

Andrew M. Cuomo
Governor

Arlene González-Sánchez
Commissioner

Nassau County Youth Conference

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Project Director NYSAINT

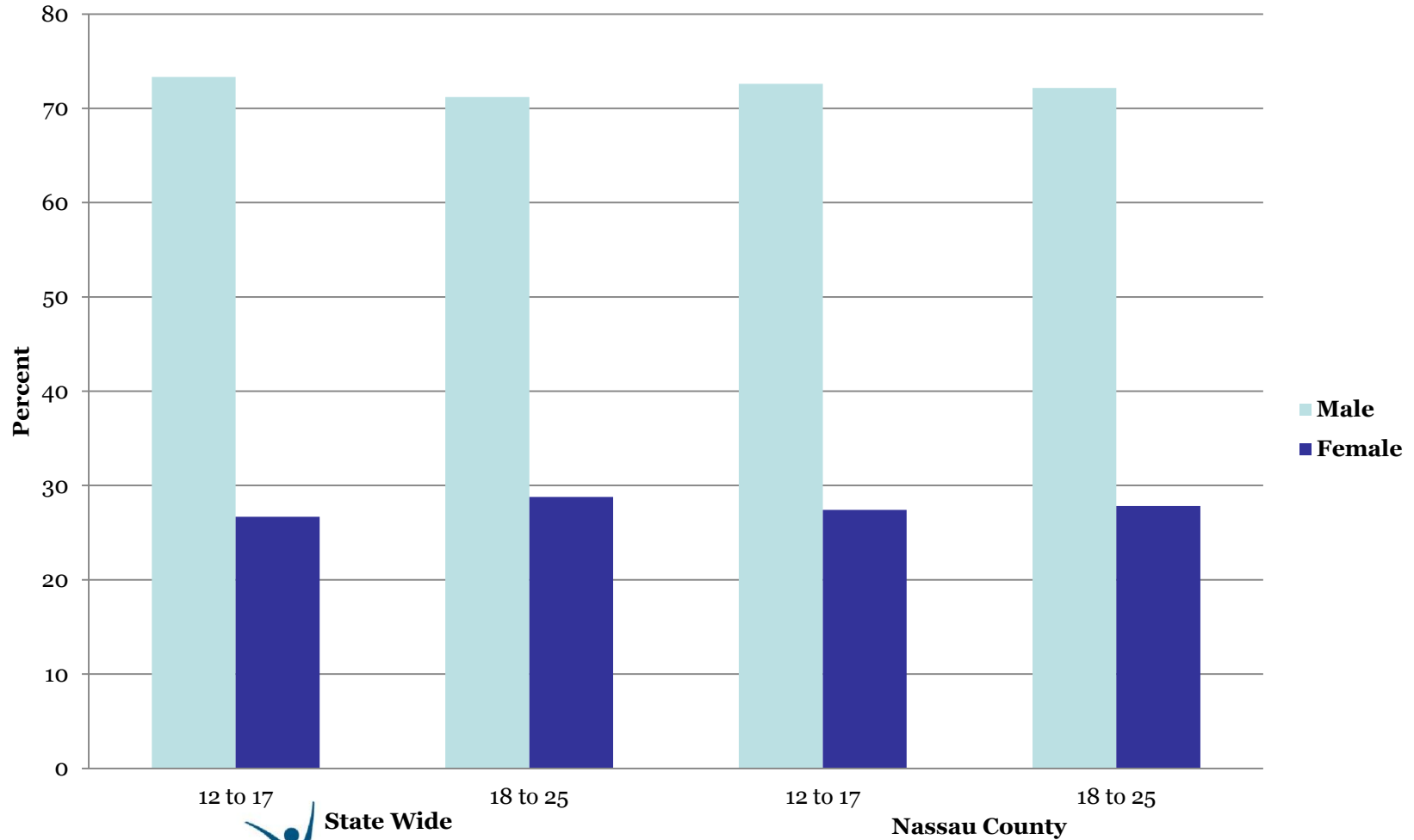
Adolescent, Women and Children's Services



