

# CAO INDIAN HEALTH SERVICE DESERT SAGE YOUTH WELLNESS CENTER AFTERCARE REPORT

PRESENTED AT 2018 ANNUAL TRIBAL CONSULTATION

MARCH 21, 2018



# AFTERCARE REPORT

- In 2016 and 2017 we surveyed 38 of 39 Tribal and Urban Health programs in CA
- We conducted 199 on-site meetings (30 tribal and 8 urban sites)
- We interviewed 259 staff members (administration, medical, behavioral health, and social services)



## 38 (OF 39) SITES VISITED – THANK YOU TO THE FOLLOWING!

**Santa Barbara American Indian Health and Services, Inc.  
American Indian Health and Services, Corp.**

**Central Valley Indian Health, Inc.**

**Chapa-De Indian Health Program, Inc.**

**Consolidated Tribal Health Project, Inc.**

**Feather River Tribal Health, Inc.**

**Indian Health Council, Inc.**

**Karuk Tribal Health**

**K'ima:w Medical Center**

**Lake County Tribal Health Consortium**

**MACT Health Board, Inc.**

**Northern Valley Indian Health, Inc.**

**Pit River Health Service, Inc.**

**Rolling Hills Clinic**

**Indian Health Center of Santa Clara Valley, Inc.**

**Sycuan Medical and Dental Center**

**United Indian Health Services**

**Lassen Indian Health Center**

**Colusa Indian Community Health Clinic**

**Redding Rancheria Tribal Health Center**

**Bakersfield American Indian Health Project**

**Riverside-San Bernardino County Indian Health, Inc.**

**Round Valley Indian Health Center**

**Sacramento Native American Health Center, Inc.**

**San Diego American Indian Health Center**

**Santa Ynez Tribal Health Clinic**

**Shingle Springs Health & Wellness Center**

**Sonoma County Indian Health Project, Inc.**

**Southern Indian Health Council, Inc.**

**Toiyabe Indian Health Project, Inc.**

**Tule River Indian Health Center, Inc.**

**United American Indian Involvement, Inc.**

**Greenville Rancheria Tribal Health Center**

**Native American Health Center, Inc.**

**Tuolumne Me-Wuk Indian Health Center, Inc.**

**Warner Mountain Indian Health Program**

**Anav Tribal Health Clinic**

**Fresno American Indian Health Project, Inc.**

# SCREENING/IDENTIFICATION PROCESS

- A total of 9,391 youth were served at the facilities
- 4,835 Female youth served
  - 33% screened for alcohol use
  - 16% screened for drug use
- 4,556 Male youth served
  - 28% screened for alcohol use
  - 17% screened for drug use



\* Numbers are self-reported

## WHAT DO YOU THINK YOU CAN DO TO IMPROVE YOUR SCREENING PROCESS FOR ALCOHOL AND/OR DRUG USE PROBLEMS? (TOP RESPONSES)

- Create a standardized screening routine (e.g., policy and procedure)
- Create routine to handle positive screens (more referral options)
- Screen in more departments (e.g., dental, optometry)
- Educate the providers on the need to screen youth and methods
- Screen all youth – not just Native youth
- Make the screenings mandatory
- Screen more frequently (e.g., every visit, at different events)
- Educate patients/community (importance of screenings, screening is confidential)
- Use screening software
- Create EHR alerts or reminder



*IF A COMMUNITY MEMBER NEEDS TO REFER A YOUTH FOR A SUBSTANCE ABUSE ISSUE  
(INCLUDING ALCOHOL) WHO DO THEY CONTACT?*

- Behavioral health department or liaison
- Medical department or public health nurse
- Anyone at the health center



# REHABILITATION

- A total of 739 youth had drug and alcohol counseling
- 80 youth referred to a YRTC program
  - 66 admitted
  - 47 completed treatment

## REASONS WHY YOUTH DON'T COMPLETE YRTC SERVICES (TOP 10 RESPONSES)

- The youth misses their families
- Family members sabotage treatment (use guilt to get them to come home)
- Lack of family support
- Youth breaks program rules
- Co-occurring problem(s) not treated correctly
- Lack of Native American counselors or staff
- Lack of youth motivation
- Need more time in residential treatment (program too short)
- Lack of cultural and spiritual component
- Families aren't included in treatment



## WHAT CAN IHS DO TO COMMUNICATE TO YOUR COMMUNITY THAT THE IHS YOUTH REGIONAL TREATMENT CENTER SERVICES ARE AVAILABLE? (TOP 14 RESPONSES)

- Brochures/pamphlets/flyers
- Posters
- YRTC app
- Video about the YRTC (put on YouTube)
- Social media (Facebook, Twitter)
- IHS staff members visit the clinics
- IHS staff members visit the tribes/community
- Toolkit (policy and procedures, instructions, intake packet, service descriptions)
- Coordinate with other agencies (TANF, tribal chairmen association, schools)
- YRTC website (e.g., separate from the CAIHS website)
- Conferences/workshops, presentations
- Aftercare protocol for coordination between YRTC and clinics
- Facility tours
- Consultation meetings with tribal leaders

