates in all ages have steeply risen in recent years

- Fatal drug overdoses involving any type of opioids increased significantly from 2019 to 2022*. This increase was mainly driven by synthetic opioids.
- Overdose deaths involving heroin have remained relatively steady over the past 5 years, after rising between 2010 and 2014 in Washington state.
- Overdose deaths involving synthetic opioids (mainly fentanyl) started a slight increase in 2016 and experienced a sharp increase in 2020 and continued through 2022*.



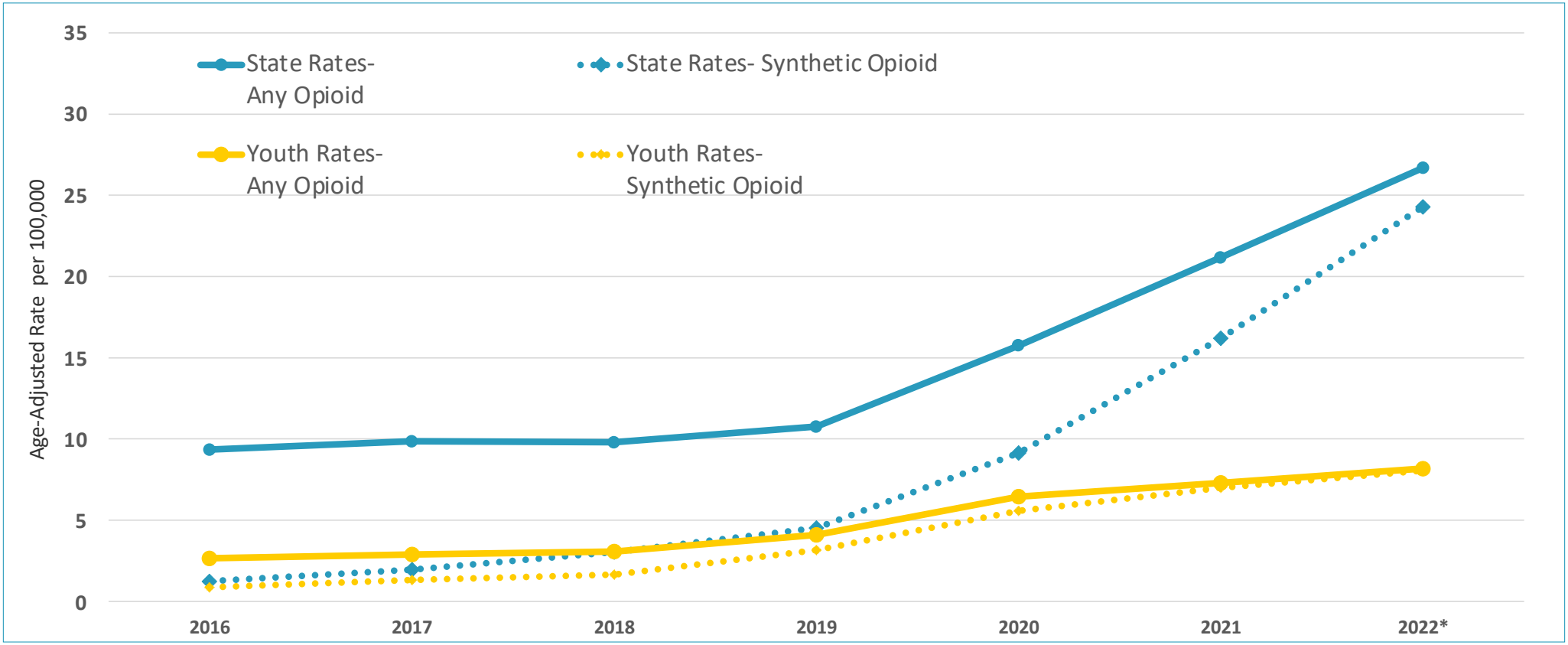
Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

Data last updated: July 24, 2023.
*2022 data is preliminary and may change.

Fentanyl comes in many forms including counterfeit prescription medications

Credit: United States Drug Enforcement Administration

Among youth ages 0-24 years opioid involved drug overdose death rates steadily increased from 2016 – 2022*



WA Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

Youth: age 0 to 24
* 2022 data is not finalized and might change.

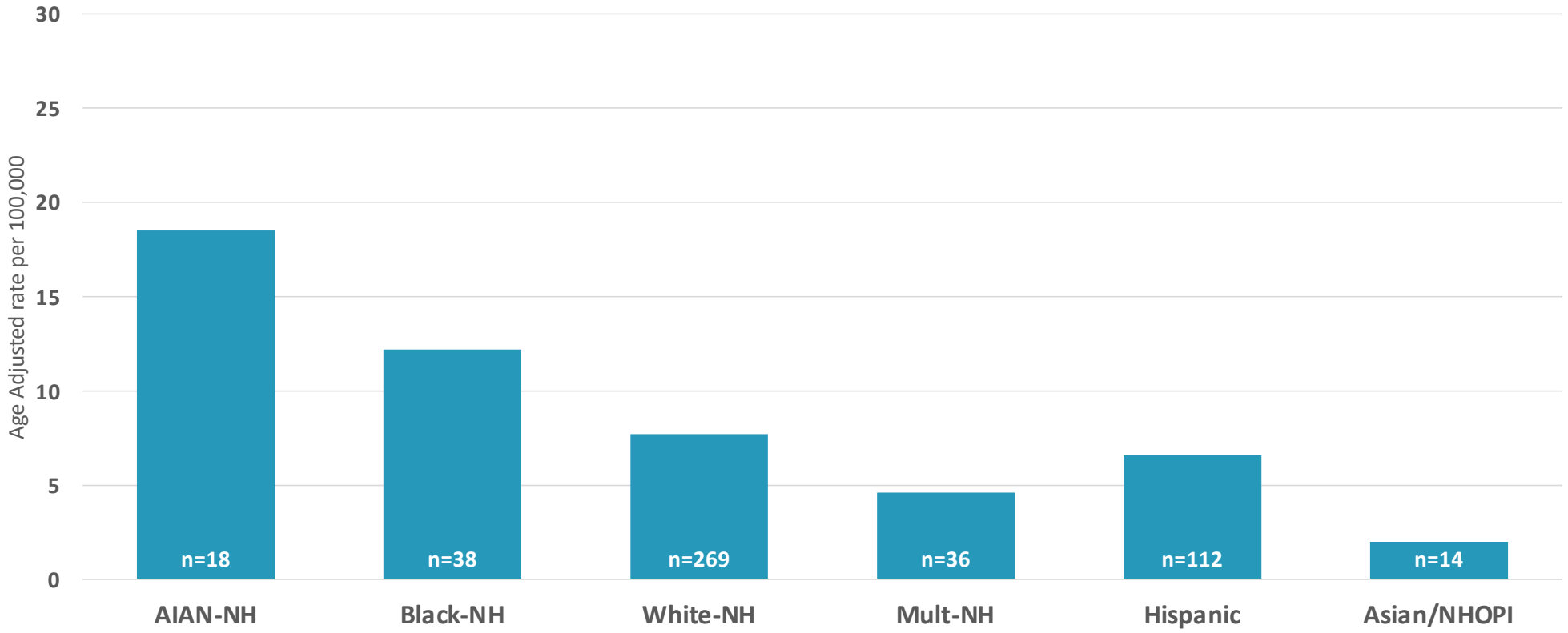
In 2022 there were almost 200 overdose deaths in youth involving synthetic opioids

