What Should Substance Use Disorder Services for Youth Look Like?

Developing a Vision for A Youth Centered System of Care in Los Angeles County
Brief Summary

Prepared for the California Community Foundation by:

Howard Padwa, Ph.D. and Sherry Larkins, Ph.D.,
UCLA Integrated Substance Abuse Programs

Rachel Castaneda, Ph.D., MPH and Irene Valdovinos, LCSW, MPH,
Azusa Pacific University, Psychology Department

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ISAP

AZUSA PACIFIC UNIVERSITY

Background

Approximately 4% of adolescents under the age of 18 and 15% of young adults (age 18-25) in the United States (U.S.) needed substance use treatment in 2018.[1] These youth are at risk not only because of the immediate impacts it can have on their health and behavior, but also because the developmental impacts of substance use during adolescence and young adulthood can last a lifetime. Brain development continues into the early-mid 20s, and psychoactive substances' impacts on the developing brain can have lasting consequences on cognition and impulse control, thus increasing risk for both immediate and downstream health and socio-economic problems, including substance use disorders (SUDs). Consequently, identifying and effectively addressing problematic substance use can be one of the most effective ways to promote long-term health and wellness for youth.[2]

The SUD services currently available to adolescents and young adults are tremendously underutilized. Under 14% of youth who need substance use treatment receive it.[3] Most of these youth (over 96%) do not recognize that they need SUD treatment, and the stigma surrounding SUD services inhibits engagement and service utilization for the minority of youth who acknowledge that they need help.[4] Research has demonstrated that SUD services for youth can be effective,[5] but those who receive services in California generally have poorer treatment outcomes than those who receive treatment elsewhere in the country.[6]

Policymakers in California have long been aware of the pressing need to expand and modernize SUD services for young people. In 1999, the California Legislative Analyst's Office issued a report that recognized the substantial unmet needs of youth with substance use issues, and concluded that increased treatment services and significant regulatory reforms were sorely needed. Since then, several other reports and white papers called for the expansion, organization, and modernization of youth SUD treatment services, but with minimal efforts implemented.[7]

After decades of stagnation and inertia, California today has a historic chance to create a state-of-the-art SUD treatment system for youth. Research on SUD prevention, early intervention, and treatment for youth populations has advanced significantly in recent decades, equipping clinicians and administrators with a better understanding of how best to address substance use among adolescents and young adults. Furthermore, policy developments such as the Drug Medi-Cal Organized Delivery System (DMC-ODS) Demonstration Waiver and the Adult Use of Marijuana Act of 2016 (Proposition 64, which will generate funding for youth services) are creating potential to develop new services for youth and secure the resources needed to support them. Other services—such as those provided as part of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT Medicaid benefit) or supported by the Mental Health Services Act Prevention and Early Intervention (PEI) funds—can also be leveraged to help develop effective behavioral health services that address youth substance use needs in California. Counties are also providing resources and flexibility to support youth system development, such as the Youth Enhancement Services Pilot Program being offered in Los Angeles County (LAC).

To help California seize these opportunities, the California Community Foundation (CCF) established a *youth-first intiative* focused on substance use, with a focus on underserved and high-risk communities in LAC. As part of this initative, a Youth Services Policy Group (YSPG) was established to provide space for youth providers to discuss youth-centered substance use service delivery needs and develop advocacy strategies. For the past year, researchers from UCLA's Integrated Substance Abuse Programs (UCLA-ISAP) and Azusa Pacific University (APU) have been partnering with CCF and the YSPG to develop a vision of what a truly youth-centered system of SUD care in LAC would include. Rather than cataloguing the strengths and weaknesses of youth services in their current state, the focus of UCLA-ISAP and APU's activities has been to identify the services and program models that would ideally exist in order to effectively meet the SUD treatment needs of youth in as patient-centered and comprehensive a manner as possible. Through structured group exercises, group discussions, and interviews with LAC youth SUD providers, key stakeholders, and youth themselves, UCLA-ISAP and APU collaborated with the YSPG to develop a vision for a youth-centered system of care in LAC. This vision will be used to inform public education, system planning, and advocacy for youth SUD system development, both in LAC and across the state of California.

