

ASAP of New York State Adolescent/Young Adult Committee

2014 Priorities

Committee Co-Chairs; Alexis Gadsden, Outreach and Karen Carlini, Dynamic Youth Community, Inc.

A Call to Action:

In 2014 the need is greater than ever for a comprehensive response from our Leaders on a, Federal, State and local level to address the needs of young people in our country. The concept of no child left behind touted by our former President was a concept and not a plan. Today, our children are not just left behind they are dying!

Alcoholism and Substance Abuse Providers of New York State, Inc.

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One Columbia Place Suite 400 Albany, NY 12207 www.asapnys.org While budget constraints may call for, fiscal discipline and accountability, our approach to service delivery for families and youth in crisis throughout New York State is short sighted. We need to invest in quality care and promote integration of prevention and treatment throughout the NYS youth service networks. In the midst of an Opiate Epidemic, our young people are cycling in an out of hospitals or forced to fail at inappropriate levels of care. Aside from the fact that this is significantly costly to taxpayers, the impact on families is devastating. As the behavioral health field evolves we need to continue our efforts to promote models of care that are targeted to the need of families and their children.

Over the last ten years we have seen and heard stories of hundreds of young people who have overdosed or died, while researchers look at graphs and charts and our decision maker's look at the budgets and how they can cut costs.

Expansion of our service delivery system, improved access to care, funding to ensure continuity of care and recovery maintenance is critical for improved outcomes. As members of the ASAP of New York State Adolescent/Young Adult Committee we will continue to work with NYS OASAS, ASAP of New York State, Regional Coalitions, community based organizations, families and consumers to effect these changes to improve the lives and well being of children in our care and their families.

New York State does not have a death penalty Denying access to treatment is a death penalty for our children.

Accomplishments:

- Increased focus on state and local level on addressing the needs of adolescents and young adults.
- · Continued collaboration with other systems; ACS, Juvenile Justice, OMRDD
- Expansion of Residential beds for young adults Long island (25), Buffalo (25), Albany (20)

Activities:

- Ongoing constructive dialogue with OASAS Commissioner and OASAS Executive staff.
- Recognition of the need to strengthen and maintain a continuum of care for youth and young adults that includes residential care.
- · Need to expand the adolescent and young adult service delivery network in rural areas.
- Provide training and resources to strengthen the capacity of staff to address clinical nuances and the changing needs of youth and young adults





Priorities, Goals and Objectives:

Continuation of State Aid/local assistance for the uninsured and underinsured.

Promote ongoing dialogue on the use/integration of Medication Supported treatment (MST), and establish guidance and best practices for adolescents and young adults.

Promote education targeted intervention strategies, and identify resources to respond to prescription drug epidemic. Initiate opiate summits throughout NYS to strengthen recognition of devastating consequences of prescription drug and opiate epidemic amongst youth and young adults.

Advocate for comprehensive public education campaign and legislative reform. Engage parents advocates and other community based stakeholders in advocacy campaigns.

Create mechanisms and identify resources through OASAS and the LGU to access resources for Adolescent and Young Adult Recovery supports to address the needs of adolescents and transitional age youth engaged I high risk behavior, during treatment and post discharge.

Establish recovery resources in the community for adolescents and transitional age youth returning to the community from episodes of incarceration, residential treatment and after outpatient, to support sobriety maintenance and ongoing recovery.

Continuity of Care: Address the need for more levels of care beyond detox, inpatient, residential and outpatient, to include in-home services while in treatment, and development of recovery/support centers for youth.

Full integration of vocational rehabilitation services; adolescent focused case management to assist with resolution of criminal justice status, ensure access to continuing educating, educational placement, training programs and job placement for youth and young adults.

Identify resources to support the integration of co-occurring disorder services in adolescent and young adult treatment programs.

Advocate for the development of appropriate and effective detox from heroin and prescription opiates for adolescents, and young adults.

Address barriers and limitations to accessing appropriate care for adolescents with co-occurring mental disorders.

Assist with ensuring access to community based social service supports in counties where primary care is provided.

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Support – Criminal Justice Raise the Age campaign