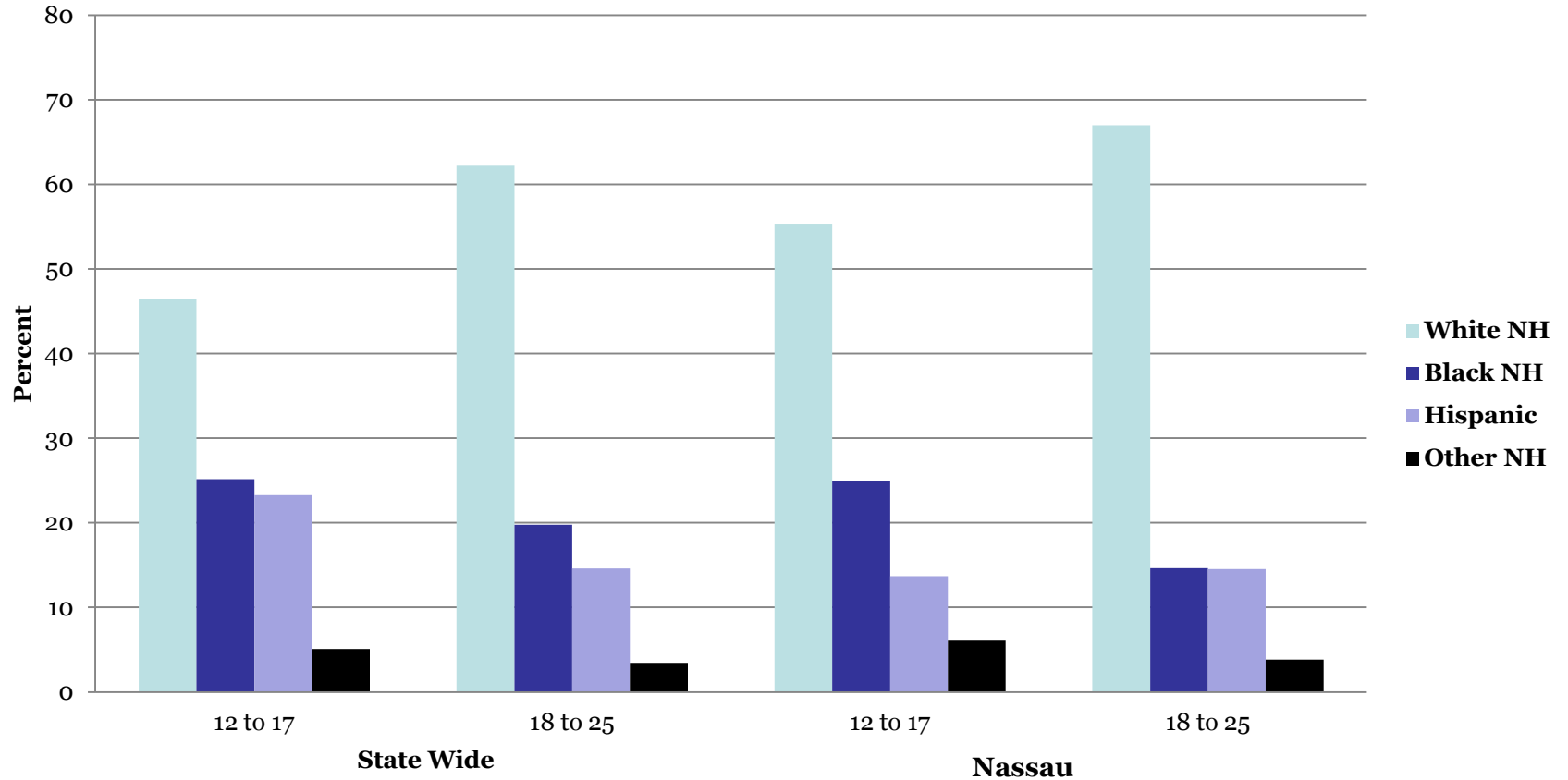
Fast Facts

- Calendar Year 2011 – 66, 296 Admissions of individuals 12 – 25 years of age.
- Statewide:
 - 10,997 were 12 to 17 years
 - 55,299 were 18 to 25 years
- Nassau County:
 - 562 were 12 to 17 years
 - 3,418 were 18 to 25 years.