This brief summary presents key findings and lessons learned from UCLA-ISAP and APU's activities in the past year, and concludes with a discussion of implications for future service delivery and policy development.

Brief Methods

Provider Interviews: A non-probability sampling method was used to select the interview participants. Specifically, the evaluation team used a list of youth providers (n=42) contracted to provide youth services throughout LA County by Service Planning Area (SPA). For representativeness by SPA, and to ensure inclusiveness of local settings that have been identified to have greater issues with youth access and service delivery capacity, over-sampling of agencies was done in SPA regions 6, 7 and 8. A total of 30 agencies were included in the sample. The team sent invitations to program directors electronically via email. Participants who expressed interest were scheduled for interviews with the team. The majority of the interviews were conducted telephonically by the research team with a program representative (which included directors, therapists and counselors), with the exception of two agencies being interviewed face-to-face (with 9 providers) at the request of the provider. Respondents were informed that the interviews were voluntary and would be recorded for transcription purposes; however no identifying information was included in the transcripts.

Youth Interviews: In partnership with the Los Angeles Trust for Children's Health and YSPG, a convenience sampling method was used to select youth from youth SUD programs in the County. A total of 14 youth (under the age of 21) were recruited to participate in semi-structured using a set of IRB approved questions around their perceptions about "what youth services should look like in LA County." Questions also included perspectives about the recent COVID-19 disease outbreak's effect on service delivery. All interviews were transcribed and summarized by staff from the UCLA/APU evaluation team. Below is a brief summary of preliminary findings.

Key Findings: What Would A Youth-Centered System of Care for Substance Use Look Like?

Based on stakeholder input, a youth-centered system of care for substance use in LAC would need to have three key components—outreach and engagement, youth-centric therapuetic services, and performance monitorong.

The key features of developmentally-tailored outreach to ehnance engagement in services would include:

- Engagement as the first stages of treatment. Rather than being seen as separate from treatment, providers suggested that outreach should be considered part of the treatment process itself to help engage youth. “Most youth,” explained one provider, “are in pre-contemplation stages” and not yet ready to consider treatment. Outreach and engagement services can be “incremental” and designed to enhance youth motivation to change, moving them “along the continuum (from thinking about making changes) to treatment.” Designing outreach and engagement services to provide opportunities for providers to engage youth in meaningful discussions and enhance their motivation to attend treatment could help both increase utilization of services and enhance the likelihood that youth will succeed in treatment once they choose to engage in services.

- Alternative outreach methods to reduce stigma. Youth suggested that, to reduce stigma, programs use innovative ways to publicity inform youth that services are available in the community as a “general service” rather than as an isolated place to go to when they get into trouble. Alternative outreach methods suggested by youth include advertisements and service announcements through social media, billboards, and flyers in spaces where at-risk youth congregate (schools, homeless shelters, social service centers). In this messaging, youth reported that language is needed to make treatment seem more appealing, as currently used terms (e.g., “prevention”, “education”) are not appealing to youth.

- Targeted outreach and messaging. Youth suggested that outreach services and messaging should not be “one size fits all” since youth have unique needs and priorities. In discussions with UCLA-ISAP and APU, youth reported that targeting messaging to focus on priorities for different populations can help increase the appeal of services. For example, youth suggested engaging those who are homeless or experiencing extreme poverty would be more effective if providers highlighted how SUD services could help meet basic needs and improve living stability. For other youth, they suggested framing treatment as a service that can help youth access recreational activities and develop vocational skills.