Drug Type	2017	2018	2019	2020	2021	2022*
Any Drug	94	95	115	183	201	221
Any Opioid	67	72	97	154	174	195
Synthetic opioids (including fentanyl)	**31**	**39**	**75**	**133**	**167**	**192**
Prescription opioid (not fentanyl)	15	21	15	17	17	13
Heroin	25	22	17	16	<10	<10
Psychostimulants	18	30	25	45	49	41
Cocaine	12	19	17	20	30	27
Percent drug overdose deaths involving polysubstance	73%	75%	65%	77%	81%	66%

* 2022 data is not finalized and may change. Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data. Data last updated: Aug. 8, 2023. Youth: age 24 and under.

Synthetic Opioid: includes predominately fentanyl and analogs (ICD-10: T40.4)
Prescription Opioid: ICD-10: T40.2 and T40.3
Psychostimulants: includes predominately methamphetamines (ICD-10: T43.6)
Polysubstance defined as the overdose death involving 2 or more of the following drug groups: prescription opioids (excluding fentanyl (T40.2 & T40.3), Heroin (T40.1), Synthetic opioids (T40.4), Cocaine (T40.5), psychostimulant (T43.6), Psychotropics (T43.0, .1, .3, .4, .5), Sedatives (T42), Alcohol toxicity (among drug overdose deaths, T51), Other opioids not already mentioned, and other drugs not already mentioned.

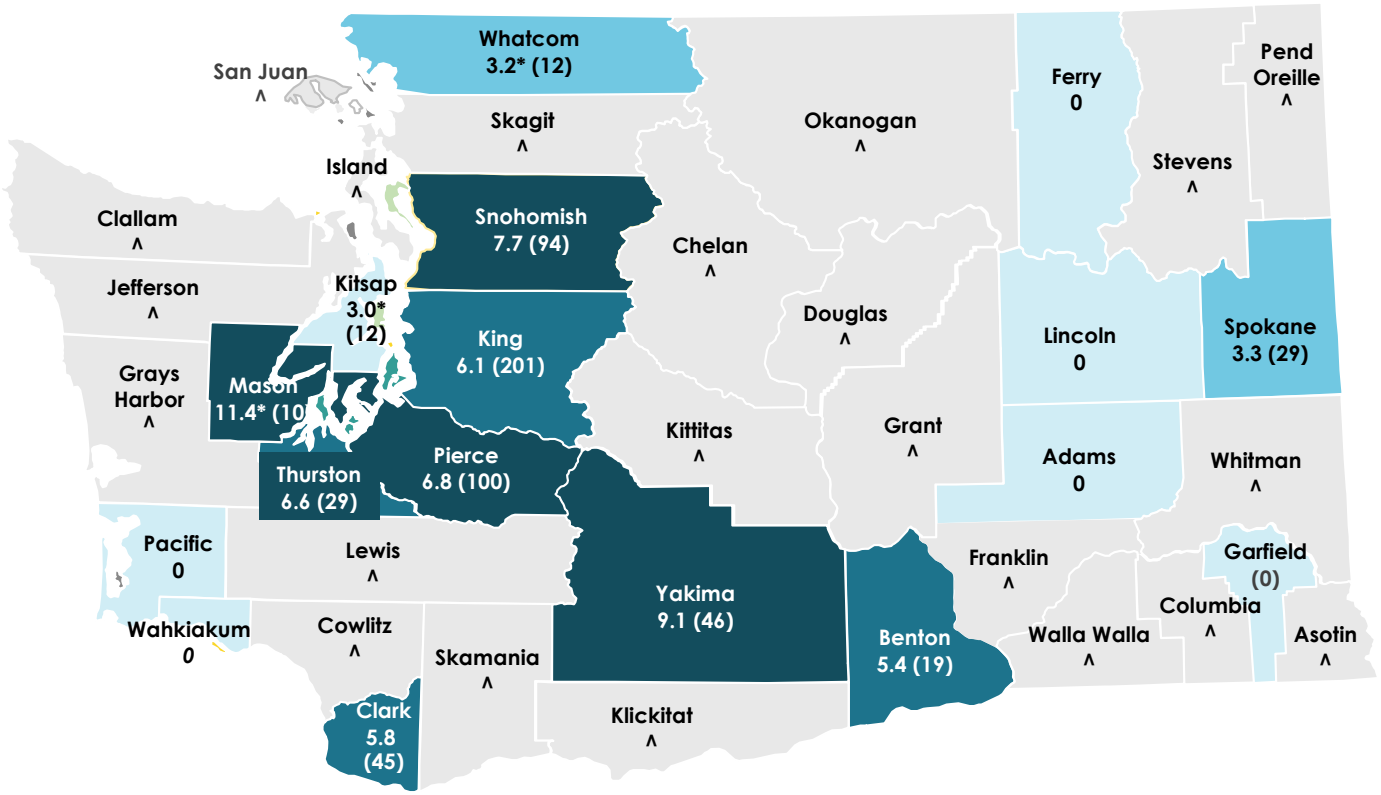
Rates of drug overdose deaths involving a synthetic opioid 2020-2022* were highest in Tribal and African American youth