*DOES YOUR BEHAVIORAL HEALTH PROGRAM PROVIDE RECOVERY SUPPORT SERVICES TO YOUTH? (32 OF 38 SAID YES)*

*IF YES, WHAT TYPES? (TOP 15 RESPONSES)*

- Individual counseling
- Relapse prevention
- After school activities
- Cultural groups and activities
- Life skills training
- Transportation
- Substance abuse education
- Talking circles
- Staff and community member trainings
- Peer-to-peer support groups
- Attend Individualized Education Plan meetings/education support
- Group counseling (e.g., 12 step, Wellbrihty, Red Road)
- Referral coordination
- Family counseling
- Youth conference

# POST TREATMENT OUTCOME MONITORING AND CARE

- Have you ever conducted outcome evaluations on youth who have completed services at a youth regional treatment center?
- 32 answered “No”, 5 answered “Yes”
- Of the 5 that answered “Yes”
- 3 Used the IHS interview form provided by the CAIHS
- 2 CRIHB CAIR program (SAMHSA post-evaluation)

# AFTERCARE

- In October 2017, IHS released a Request for Proposals (RFP) for YRTCs only (one IHS and one Tribal) for aftercare pilot projects
  - Grant amount is \$810K per year for 3 years
- CAO submitted an application we were awarded the grant
- One of the most important aspects of the grant is involvement from the clinical staff
- **You know best how to provide services to your community!**



# YRTC AFTERCARE PILOT PROJECT - PURPOSE

1) Establish a statewide workgroup of 8 tribal and urban Indian health programs, YRTC staff members, CAIHS staff members and technical consultants to plan, develop, and pilot a structured aftercare program which includes case management, training, and outcome evaluation plans



2) Create a plan that is family-based, culturally-based, and use evidence-based practices

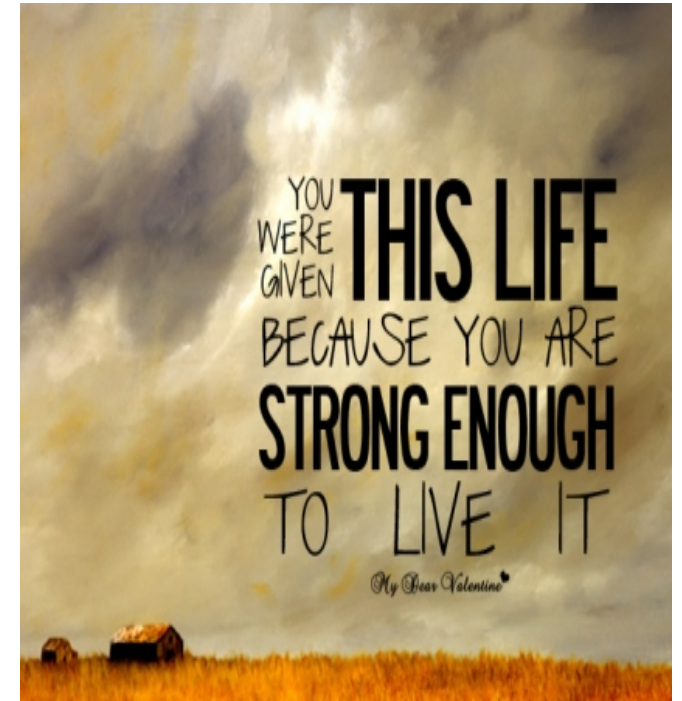
3) Engage youth and their family members, before, during, and after residential treatment to increase support, access, and use of residential and transitional/reintegration services



# YRTC AFTERCARE PILOT PROJECT - GOAL

The goal is to help AI/AN youth who complete residential treatment to:

- 1) Reduce alcohol and substance relapse risk (increase resiliency, self-coping, social support)
- 2) Establish effective reintegration into the family and community
- 3) Maintain sobriety



# YRTC AFTERCARE PILOT PROJECT - OBJECTIVES

1) PROVIDE AFTERCARE AND CASE MANAGEMENT SERVICES



2) CREATE AND TRAIN COMMUNITY SUPPORT SYSTEMS IN EVIDENCED-BASED CARE MANAGEMENT SERVICES

# YRTC AFTERCARE PILOT PROJECT - OBJECTIVES

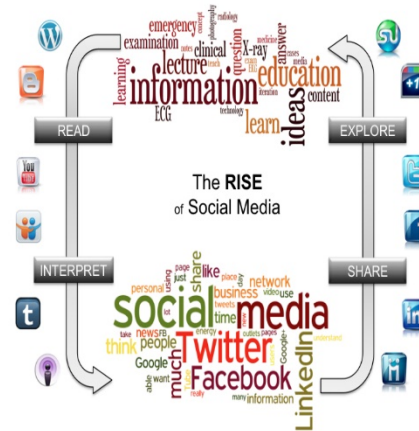
3) IDENTIFY AND IMPLEMENT BEST PRACTICES FOR INCREASING ACCESS TO TRANSITIONAL SERVICES



4) INCORPORATE SOCIAL MEDIA INTO AFTERCARE PRACTICES

# YRTC AFTERCARE PILOT PROJECT - OBJECTIVES

## 5) INCREASE DATA COLLECTION FOR POST-RESIDENTIAL DISCHARGED YOUTH



## 6) EVALUATE AND DISSEMINATE INFORMATION AMONG ALL YRTC FACILITIES

# CONTACT INFORMATION

If you would like me to present to your community or organization, please contact me:

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