- “Informal outreach” services. Providers and youth reported that it is essential to have opportunities for providers to establish strong relationships, trust, and rapport with youth *before* they enter treatment. Stakeholders reported that often youth do not find the idea of SUD treatment appealing, and are only willing to engage in programs once they are compelled (e.g. mandated by a school or criminal justice) to participate. To address this, stakeholders reported that giving youth opportunities to get to know providers and develop trusting relationships with them *before* they enter treatment can help motivate them to engage in services. As one provider explained, it is highly beneficial to have events in

community settings where providers can “meet them and talk to them about what we do before they’re ready to sign up for the program, and build that rapport.” Resources—particularly flexible funding for food and recreational activities—could help providers conduct these community-based outreach and engagement activities for youth who are not formally enrolled in treatment.

- Outreach to programs and places that serve youth. Programs need to go beyond schools and target outreach efforts at school-based wellness and health centers, recreational centers, churches, community based organizations, and medical/social welfare agencies that serve youth and families.

The key elements of youth-centric therapuetic services would include:

- Spaces and activities that are appealing to youth. Both providers and youth reported that youth want treatment to be “*somewhere they want to be*,” and not feel like a detention or medical center. Specific ways suggested to make services appealing are to offer recreational/vocational activities, make programs feel like “safe spaces,” avoid pathologizing language such as the word “treatment”, and offer opportunities to engage in positive, pro-social activities in the community.
- Incentives. If used thoughtfully, contingency management protocols that provide youth with rewards for achieving service targets (behavior change), such as attendnace and session completion, given in the form of both monetary and non-monetary incentives (i.e., food, prizes, or gift cards), can help make treatment appealing and promote enagement and retention. However, youth reported that if too focused on incentives, providers could attract youth who are more interested in getting incentives than actually engaging in treatment.
- Transportation. Many youth are challenged with accessing services due to limited transporation. Hence an important youth-centric service linked to helping facilitate treatment participation is transportation. This could be through the use of organization-owned vehicles, rideshare services, or giving participants TAP cards that would allow them to use public transportation.
- Intensive care coordination and case management services. Youth just don’t present to treatment with SUDs, but with an array of diverse health and socio-economic needs that tend to go unmet. Youth and providers alike echoed the importance of not just focusing on substance use, but also on other needs that are important to address. In other words, programs need to ensure that treatment complements—and does not complicate—receipt of other services.
- Services that are tailored to address the socio-emotional needs of youth. Often, youth programs simply replicate adult models of treatment, leading to a mismatch between youth needs and program services. Treatment that is youth-centered would ideally include:
    - **Briefer assessments** and less paperwork to make the initial steps of treatment as engaging as possible.
    - More focus on **services to enhance motivation** to treatment since youth have usually not experienced the serious health, social, or legal problems related to substance use that adults have.
    - **Alternative clinical models** that can better serve youth development, with less focus on the delivery of adult-based evidence-based practices (e.g. Cognitive Behavioral Therapy). These could include adventure-based counseling, animal therapy, psychodrama, and music/art therapy.

- Focus on **addressing the emotional challenges** that are of particular interest to youth, including sex education, education on how to address bullying, stress management and self-efficacy skills.
- Services that are more focused on **developing strengths and wellness**. Programs that address life skills, vocational coaching, employment readiness, exercise, and nutrition are more likely to engage youth than those that focus exclusively on substance use reduction.
- **Flexibility to work with youth in the community**, since transportation and scheduling barriers often impede treatment participation. Giving providers flexibility to deliver services in schools, homes, and other places youth ordinarily frequent (e.g. parks, coffee shops) would allow providers to deliver care that is more accessible, while also giving them insights into living environments that they can use to inform clinical care.
- **Flexibility to use telehealth and other digital devices** such as mobile texting, apps, and social media platforms.
- Focus on **helping youth find positive community supports** outside of treatment programs, including youth-centered mutual help groups, e.g. Alcoholics Anonymous, SMART recovery and Ala-Teen.
- Flexibility to **offer more individual therapy and peer-support services** since many youth are not comfortable with group settings and are uncomfortable discussing sensitive issues with peers.
- Ensure provider workforce is **"culturally competent" with youth**. Ideally, youth providers would be individuals who are "near peers—old enough to be respected, but young enough to understand youth culture." Regardless of provider age, key skills in communicating with youth include strong rapport-building, skillful use of youth language, good sense of humor, culture humiltity, and appreciation of youth and their priorities.
- Flexibility to **serve youth for long periods** of time to allow for rapport-building. Providers reported that often youth take months to become comfortable and trusting enough to discuss sensitive issues—particularly those related to trauma—with their providers. Giving providers enough time to engage youth and build trust needed to delve into sensitive issues can help improve the quality of treatment for youth.
- **Resources and supports to facilitate parental and family involvement** in treatment.