Abbreviations: NH: Non-Hispanic; AIAN: American Indian/Alaskan Native; NHOPI: Native Hawaiian/Oher Pacific Islander; Multi: Multiracial
Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data. Data last updated: Aug. 8, 2023

*2022 data is preliminary and may change.
Youth: 0 to 24 years

Opioid involved drug overdose youth death rates 2018-2022* are not distributed equally across Washington state



Drug overdose death rate quartiles
(Rate per 100,000)

- Less than 3.1
- 3.1 to <5.1
- 5.1 to <6.6
- 6.6 and higher
- Rate/Count is suppressed

^: Rate/Count is suppressed in county with 9 or fewer deaths.
*: Rate is not reliable in county with 16 or fewer deaths

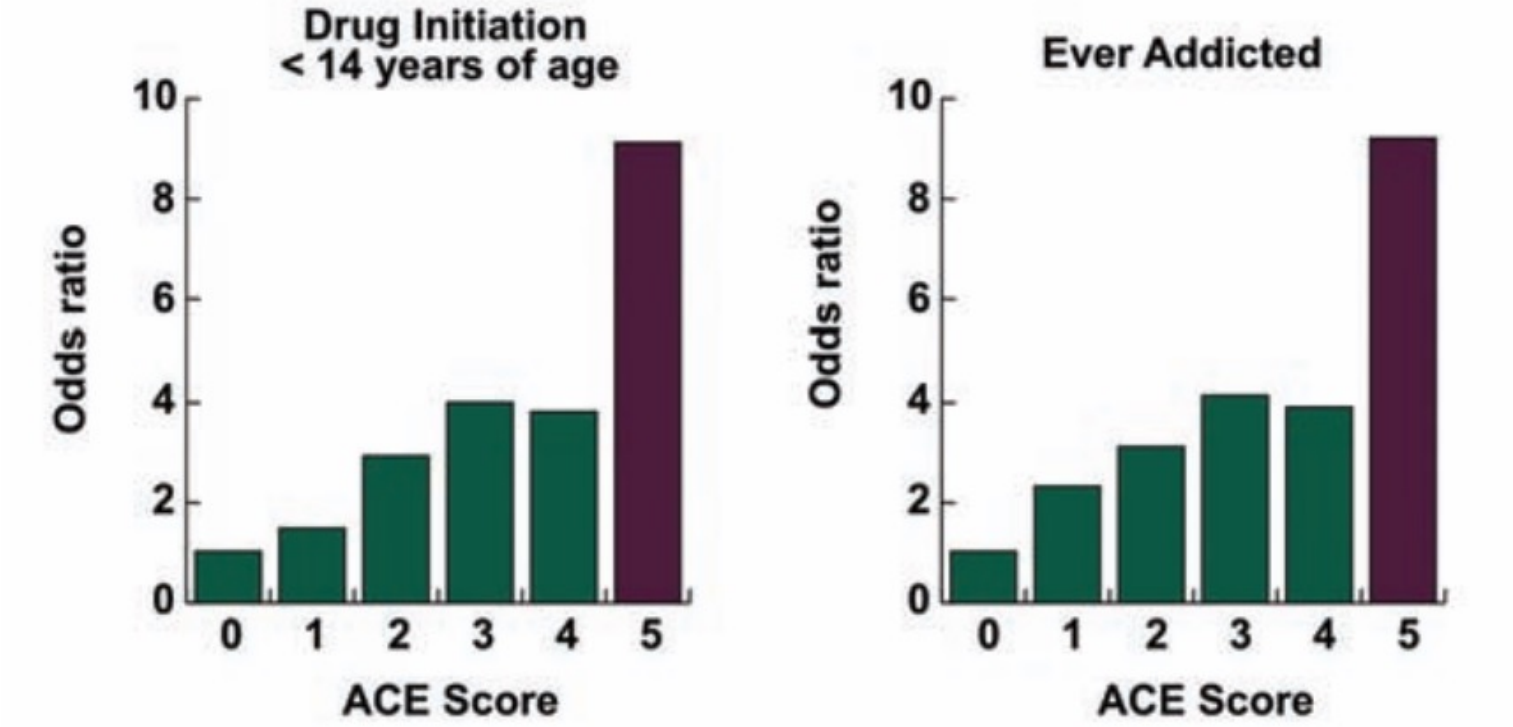
Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

*2022 data is preliminary and will change.

Prevention requires a developmental and behavioral approach

- ADHD, anxiety and depression are associated with substance use disorder
  - Treatment of comorbid conditions could reduce morbidity and mortality in children and youth with SUD
  - Early diagnosis and treatment could prevent or modify substance use in children and youth
- Children and youth, especially those with mental health conditions, need tools to cope with negative emotions
- Resiliency and risk factors early in the life course impact adolescence and adulthood

Adverse Childhood Experiences increase the likelihood of early drug use and later addiction



ACE account for one-half to two-third of serious problems with drug use.