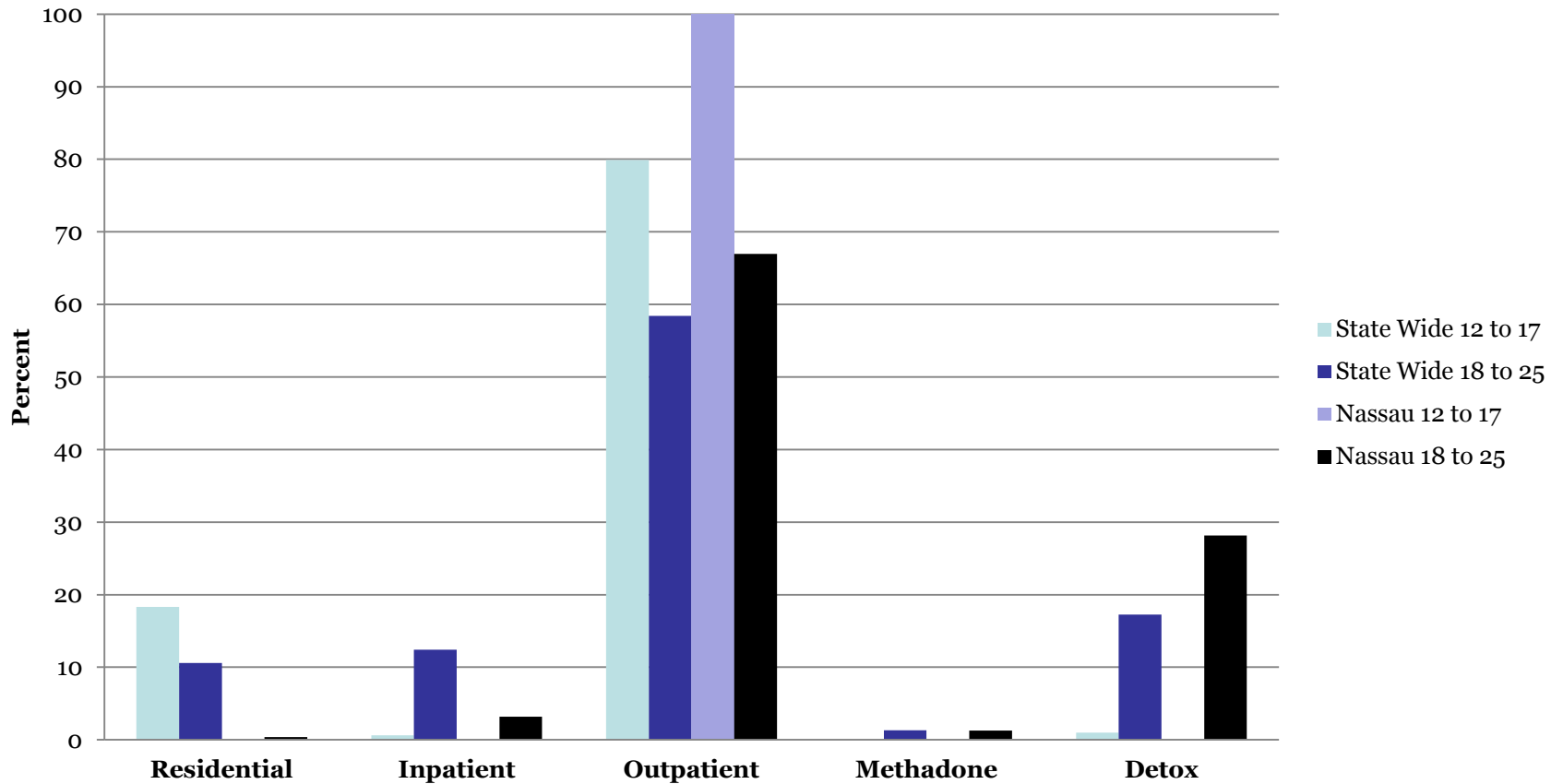
Gender



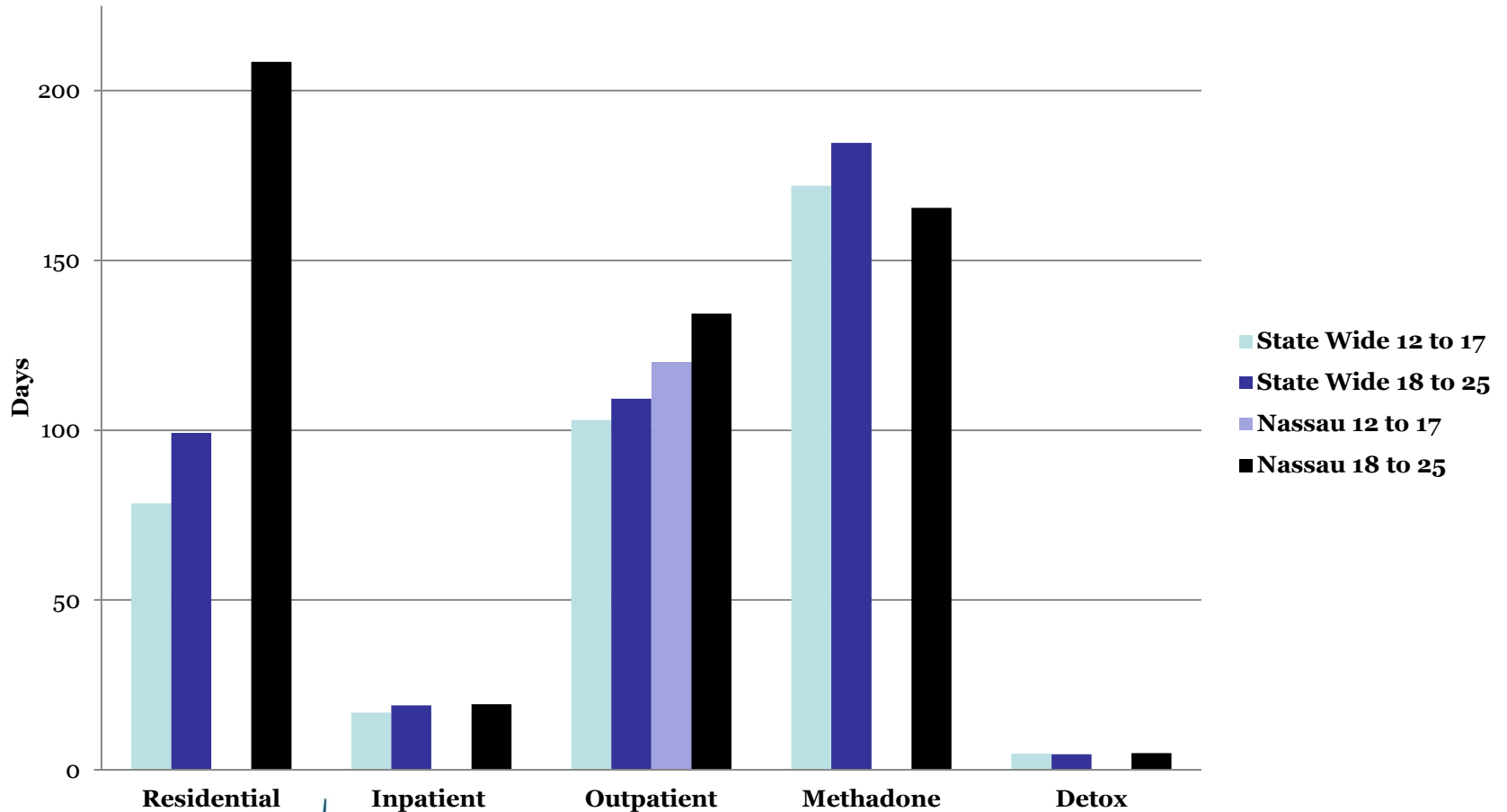