The key performance monitoring elements of a youth-centered system of care would include:

- A data-driven infrastrucutre is needed to measure and monitor how well service systems that serve youth are working, and make the case to policymakers and funders that youth services are effective and worth investment. Some data metrics suggested by interviewees included program outcomes related to:
  - Wellness and health-related behaviors
  - Positive community involvement
  - Educational, employment engagement
  - Family involvement in treatment
  - Reductions in behavioral disturbances, disciplinary problems, and criminal justice involvement

- Improvements in emotional issues causing distress
- Treatment engagement and retention
- Reduced stigma
- Reduced substance use

Conclusion

Based on discussions with youth service providers and youth across LAC, a picture of what a truly youth-centered system of SUD care would look like emerged, with developmentally-tailored outreach and engagement services, youth-centric therapuetic services, and performance monitoring features that are distinct from those used in adult systems of SUD care. Many youth providers are currently facing severe operational difficulties due to financial crises and family impacts from the COVID-19 disease pandemic,[8] thus making it dififcult to focus on significant system transformation at this time. However, results from this work effort offer youth policy, research, and practice stakeholders a blueprint for the mix of services and supports needed to develop a strong youth-focused SUD system of care as the County recovers from COVID-19 and its impacts. Our hope is that once the pandemic passes, the key findings and lessons learned about the vision supporting a youth-centered system of SUD care for adolescents and young adults will be translated into a reality in both LAC and throughout the State.

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[1] Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data.

[2] Conrad N. Hilton Foundation (2017). Training Module: Substance Use, Adolescent Health, and SBIRT. Retrieved from http://www.adolescentsubstanceuse.org/training-materials/

[3] SAMHSA, 2019.

[4] SAMHSA, 2019; Gonzales, R., Anglin, D. M., Beattie, R., Ong, C. A., & Glik, D. C. (2012). Perceptions of adolescent chronicity and recovery among youth in treatment for substance use problems. *Journal of Health, 51*, 144-149; Macleod J, Oakes R, Copello A, et al. Psychological and social sequelae of cannabis and other illicit drug use by young people: a systematic review of longitudinal, general population studies. The Lancet. 2004;363:1579-1588.

[5] Winters, K. C., Botzet, A. M., & Fahnhorst, T. (2011). Advances in adolescent substance abuse treatment. *Current psychiatry* reports, 13(5), 416-421; Tanner-Smith, E. E., Wilson, S. J., & Lipsey, M. W. (2013). The comparative effectiveness of outpatient treatment for adolescent substance abuse: A meta-analysis. Journal of substance abuse treatment, 44(2), 145-158.

[6] Dennis, ML. (2017). Evidence Based Treatment and Guidelines for Adolescents with Substance Use Disorders. Presentation at California Institute for Behavioral Health Solutions (CIBHS) Adolescent Early Intervention and SUD Treatment Summit. Sacramento, CA: November 2017.

[7] Stanley-Salazar, E. (2017). Welcome and Introductions. Presentation at California Institute for Behavioral Health Solutions (CIBHS) Adolescent Early Intervention and SUD Treatment Summit. Sacramento, CA: November 2017.

[8] Castaneda R, Valdovinos I, Larkins S, Padwa H, Murarik M, Horiuchi A. (2020). *COVID-Response of Youth System Impact and Preparedness Survey.* Report prepared for California Community Foundation: June 2020.