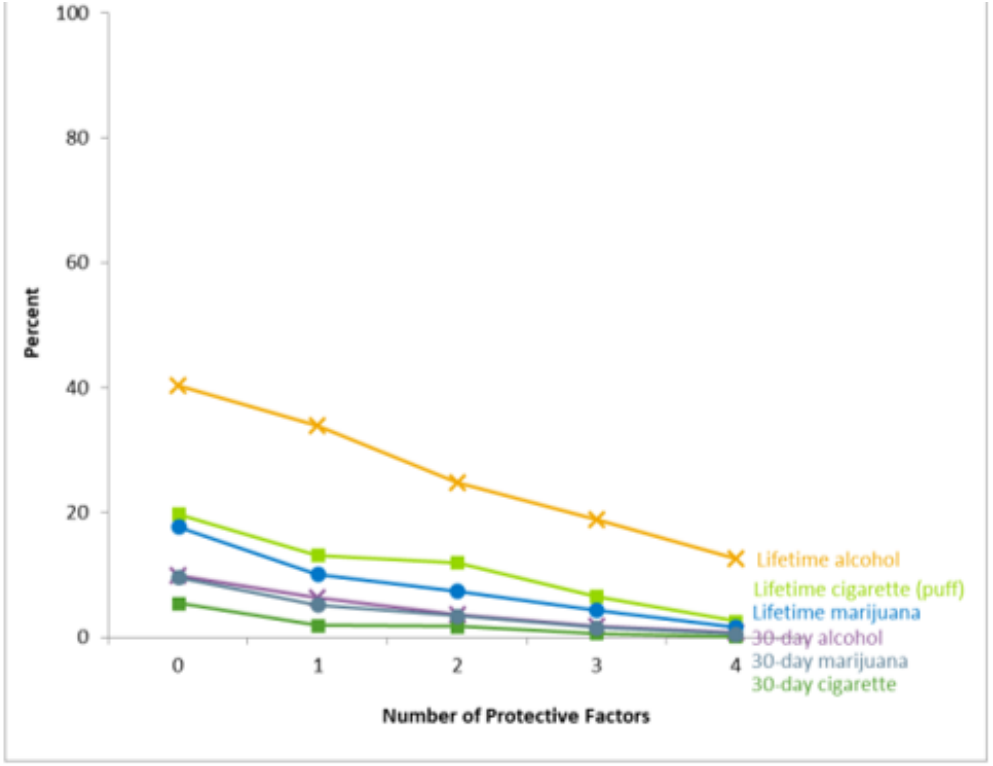
Source: National Institute on Drug Abuse Strategic Plan (nih.gov)

Protective factors are associated with lower rates of substance use in youth

Family protective factors
- Can ask parent for help
- Does fun things with parents
- Involved in decisions
- Parents let know when doing a good job
- Parents proud of something done
- Enjoy spending time with parents

School Protective Factors:
- Can make class decisions
- Can talk to teacher
- Can be in a class discussion
- Teachers tell me when I am doing good work
- Teachers praise me for hard work

Community Protective Factors:
- Sports and service opportunities
- Adult to talk to



Note: Percentages represent students who reported using alcohol, cigarettes, or marijuana in their lifetime or in the past 30 days according to each number of protective factors (0 through 5).

Source: HYS 2021.

Key Takeaways:

Campaign Development

Stories of Real People

Stories from real people is impactful.

Takes longer lead time to develop this type of content. Begin early to work within the community and build trust to find stories that can be shared as part of a campaign.

PWUO Voice

People who use opioids have the power to reduce the harms of their own drug use and help others do the same.

PWUO must have a voice in creating campaigns, programs and policies designed to serve themselves and their communities.

Test concepts and messaging

Consider **interviews and campaign development partnership with certified peer counselors to test concepts and messaging**, in addition to priority audiences.

Messaging

All messaging should be **compassionate and non-judgmental.**

Why Choose Medication Assisted Treatment (MAT)?

Ryther's MAT program is designed to serve young people who are struggling with substance use disorders, particularly opioid use disorder.

This population includes individuals between the ages of 12 and 25 who are experiencing problems related to opioid use, such as addiction, withdrawal symptoms, and cravings who are in or near King County. Program participants are often houseless/unstably housed or at risk of being houseless.

The MAT treatment team is a collaborative, multidisciplinary, cross organizational group that works together to provide holistic care to individuals with substance use disorders, addressing not only their physical health but also their mental, emotional, and social needs.

MORE INFORMATION

Our Philosophy

Ryther provides exceptional therapeutic services to young people who are struggling emotionally and behaviorally so they may find a path to healing and hope.

We are dedicated to every client, every family, every day. Our staff listen intently and then work together with our clients, families, and communities to find the best way to help.

We believe family involvement is critical to the success of the child and strive to include the family in the therapeutic process as often as possible.

Utilizing the highest standard of training and supervision, we demonstrate innovation and creativity to achieve clinical excellence for the families we support.

RYTHER

WHERE KIDS FIND HEALING AND HOPE

2400 NE 95th Street, Seattle WA 98115

206.525.5050 | ryther.org

@FollowRyther @RytherVoice @RytherVoice @Ryther

Medication Assisted Treatment (MAT)

RYTHER

Ryther's Goal for Medication Assisted Treatment (MAT)

Ryther's MAT program aims to provide young people with low-barrier resources and support to overcome opioid use disorder and achieve recovery.

These programs aim to address the unique needs and challenges faced by young people with substance use disorders and provide them with a pathway to a healthier and more fulfilling life.

Medication Assisted Treatment (MAT) Services

Medication Assisted Treatment at Ryther is designed to address the specific needs of young people who are struggling with substance use disorders, particularly opioid use disorder. The primary purpose of these programs is to provide young people with access to evidence-based treatments that can help them overcome their addiction and achieve recovery. Ryther works in partnership with Kaiser Permanente and YouthCare. Kaiser staff prescribe medication and YouthCare facilities connect clients to Ryther. Ryther provides engagement, intensive case management, and therapy.

Treatment Team

Medical Provider: A licensed physician, nurse practitioner, or physician assistant who prescribes and manages the medication used in the MAT program.

Counselor or Therapist: A licensed mental health professional who provides individual and group counseling sessions to help the individual manage their addiction, cope with stress and other challenges, and develop new skills for recovery.

Case Manager: A professional who helps coordinate the individual's care and assists with accessing resources such as housing, education, and employment support.

Nursing Staff: Nurses who assist with medication administration and monitoring the individual's health status throughout the treatment process.

Peer Support: An individual in recovery from addiction who has received specialized training to provide support and guidance to others in treatment.

Family or Support System: MAT programs may also involve family members or other support systems in the individual's treatment plan. This may include family therapy sessions, education about addiction and recovery, and other supportive services.

Opioid/Fentanyl Treatment

Suboxone

Naltrexone/Vivitrol

Sublocade

Kaiser Permanente staff prescribe medication along with additional medical care.

