

Suggestions for the S.42:

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1. Define the term prevention:

“A comprehensive system of care for the administration of substance abuse prevention, intervention, treatment and recover” is an admirable goal, but one fairly distant from current realities, particularly when we look at the status and delivery of prevention services within that system. Direct prevention efforts, specifically for adolescents and young adults, are somewhat thin and inconsistently available across the state; they don’t exist under the authority of any one state agency umbrella, in fact many of them exist outside of the oversight and scope of government all together. There is no functional catalogue of prevention efforts, and I suspect that even efforts to define the term would yield significant diversity of response.

However, if we assume that, at least where youth and young adults are concerned, prevention in terms of substance abuse prevention is defined broadly as:

“Efforts to supplant natural risk taking tendencies in adolescence that can lead to negative social behaviors including the use and abuse of substances with positive and pro-social risk taking that leads to improved exposure to healthy behaviors and increased permanent and positive connectedness to peers, adults and communities.”

then, a broad array of community based approaches to prevention would be relevant to the discussion of a comprehensive system of care. This array would include elements under state authority, but it would also include many non-government efforts. Without a functional definition it’s difficult to understand the charge that is being given to the Department of Health.

The charge for the Commissioner of Health to coordinate and supervise a continuum of geographically diverse substance abuse services that includes “prevention programming and services, including initiatives to deter substance use among youths” (4814) seems overwhelmingly unlikely without this definition.

Further, this definition would bring additional clarity to the statute regarding information that the Legislature would need to help assess the strength of the system and would bring more objectively measurable parameters to defining strengths and gaps of the prevention element of the system of care.

2: Council Membership (48310)

Consider expanding the prevention seat on the Council to include an additional representative of prevention efforts. This is important particularly since the only other representative of prevention currently listed for inclusion on the Council represents school-based services. While schools are important in the lives of young people – arguably of primary importance – they are not the sole place where youth intersect with their communities. Additionally, it’s important that prevention efforts for

transition aged youth and young adults who may have graduated or are otherwise not engaged in school-based prevention efforts be represented in the make-up of the council.

3. Sharpen legislative expectations for Strengths-based measurement in the reporting requirements (4815)

Utilization data, data detailing decreased use of substance, and data iterating timeliness of care are not the only significant measure of the impact of substance abuse treatment. In many cases, a more significant measure of change is when individuals develop their internal strengths for managing difficulty. While the language in section 4815 stating the need to report on “individual recovery in terms of clinical, social and legal outcomes” is a good start, the opportunity exists to strengthen expectations that services covered in the system of care be oriented toward a strength based approach.

The following definition of a strength based approach is a good guide: “A strengths-based perspective is a perspective that emphasizes human beings’ capacity to change, including the abilities and resources they have within themselves and their social systems. When activated and combined with new experiences, understandings and skills, strengths offer pathways to reduce pain and suffering, resolve concerns and conflicts, and cope more effectively with life stressors.” (Bob Bertalino Ph.D)

Examine ways that this essential philosophy needs to be embedded in the Bill’s approach to defining the scope of the system of care. One concrete place to do so is to expand on 4815 to be more directive in asking for efforts to report from a strength-based perspective.