Race/Ethnicity



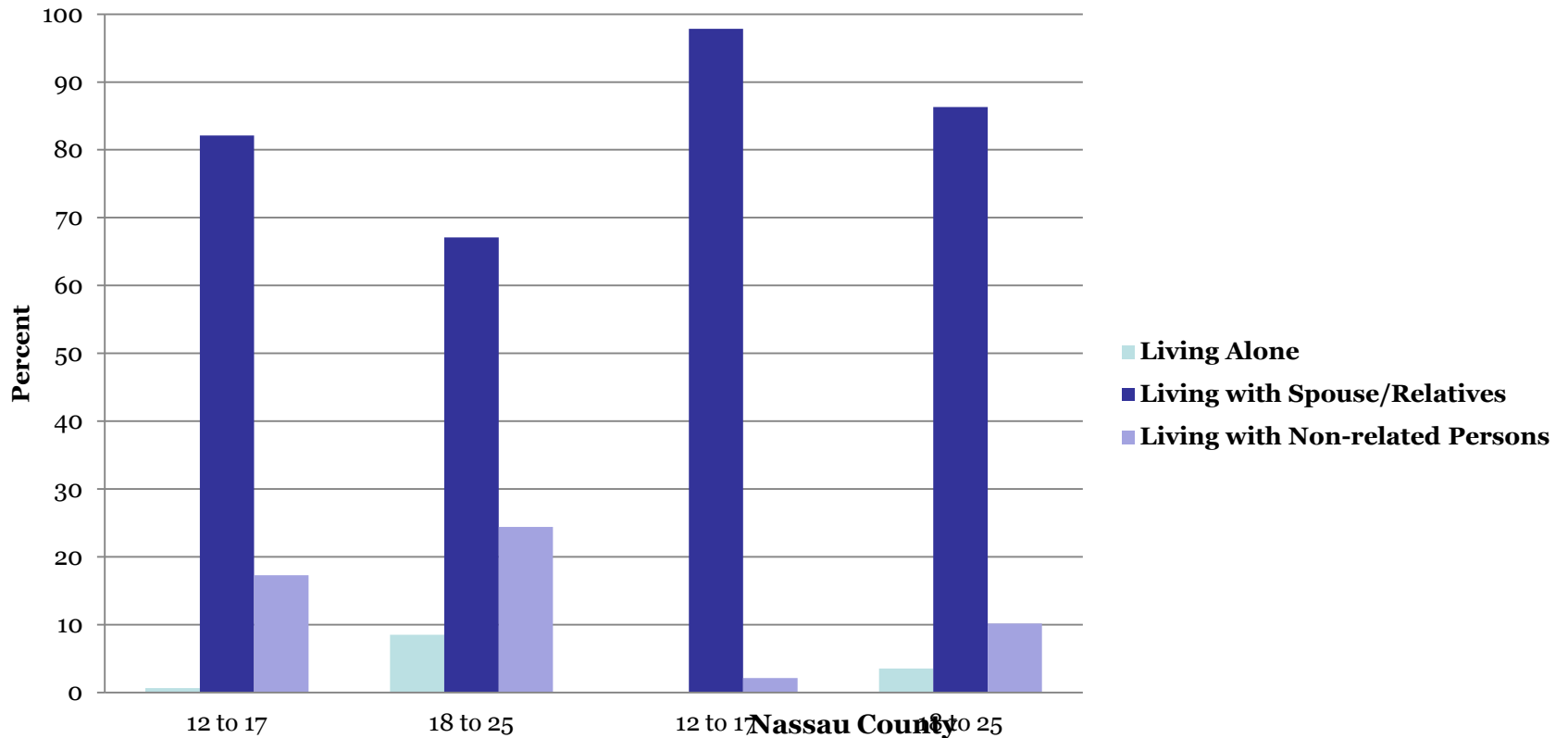
Level Of Care