Contact Our MAT Team

Abbie Woods, MAT Team Coordinator
E: abigailw@ryther.org
P: 206.305.3375

Johnny Ohta, SUDP
E: johnnyo@ryther.org
P: 206.265.3924

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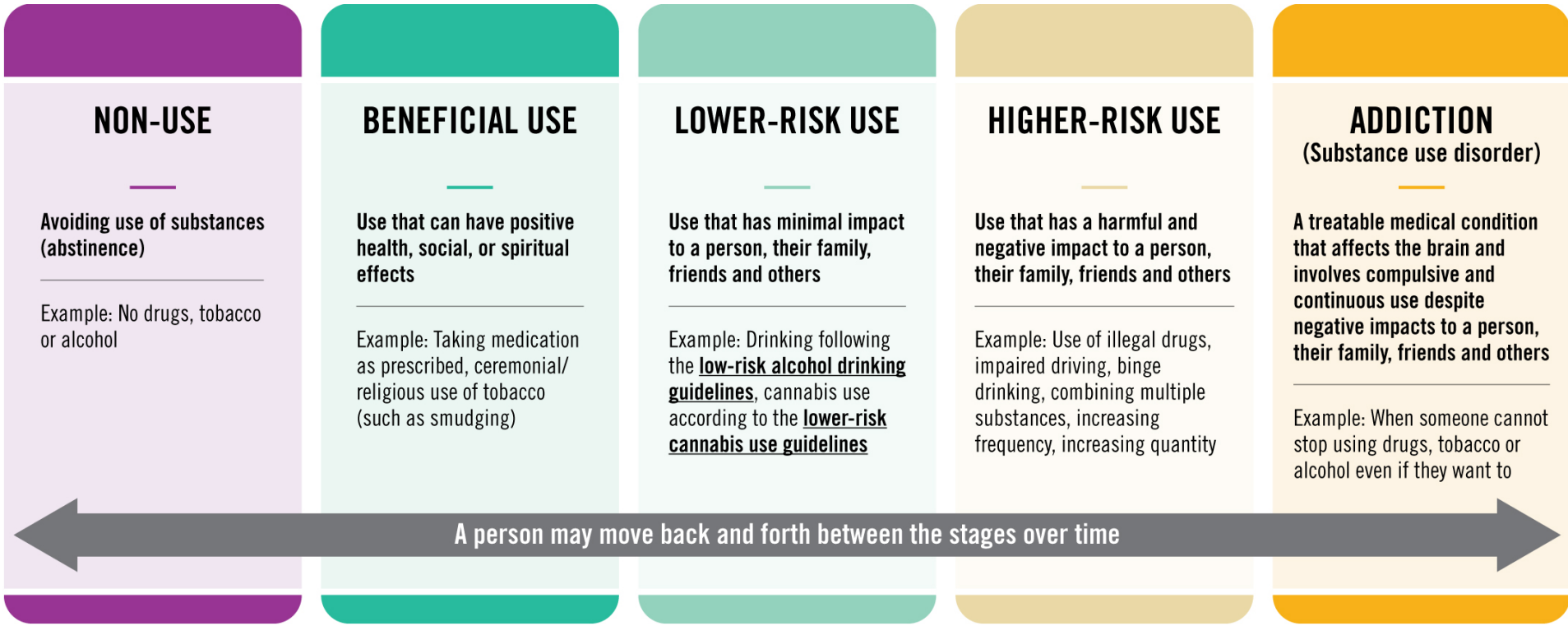
Adolescent opioid use in the age of fentanyl

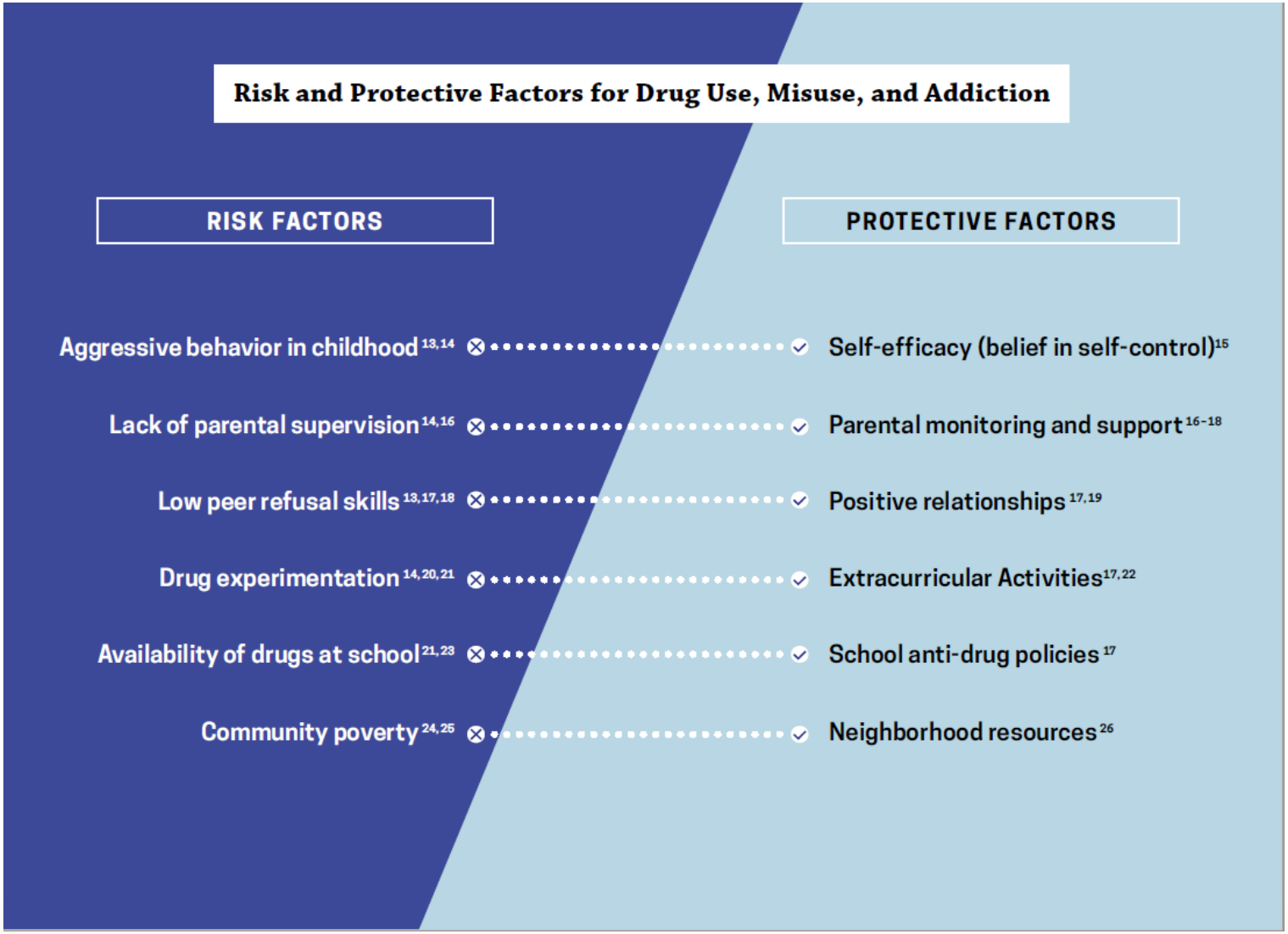
Charissa Fotinos, MD, MSc
Deputy Chief Medical Officer
Washington State Health Care Authority

