

**State of New Jersey  
Department of Human Services  
Division of Addiction Services (DAS)**

**Adolescent Task  
Force**

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# Adolescent Task Force

- **In 2008 DAS solicited application from individuals with clinical, administrative and systems expertise who have experience and knowledge working with adolescents within a substance abuse treatment agency licensed by DAS.**
- **Applications were reviewed and scored by a committee and 25 individuals were chosen.**
- **DAS included systems partners such as the Division of Child Behavioral Health (DCBHS), the Division of Youth and Family Services (DYFS), Department of Education (DOE), and the Juvenile Justice System (JJC)**

# Adolescent Task Force

- **The Adolescent Task Force was established in January 2009, meeting bimonthly with an end date of January 2010.**
- **The goal was to identify strengths and challenges in adolescent substance abuse treatment and to recommend changes and improvements to service delivery, systems and workforce.**

# Adolescent Task Force

**Three Subcommittees were established:**

- I. Evidence Based Treatment and Outcomes**
- II. Workforce Development and Competent Treatment**
- III. Integrating Adolescent Systems**

# Adolescent Task Force

- **Developed a definition of substance abuse treatment specific to adolescents as the first step toward developing a system of care that addresses the specific need of the adolescent.**
- **“Adolescent Substance Abuse Treatment is a dynamic collaborative process in which competent staff helps to empower adolescents and their support in identifying and overcoming challenges that are related to their substance use. This is achieved through an integrated strength-based outcome driven approach delivered across a continuum of services designed to promote and sustain client-centered recovery and wellness from substance abuse.”**

## **Subcommittee 1: Evidence Based Treatment & Outcomes (Recommendations)**

- **Resources for adolescent treatment should focus on a system of care that is community based and concentrates on a least restrictive level of care that would help adolescents sustain recovery through community supports to prevent the disease from becoming more acute.**
- **Cross training of DAS and DCBHS providers on the system and services that are available for adolescents.**

## **Subcommittee 1: Evidence Based Treatment & Outcomes (Recommendations)**

- **Development of treatment programs designed specifically for adolescent dependent on marijuana.**
- **Adolescent treatment should include component for in-home treatment provided by appropriate credentialed and trained clinicians.**
- **Adolescent treatment should include recovery case management services.**
- **Require and support family-based treatment**

## Subcommittee 1: Evidence Based Treatment & Outcomes (Recommendations)

- Implement Peer Services
- Implement a Fee for Service system for outpatient care which included a full array of services and allows the provider to individualize the treatment. This system would unbundle intensive outpatient services and allow for individualized treatment planning.



## **Subcommittee 2: Workforce Development & Competent Treatment (Recommendations)**

- Develop “Add on” credential for adolescent treatment specialist.

## **Subcommittee 3: Integrating Adolescent Systems (Recommendations)**

- **Distribute and train on the Department of Human Services (DHS) and Department of Children and Families (DCF) acronym list.**
- **Implement a universal Strengths/Needs Assessment tool for youth discharged from treatment to ensure seamless transition back into the community.**

# **Division of Addiction Services Contacts**

**Vicki Fresolone**

**Director, Office of Treatment Services**

**[Vicki.Fresolone@dhs.state.nj.us](mailto:Vicki.Fresolone@dhs.state.nj.us)**

**609 777-2164**

**Robin Nighland**

**Coordinator of Adolescent Substance Abuse**

**Treatment Services**

**[Robin.Nighland@dhs.state.nj.us](mailto:Robin.Nighland@dhs.state.nj.us)**

**609 943-5895**