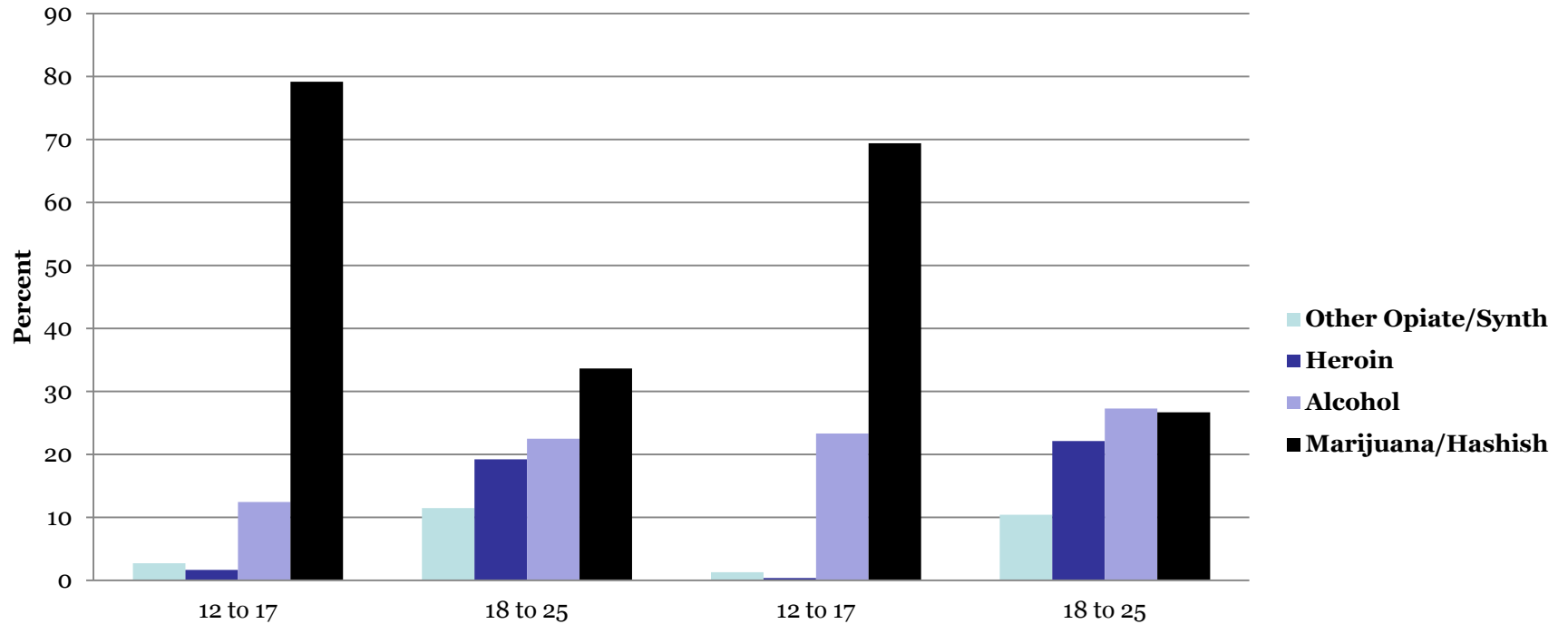
Average Length of Stay (days) by Level of Care