Washington State Health Care Authority

Continuum of substance use



https://www.canada.ca/en/health-canada/services/substance-use/about-substance-use.html


Risk and Protective Factors for Drug Use, Misuse, and Addiction
RISK FACTORS
PROTECTIVE FACTORS
Aggressive behavior in childhood [13,14]
Self-efficacy (belief in self-control)[15]
Lack of parental supervision [14,16]
Parental monitoring and support [16-18]
Low peer refusal skills [13,17,18]
Positive relationships [17,19]
Drug experimentation [14,20,21]
Extracurricular Activities [17,22]
Availability of drugs at school [21,23]
School anti-drug policies [17]
Community poverty [24,25]
Neighborhood resources [26]

Traditional Treatment Pathway:
American Society of Addiction Medicine Levels of Care

ADOLESCENT

The system was designed to treat all drugs the same.
Fentanyl has shown this to be a miscalculation.

Overdose Risk with Fentanyl

- Overdose risk depends on whether the person's system is used to opioids or not. For people opioid naïve, not regularly taking opioids the dose needed to overdose is small.

https://www.statnews.com/2016/09/29/why-fentanyl-is-deadlier-than-heroin/

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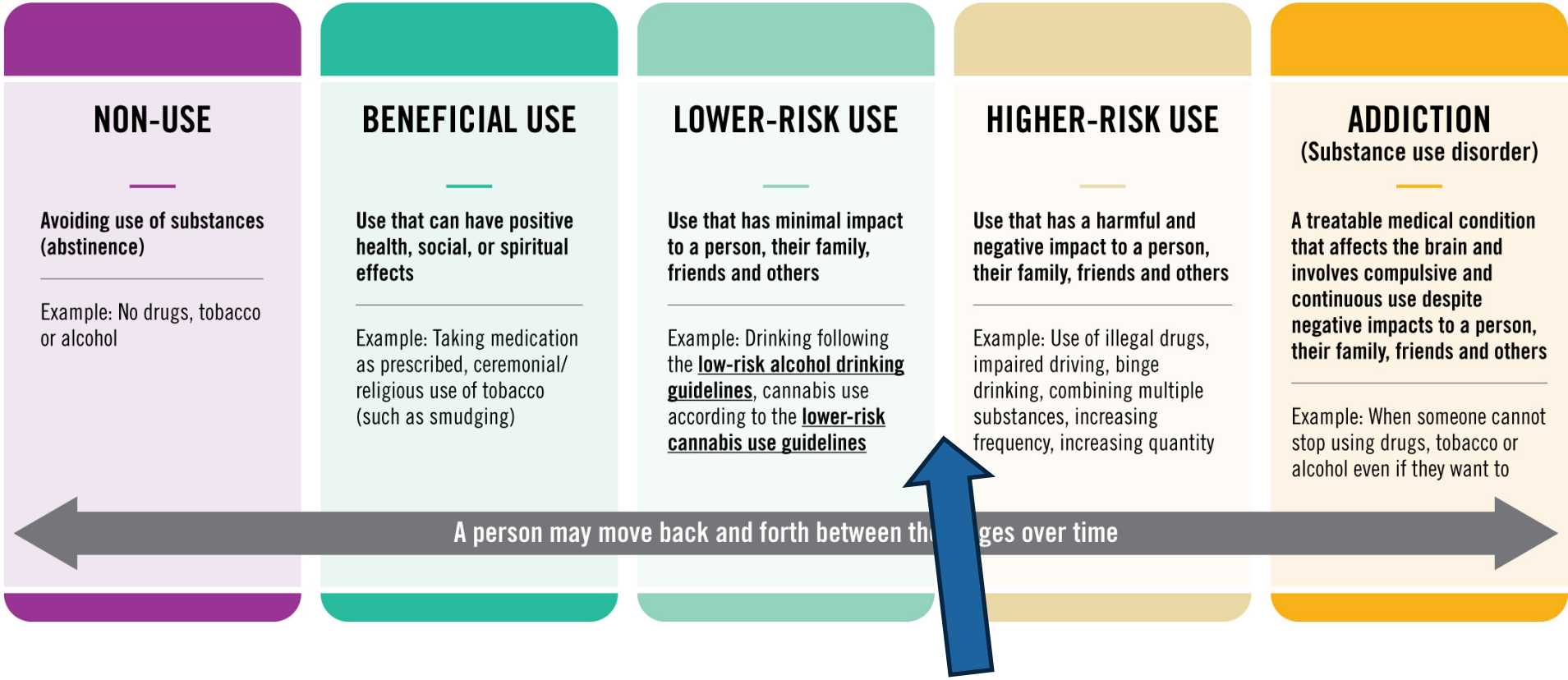
Overdose along the continuum



Fentanyl use = Overdose

https://www.canada.ca/en/health-canada/services/substance-use/about-substance-use.html

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Widespread Access to Naloxone

- Available without a prescription now through state-wide standing order
- Pharmacies should be able to bill medical insurance
- 2 new over the counter versions coming soon, Narcan OTC (<$50) and RiVive (~$30)

