Youth Workgroup Focusing on the Drug Addictions Treatment and Recovery Act

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The Oregon Juvenile Department Directors' Association (OJDDA), in partnership with stakeholders, convened a workgroup over the past two months. This group came together to review and make recommendations regarding the impacts of the Drug Addiction Treatment and Recovery Act on youth. The stakeholder group included many state agencies, statewide associations, advocates, youth, and subject-matter experts in the field of substance abuse. The list on the left is reflective of the many partners, but it is not exhaustive – many others joined during the conversations.

The Drug Addiction Treatment and Recovery Act's goal is to establish a health-based, equitable and effective approach to drug addiction in Oregon. The intent shifts the response to drug possession from criminalization to treatment and recovery. The Act is silent on the best practices for engaging and intervening with youth.

Overall, the group acknowledges the good intentions behind the Drug Addiction Treatment and Recovery Act. However, the Act proposes a well-intended, but simple solution, to a complex issue within a complex system, particularly when it comes to youth in Oregon. With respect to Oregon youth, considerations must be given to the best approach for youth in contrast with adults. In this spirit, the group identified a number considerations including the need for culturally-specific, early intervention and prevention for youth people. Oregon's longstanding need for youth and family specific services needs to be addressed, to move the response for youth toward a public health model.

This workgroup continues to convene and focus on implementing the Act with youth serving organizations. Our discussions generated the following legislative recommendations:

- In Oregon "the Juvenile Court has exclusive original jurisdiction in any case involving a person who is under 18 years of age and who has committed an act that is a violation" (ORS 419C.005). The group concurs the Juvenile Court continues to be the appropriate venue for youth cited under the Drug Addictions Treatment and Recovery Act. We oppose parallel systems, such as Municipal ordinances, for youth under the age of 18.
    - Proposed language in the form of "diversion". Since E violations are new – is there better language such as "informal diversion" specific for addressing an E violation. Also include language about restorative juvenile justice practices.

- Clarify through statute that CRM's (Certified Recovery Mentor) and PRC's (Peer Recovery Counselor), Juvenile Counselors are authorized to complete the initial Screening/Assessments for substance use disorders and that co-occurring criteria must be completed through licensed or certified providers. The value of lived experience is critical.

- Oregon has extremely limited availability for youth and families access to treatment services, specifically, timely access to substance use treatment and co-occurring mental health services. This is clearly an expectation of the Act for adults and should be the expectation for youth.

- The Oversight and Accountability Council, (OAC), has representation from the juvenile justice system and youth who have lived experiences. The Adolescent Sub-Committee includes providers serving youth (both screening and assessment) in the juvenile justice system, family members, youth with lived experiences, educational services, community impacts (law enforcement), juvenile justice representatives, prevention providers, culturally specific community programs, and tribal representation.

    - The OAC needs to utilize the leverage and incentives for youth to access treatment while maintaining a public health response. This response needs to remove barriers and utilize best practice approaches through positive youth development.

    - OHA, through the contracting process, should require the Coordinated Care Organization (CCO) to provide parity for youth compared to the adult service array with access and outcomes. In Oregon there are currently several intensive and residential treatment facilities, however the process of admission does not support the immediacy of youth needs.

Policy Recommendations:

- Co-occurring Conditions: Youth who are identified to need substance use treatment services predominately have co-occurring with mental health disorders and service needs. This is an opportunity to focus on evidence-based practices for youth who need services for co-occurring disorders. Services supported under this Act should be focused on positive youth development and the Developmental Model.

- Peer Support: Youth benefit from connecting with young adults (18-25) with lived experiences as a peer support. This will be provided through the 24 Hour screening hotline. This will remain a value as the Recovery Centers are developed throughout the regions. The research shows that peer support has an enormous effect on positive outcomes, regardless of the peer's formal education. Real-life experience cannot be overstated

- Demographic Impact Data: Data should be collected and analyzed throughout the systems to better understand the impacts for youth and families accessing the

appropriate services. Analysis should consider disproportionate impacts and disparities in enforcement and services, Demographic breakdowns should include race, ethnicity, gender identity, sexual orientation, and age, (statutory data elements from legislation)

    - Referral and juvenile justice decision points
        - Referrals related to drug related offenses (property, behavioral)
    - Treatment access
        - Behavioral health impacted youth
        - Drugs of abuse
        - Insurance status
    - Emergency Room Usage
    - Dependency referrals
    - Regional overdose workgroup (Salem Health)

- Invest in community-based, evidence-based best practices that focus on youth and family engagement. Programming should be developmentally appropriate and grounded in positive youth development. The continuum of services should be accessible statewide.

- Pay attention to both rural and urban service provider workforce, expanding the use of the Certified Recovery Mentors (CRM) and Peer Recovery Counselors (PRC).