Living Arrangements



Primary Substance Use



State Wide

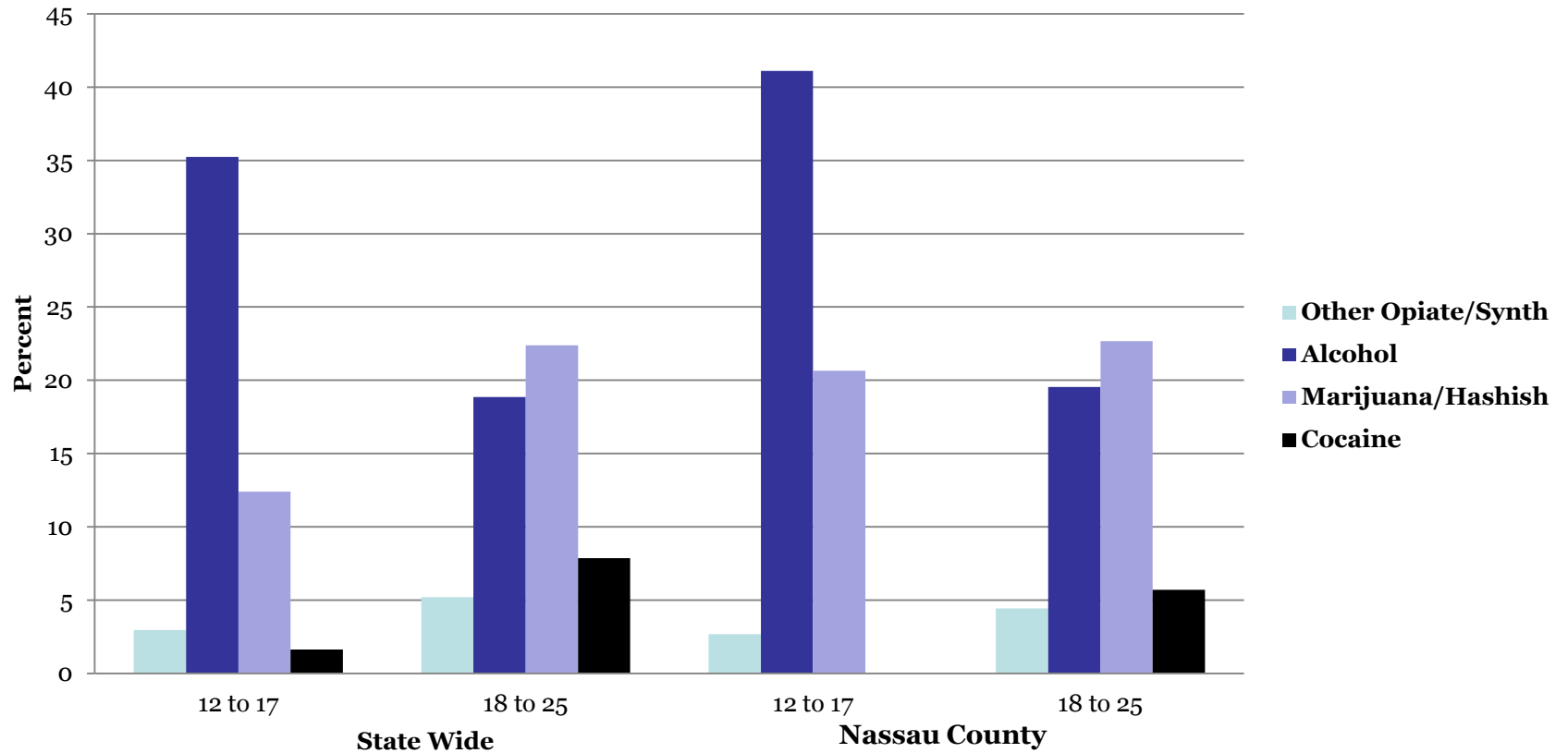
Nassau County



