Prop 64 Youth Committee Draft Guidelines and Principles

Program messaging:

- Educate youth and families (parents, guardians, caregivers, etc.) about the concerns of underage non-medical use of marijuana while also reducing the stigma around substance use disorders, treatment and recovery.
- Support the public health messaging around the use of marijuana and other substances to clearly articulate the potential impacts to youth (using tobacco prevention as a base when appropriate, language in TEROC plan about countering pro marijuana influence, CPMI)
- Coordination across departments on messaging and stakeholder involvement to create a foundational and consistent message - DHCS, Department of Public Health, Dept of Ed. DHCS, CDE, DPH and funded programs should look to lessons learned from other states, alcohol and tobacco misuse prevention, early intervention, and treatment
- Messaging should be harm reduction focused, age appropriate, and meet youth and young adults where they are - physical location (school, afterschool, community center), technology, etc.

Models, program elements and components of engagement

- Programs should build from a positive youth development model that is developmentally appropriate, culturally and linguistically competent, takes a trauma-informed and harm reduction approach, and honors youth choice and voice. Any programs funded serve youth in accordance with their gender identity and must meet a basic level of LGBTQ cultural competency.
- Practices should be built around best available evidence while allowing for innovation and adaptation to local needs and circumstances and the needs of special populations, including LGBTQ, homeless and juvenile justice systems-involved youth. Where appropriate programs should provide evidence informed and outcome driven curriculum for use in educational programs (examples include: Botvin Life Skills and resources listed on NREP)
- An appropriate community continuum of care should include education, prevention, early intervention, treatment and recovery components. No wrong door: Mental health must be a component of the community continuum of care for substance use
- Any programs should include family engagement as appropriate (with a broad definition that includes anyone who cares for the child, youth, or young adult)
- Youth lives are not siloed, therefore any youth-specific prevention, early intervention, treatment, and recovery systems should be linked and integrated with other youth-serving systems, such as schools and expanded learning, juvenile justice, courts, child welfare, workforce development, primary care, and mental health
    - Development of a protocol to prevent the overuse of the most extreme interventions that are not indicated
    - Supporting the least restrictive/punitive models (i.e. recovery high schools and recovery community organizations)
    - Programs should be voluntary
- Include non-treatment prevention and early intervention services, that specifically address substance use and/or that increase youth assets that are tied to reduced substance use (for example, alternatives to suspension program, after school & expanded learning programs, student assistance programs, home visiting, parent education, recovery high schools and community organizations)

- Any programs have a low-barrier to entry (fees, housing first, etc.) and when appropriate and possible there should be an availability of collateral services/intensive case-management services: education access, legal services (record-clearing), employment supports, health care, immigration, etc.

Priority Populations

- Priority should be given to programs in high need populations (underserved communities, communities of color, lower income communities, homeless and out of school youth, pregnant and parenting youth, schools with higher than average dropout rates etc.) and, as specified in the 2016 California Proposition 64 ballot measure, communities most impacted by the war on drugs.
- Mapping of resources and needs done at a state and local level and inclusive of community partners. Preference for programs that are based on and staffed by local community members and community organizations who have experience serving the populations to be served. The process of determining funding and priorities should involve local stakeholders that are part of the communities affected while centering around youth voice and lived experience. Community organizations should be key partners in program design and delivery, especially those that provide opportunities for youth to explore and develop personal interests and skills (arts, music, sports, STEM), exposure to career options and pathways to higher education, and connect youth to resources within their communities.

Demographics

- Funded programs need to collect and report on demographic data (race/ethnicity, gender identity, sexual orientation, language, household income, etc.) that is standardized across systems and programs.
- Youth 12 and older can consent without parental knowledge

Evaluation: NEEDS FURTHER CONVERSATION

- Funded programs should be evaluated regularly and future funding should reflect evaluation data and findings. (Needs further discussion)
- Evaluations should not be a barrier to small communities, programs, organizations receiving funding. Technical assistance needs to be available for these communities.
- Evaluations should include outcome based and/or health quality measures.

We will use the DHCS YAG Youth Treatment Guidelines as a starting point to establish guidelines regarding the following:

- Recommendations on definitions of what prevention, early intervention and treatment are defined as.
- What are the target ages for each stage in the continuum of care (prevention, early intervention and treatment.

Workforce "Broad Brush" Recommendations Draft 10/20/2017

1. Specific sets of youth-specific competencies must be developed for professionals treating youth and families.

2. A master plan with specific time frames to meet goals for raising education, training, and competency for the SUD workforce must be developed.

3. Resources must be directed to assist individuals and programs in meeting the goals of the SUD workforce master plan.

4. Reimbursement, via waiver contracts, must include a component to accommodate higher salaries for programs that reach goals of moving professionals to higher levels on the career path as required by the SUD workforce master plan.

5. To be effective, the youth SUD programs funded under Prop. 64 must be integrated into the rest of the health care delivery system, which includes primary care providers serving underserved communities who provide education, prevention, and early intervention.

6. Resources must be portable across the different systems of care while also encouraging a continuum system of care that promotes communication between SUD, mental health, and primary care providers.

7. Barriers to entry to the workforce treating youth should be reviewed to ensure that persons with lived experience are not being excluded.

8. All provision of services, in all settings, needs to be culturally competent and include competency for special populations, including LGBTQI, trauma, criminal justice involvement, foster care and others.