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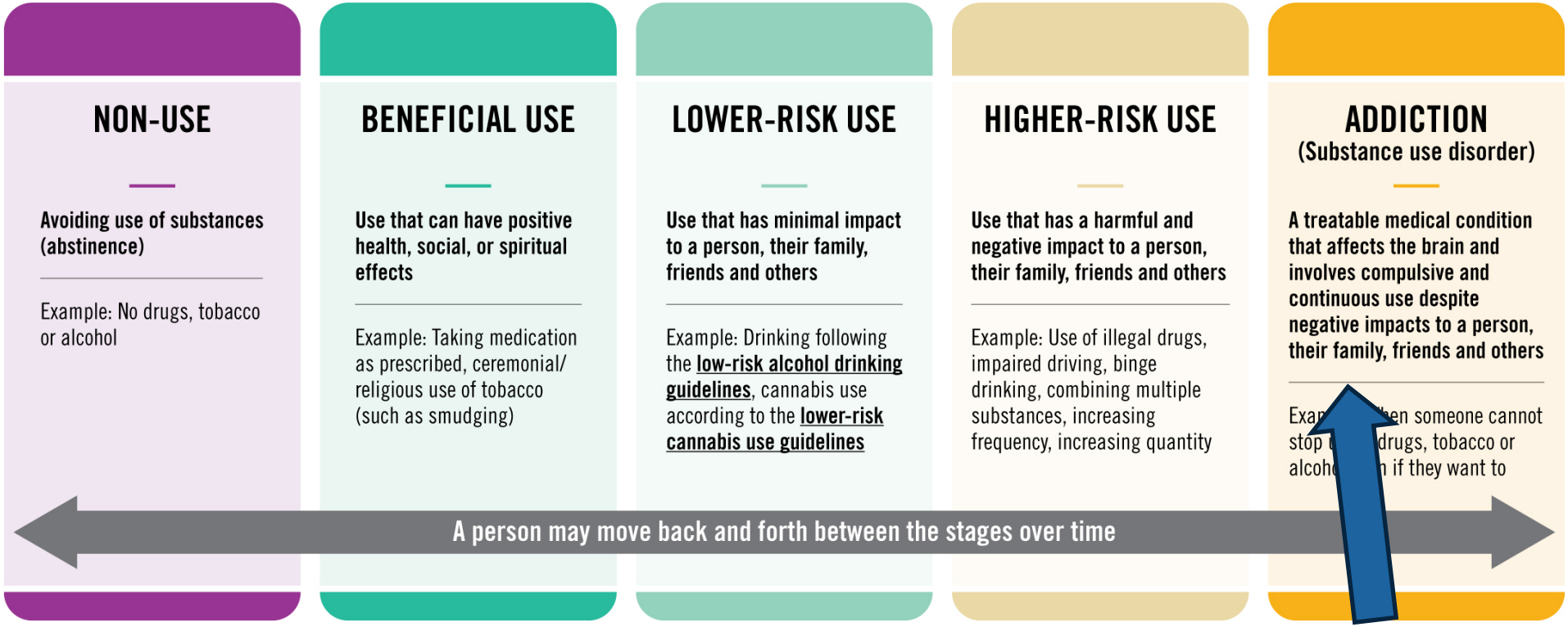
Overdose/Treatment along the Continuum



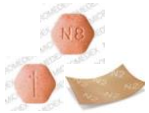
Treatment = Medication

https://www.canada.ca/en/health-canada/services/substance-use/about-substance-use.html

Medications are the Treatment of Choice for Opioid Use Disorders

Methadone

Delivered by Opioid Treatment Providers (OTPs)

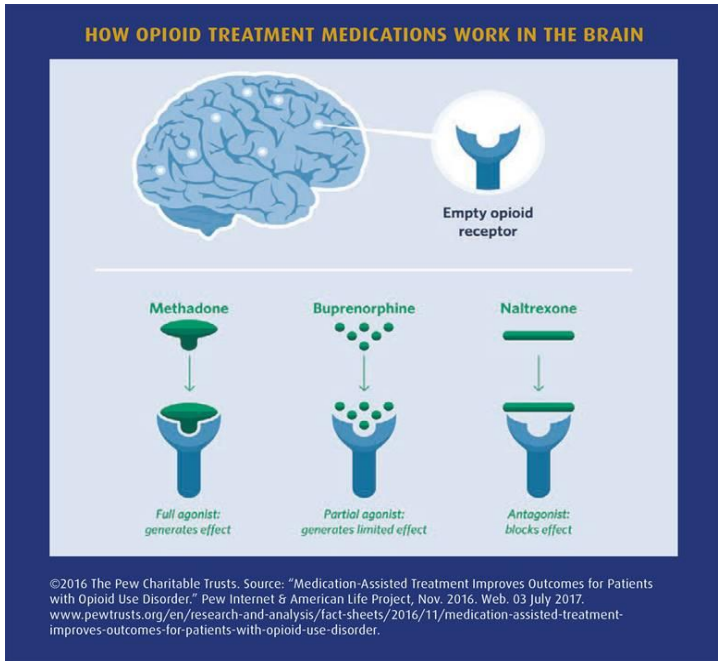


Buprenorphine

Delivered by providers in office-based practice & OTPs

Naltrexone

Delivered by providers in office-based practice



Studies show the longer adolescents stay on these medications the better they do.