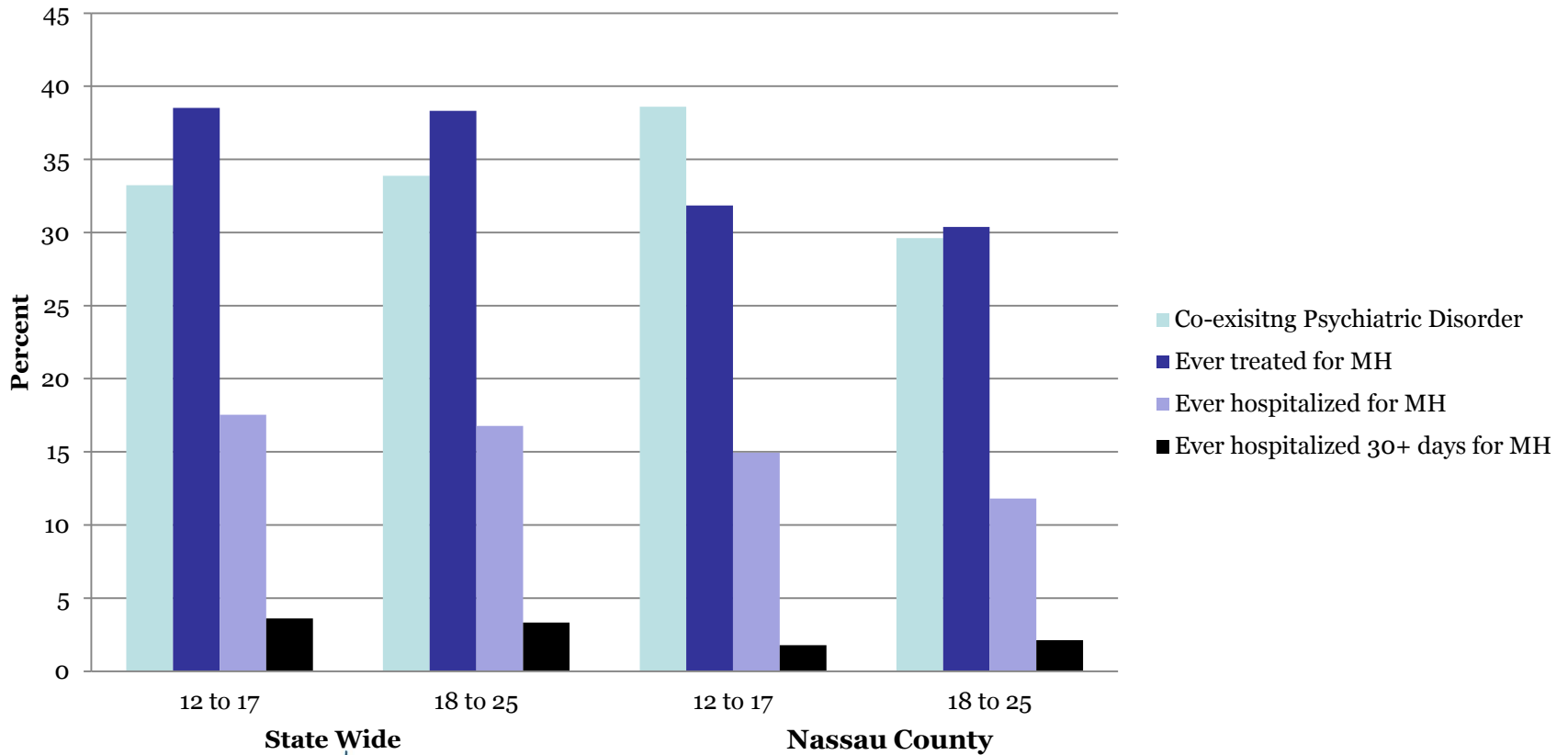
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Improving Lives.

