



California Youth Regional Treatment Center

California Indian Health Service
2026 Annual Tribal Consultation





Deep Impact: Addressing Substance Use and Overdose in American Indian and Alaska Native Communities

Executive & Tribal Consultation Slide Set





Kufreabasi Idiong, LCSW, MSW

Vinita Quinones, LCSW, MA, BCD





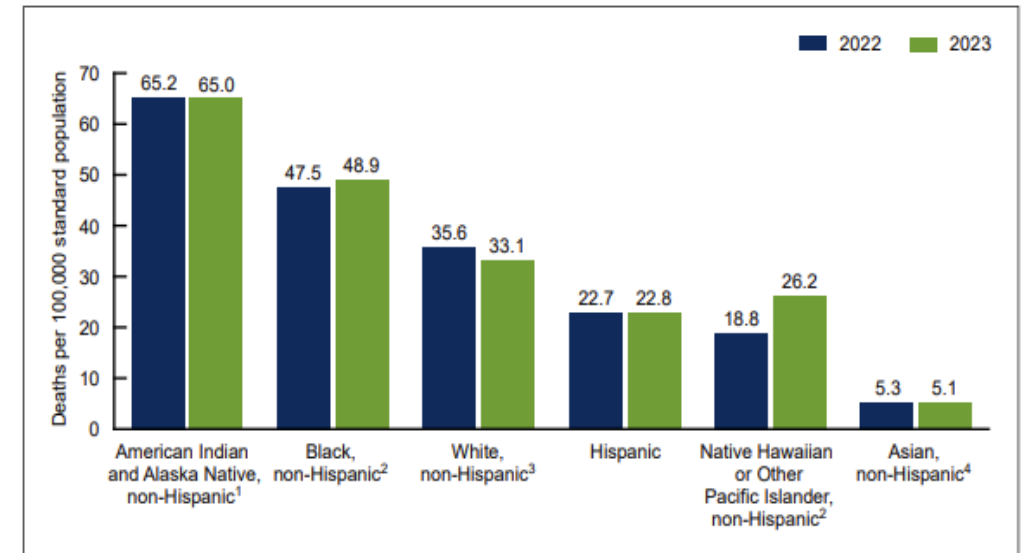
Why this Matters

- American Indian/Alaska Native (AI/AN) communities experience **the highest burden of substance use–related harm** in the United States.
- Overdose deaths, alcohol-related mortality, and early-onset substance use disproportionately impact **AI/AN youth and young adults**.
- These disparities reflect **historical trauma, structural inequities, and limited access to culturally responsive care**—not individual or cultural deficits.



Overdose-Related Deaths (National)

- AI/AN individuals have the **highest age-adjusted drug overdose death rate** of any racial/ethnic group in the U.S.
- **2021:** 56.6 deaths per 100,000 AI/AN individuals
- **2022:** 65.2 deaths per 100,000 AI/AN individuals (~15% increase in one year)
- Overdose mortality among AI/AN populations has increased **more than 12-fold since 1999**.



Source: Centers for Disease Control and Prevention (2023)



Substances Driving Overdose Deaths

- **Synthetic opioids (fentanyl)** are the leading cause of overdose deaths.
- **Methamphetamine and fentanyl polysubstance use** is highly prevalent and associated with increased lethality.
- AI/AN males and females experience **higher fentanyl-related mortality rates** than all other racial/ethnic groups.



Substance Use & Misuse (Adults)

- **13.1% of U.S.-born AI/AN adults** meet criteria for a past-year substance use disorder (SUD).
- **Alcohol use disorder: ~10.5%**
- **Illicit drug use disorder: ~4.5%**
- Alcohol-related death rates among AI/AN individuals are **significantly higher than the U.S. average.**



Youth & Adolescents

- AI/AN youth report **earlier initiation of alcohol and drug use** compared to national averages.
- Early substance use increases risk for:
 - Chronic substance use disorders
 - Co-occurring mental health conditions
 - Justice system involvement
 - Overdose in young adulthood
- **Youth-focused, developmentally appropriate treatment is critical for prevention.**





California & Regional Context

- California is home to **the largest AI/AN population in the United States**, including many urban and rural tribal communities.
- AI/AN Californians experience **elevated rates of alcohol-related mortality and stimulant-involved overdoses**.
- Geographic isolation, workforce shortages, and underfunding of tribal health systems contribute to **gaps in access to residential youth SUD treatment**.
- Youth Regional Treatment Centers (YRTCs) play a vital role in addressing these gaps.





Structural & Historical Drivers

- Elevated substance use risk is linked to:
 - Historical and intergenerational trauma
 - Forced displacement and cultural disruption
 - Poverty and housing instability
 - Limited access to behavioral health services
- These factors underscore the need for **trauma-informed, culturally grounded care models.**





Implications for Treatment & Prevention

- Data support the expansion of:
 - **Culturally responsive residential treatment** for AI/AN youth
 - Integration of traditional healing and evidence-based practices
 - Family- and community-centered recovery models
- Programs such as **California Youth Regional Treatment Centers** are essential to reducing overdose deaths and long-term disparities.



California Youth Regional Treatment Centers

The California Area IHS operates two Youth Regional Treatment Centers YRTC.