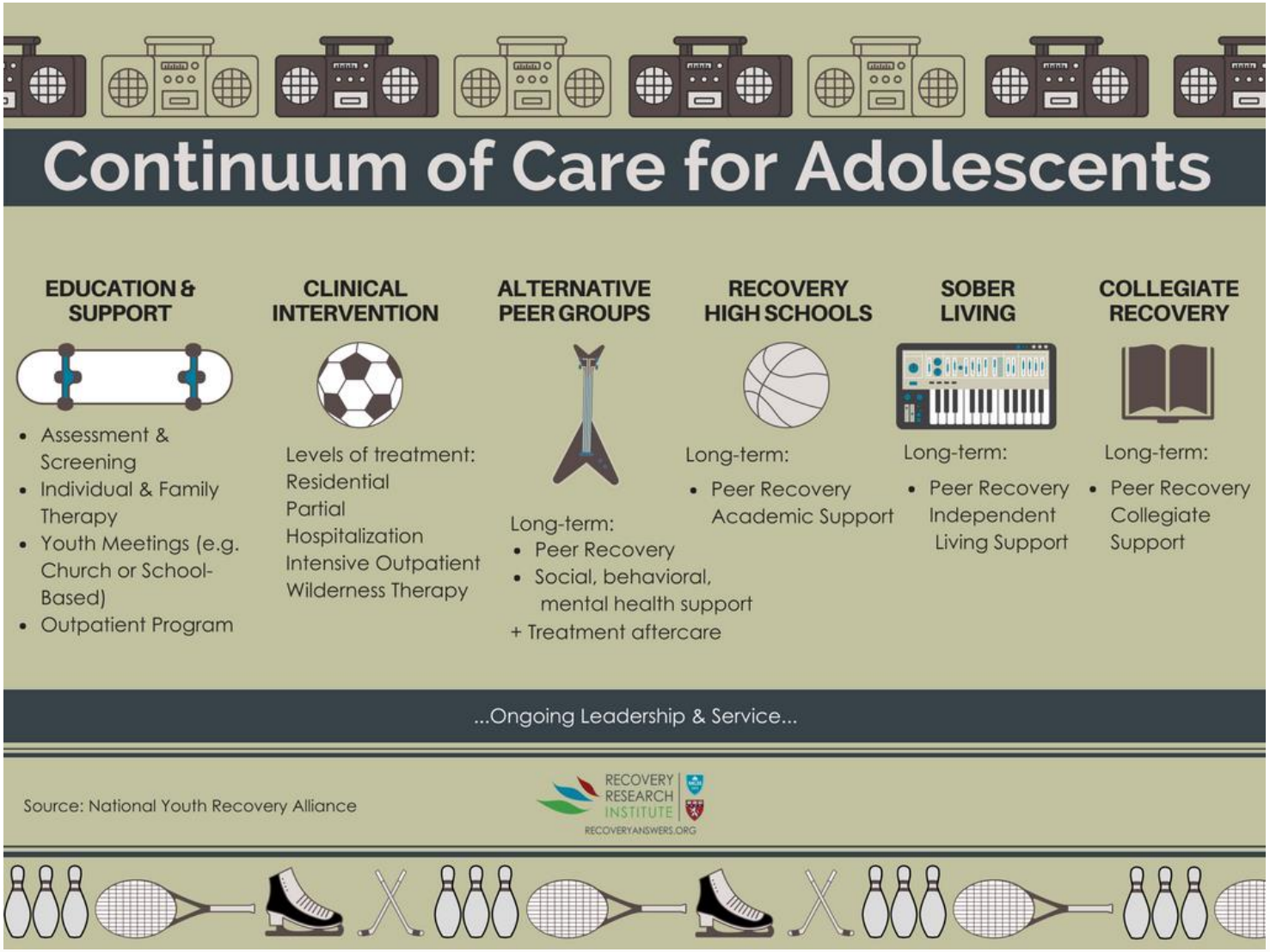
Early Treatment Needs for Adolescents with OUD

- Low barrier access to medication on demand
- Address co-occurring medical and mental health conditions
- Care needs to be trauma informed
- Provider training, clinical
- Stigma reduction
  - OUD is a medical condition that is chronic, return to use is expected, not a failure
  - Need to use non-stigmatizing person first language

Words Matter

Clean	Negative/drug free
Dirty	Positive
Addict	Person who uses drugs or a person w/a SUD
Junkie	
Harm reduction	Treatment
MAT	Medications for opioid use disorder
Relapse/slip	Recurrence of use

https://www.canada.ca/en/public-health/services/publications/healthy-living/communicating-about-substance-use-compassionate-safe-non-stigmatizing-ways-2019.html



https://www.recoveryanswers.org/media/continuum-of-care-for-adolescents/

Washington State Health Care Authority

Summary

- Fentanyl is different largely due to its potency
- Two overdose peaks
- The treatment of choice is medication, longer durations lead to better outcomes
- Naloxone is effective at reversing overdose, continued efforts to make access widely available are needed
- Low barrier, adolescent friendly access to medication is needed along with provider and community education
- Once stable and protected on medication, services must be holistic, involve family/community and be trauma informed

Resources

- https://stopoverdose.org/ (includes info to access naloxone)
- https://www.learnabouttreatment.org/
- https://adai.uw.edu/cedeer/
- https://www.wapc.org/its-safe-to-give-help_-questions-answers-about-secondhand-fentanyl-exposures/

Naloxone

- **There is no age limit for receiving naloxone.** Naloxone will not harm someone if you give it to them and they are not overdosing on an opioid. The Centers for Disease Control and Prevention and the Food and Drug Administration do not have age limits on who may receive naloxone. As the American Academy of Pediatrics' parent information website HealthyChildren.org states, **"There is virtually no downside to giving naloxone to a child or teen, even if you are not sure if they overdosed on opioids".**

- **There is no minimum age for youth administering naloxone.** Naloxone may be distributed to and administered by youth if they are able to recognize the signs and symptoms of an opioid overdose and can understand the instructions for how to administer naloxone. There is no minimum age specified in the Washington State Statewide Standing Order for Naloxone.

Accessing Naloxone

- Naloxone is available for purchase at many pharmacies in Washington through the statewide standing order, which acts like a prescription. Discount cards like ArrayRx Card can help lower the price of naloxone if you don't have insurance. Apple Health (Medicaid) clients can get naloxone at a pharmacy at no cost. Call the pharmacy ahead of time to check if they have naloxone in stock and bring a digital or printed copy of the standing order with you to the pharmacy.
- If you do not have a place to get naloxone in your area, you can request free naloxone by mail in Washington State. The mail order program is meant for people who can't easily go to a community organization or a pharmacy to get a kit. When possible, consider alternative options to get naloxone.
- On March 29, 2023, the U.S. Food and Drug Administration approved the first over-the-counter (OTC) naloxone nasal spray. On July 28, 2023, the Food and Drug Administration approved a second OTC naloxone nasal spray. The timeline for availability and price of these OTC naloxone products are still unknown.

Washington State Health Care Authority

Questions?

No Time to Wait: Reducing Harms for Adolescents Who Use Drugs

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What type of harm reduction for youth is needed?

- Primary prevention not enough: we need a safety net for our youth who are in active use
  - Adolescents *are* using, and *are* experiencing and witnessing overdoses
- Fact based, comprehensive drug education
- Overdose prevention education and naloxone distribution
  - Schools
  - Juvenile detention
  - Youth oriented groups
- Medication for Opioid Use Disorder (MOUD) and medicated withdrawal management in juvenile detention, expanded access in communities