NEW YORK STATE
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery

Secondary Substance Use



Mental Health



Adolescent Co-Occurring Disorder Task Force

- Issued in the Spring of 2009 located at:http://omh.ny.gov/omhweb/childservice/mrt/subcommittee_report.pdf
- adolescents and young adults in NYS who have a co-occurring disorder, with a primary focus on youth ages 10-24* involved in OMH State Operated Programs and in OASAS and OMH State Certified Programs.
- 3 Subcommittees – Clinical, Systems and Regulatory, Children and Families

Clinical Recommendations

- ***Recommendation 1. All youth being evaluated for mental health disorders should be screened for substance use problems and all youth being evaluated for substance use disorders should be screened for mental health problems using appropriate screening tool(s). Those who screen positive for these problems should have subsequent assessment using appropriate interview***
- ***Recommendation 2. Screening should occur not only in outpatient clinics, but in all hospital, residential, day treatment and other settings or programs operated or certified by OMH or OASAS, e.g. psychiatric hospitals; residential treatment facilities; residential treatment centers.***
- ***Recommendation 3. Screening also should be part of ongoing services provided by other appropriate agencies and professionals serving youth in other environments, e.g. Department of Health clinics; physician offices, public schools; child welfare and foster care agencies schools and programs for youth with mental retardation and developmental disorders, probation offices, OCFS residential facilities and juvenile detention facilities.***
- ***Recommendation 4. Screening for both mental health disorders and substance use disorders should be repeated during transition periods in the youth's life, with changes in types or levels of care, or as needed based on the clinician's judgment. and/or assessment tools***



Systems and Regulatory

- *Recommendation 1: Adopt and apply the recommendations of the Adult COD Task Force to the service delivery needs of youth and adolescents.*
- *Recommendation 2: Establish a uniform regulatory and fiscal structure, including a common language, for service delivery to youth in both OASAS and OMH settings. Funding for services involving collateral contacts should be available in both OASAS and OMH.*
- *Recommendation 3: Investigate existing local/county models that foster cross-system coordination of treatment and support services for COD youth to serve as models for coordinated service delivery.*

Youth and Families

- *Recommendation 1: OASAS and OMH commit to establish an interagency workgroup that includes other state agencies, to advocate for the engagement of youth and families in treatment planning and in broader policy issues. Practice guidelines should be established around family involvement in the service delivery needs of youth with COD.*
- *Recommendation 2: OASAS and OMH commit to an interagency effort, that includes other state agencies, in support of continuing education to maintain and increase competencies of providers and staff regarding family support, engagement and models of parent education.*
- *Recommendation 3: The commissioners of OMH and OASAS convene a work group to evaluate and plan for service delivery needs of transitional age youth, who are defined as youth between the ages of 18 and 24 years. Housing options for youth with COD who are “aging out” of children and youth services, but who are not ready to live independently, is one example of the this group’s needs.*



Cross Training

- Adolescent Co-Occurring Disorders – Training the Trainers
 - OASAS and OMH Trainers
 - A list of Trainers Available through the OASAS Training Unit
- Motivational Enhancement Therapy/Cognitive Behavioral Therapy
- Focused on Integrated Treatment (FIT) – Adolescent Module
 - Can be found
at:<http://practiceinnovations.org/CPIInitiatives/FocusonIntegratedTreatmentFIT/tabid/186/Default.aspx>

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- 3 year Cooperative Agreement with SAMHSA/CSAT
- Infrastructure Development
 - Workforce
 - Resource Mapping
 - Development of Recovery Supports
 - Parent and Youth Voice
- Implementation of EBPS
 - The Seven Challenges
 - GAIN-ILite

Adolescent Opiate TA

- Support for an Expert Outside Facilitator
- Select Group of Medical and Clinical Staff
- Practice Guidelines for Youth and Young Adults



Comments and Questions

- Contact Information

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