Desert Sage Youth Wellness Center

Hemet, CA



Sacred Oaks Healing Center

Davis, CA



Admission Criteria

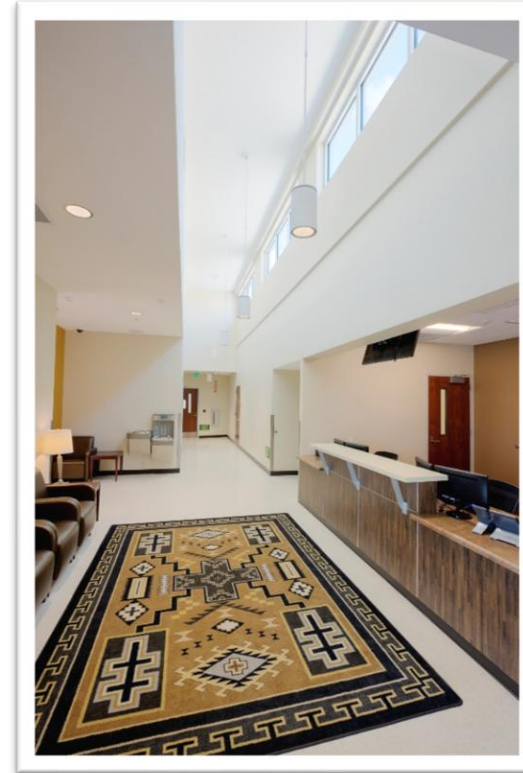
Primary diagnosis of substance use disorder
(moderate-severe)

Meets ASAM criteria for residential care

Age 12-17

Voluntary admission

May present with co-occurring mental health
diagnoses



Admission Limitations

Actively suicidal or homicidal ideation requiring a different level of care

Significant history of interpersonal violence posing safety concerns

Active psychosis or symptoms requiring acute psychiatric stabilization

Uncontrolled or high-risk medical conditions beyond program capacity

High risk of elopement/flight that cannot be safely managed in a residential setting

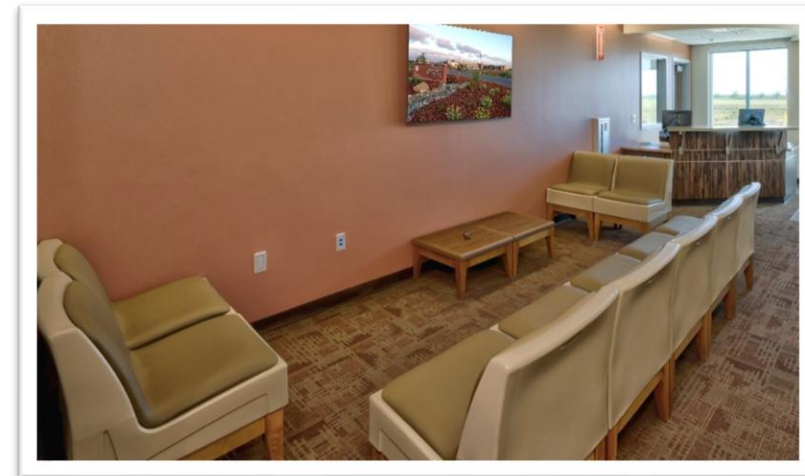
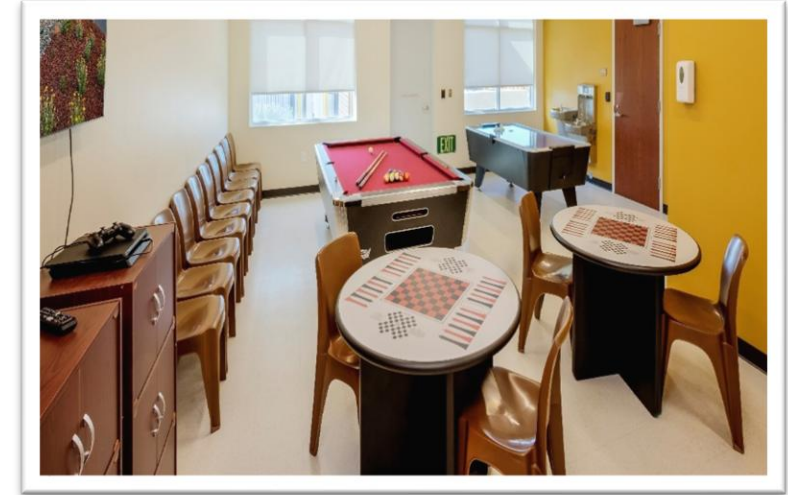
Treatment Services

- Individual Sessions with Substance Use Disorder (SUD) Counselor
- Individual Sessions with Licensed Clinical Social Worker (LCSW)
- Psychiatry Services as clinically indicated
- Group Therapy Sessions
- 24 Hour Nursing



Daily Scheduled Activities

- Meals
- Education
- Therapy
- Cultural Programing
- Life skills
- Recreation
- Weekend activities



Best Practices

- Evidence-Based Treatment Models
 - Cognitive Behavioral Therapy (CBT)
 - Dialectical Behavior Therapy (DBT)
 - Motivational Interviewing (MI)
 - White Bison
- Multi-disciplinary Team Approach
- Cultural Responsiveness
 - Incorporation of cultural activities throughout treatment
- Trauma-Informed Care
- Accreditation & Compliance
 - Joint Commission- accredited
 - Compliance with federal, state, and tribal regulations
- Aftercare & Continuity of Care
 - Resource linkage for tribal and urban clinics
 - Ongoing support for families and youth



Discharge Planning

- Initiated at intake
- Individualized recovery planning
- Collaboration with Aftercare Coordinator
- Joint planning with the resident and guardian
- Coordination with referring clinics to support continuity of care





Contact Information

Intake/Aftercare Team

- Primary POC: Melissa Poyer, CALYRTC Referral Line
(951) -364- 3214
- Teresa Phinazee, Intake Coordinator
 - Teresa.Phinazee@ihs.gov
- Molly Aday, Intake Coordinator
 - Molly.Aday@ihs.gov
- Bridget Anderson, Aftercare Coordinator
 - Bridget.Anderson@ihs.gov





Questions?



References

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