# Table of Contents

## Chapter 1: Background and Planning Framework
- Background ............................................................................................................... 1
- Planning Framework .................................................................................................. 1

## Chapter 2: Enhancing Access to Treatment and Recovery
- Combating Heroin and Other Opioid Use ............................................................... 1
- #CombatAddiction Campaign .................................................................................. 2
- Peer Support ............................................................................................................... 3
- Problem Gambling Services ...................................................................................... 5
- OASAS Treatment Availability Dashboard .............................................................. 5

## Chapter 3: Improving SUD Treatment System Efficiency through Healthcare System Transformation
- Behavioral Health Managed Care ........................................................................... 5
- Delivery System Reform Incentive Payment (DSRIP) Program .............................. 6
- Regional Planning Consortiums (RPCs) ................................................................. 6

## Chapter 4: Improving Effectiveness and Quality of Prevention, Treatment, and Recovery Services and Supports
- Residential Redesign ............................................................................................... 7
- SUD Prevention ........................................................................................................ 7
- Local Services Planning for SUD Services .............................................................. 8
Chapter 1: Background and Planning Framework

Background

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) oversees one of the largest chemical dependence service systems in the nation, which includes a full array of services to address prevention, treatment, and recovery. OASAS is also responsible for the prevention and treatment of problem gambling. During 2015, the OASAS chemical dependence treatment system served approximately 233,000 individuals through crisis, inpatient, residential, outpatient, and opioid treatment programs. These individuals were served in 12 State-operated programs and over 900 OASAS-certified community-based programs. Approximately 336,000 youth received a direct prevention service during the 2015-16 school year.


Planning Framework

Statewide planning for addiction services is organized around three primary goals:

- Enhancing Access to Treatment and Recovery;
- Increasing Substance Use Disorder (SUD) Treatment System Efficiency through Healthcare System Transformation; and
- Improving Effectiveness and Quality of Prevention, Treatment, and Recovery Services and Supports

Chapter 2: Enhancing Access to Treatment and Recovery

Combating Heroin and Other Opioid Use

On June 22, 2016, Governor Cuomo signed legislation to combat the heroin and opioid crisis in New York State. The comprehensive package of bills was passed as part of the 2016 Legislative Session and marks a major step forward in the fight to increase access to treatment, expand community prevention strategies, and limit the over-prescription of opioids in New York. The legislation includes several best practices and recommendations identified by the Governor’s Heroin and Opioid Task Force, and builds on the state’s aggressive efforts to break the cycle of heroin and opioid addiction and protect public health and safety.

The new legislation included several initiatives to address rampant heroin and opioid abuse across the state, including measures to increase access to life-saving overdose reversal medication, a law to reduce the limit on initial opioid prescriptions for acute pain from 30 to seven days, and a statute requiring ongoing pain management education for all physicians and prescribers.

As part of the Governor’s ongoing efforts to address this public health crisis, the legislation will enable the addition of 270 treatment beds and 2,335 opioid treatment program slots across the state to help New Yorkers suffering from substance use disorder and to expand vital treatment and recovery resources.

- In August 2016, OASAS issued a Request for Application (RFA) for a Rapid Treatment Expansion Capital Funding Grant. The RFA makes available $10 million in capital funding to develop approximately 50...
Part 820 Residential Services Beds (820 beds) and 335 Part 822.2 Opioid Treatment Program (OTP slots) throughout New York State. Awards will be announced in the first half of 2017.

- Governor Cuomo announced the expansion of addiction treatment services on Long Island in November 2016 with the groundbreaking of a $4.6 million residential center in Brentwood, Suffolk County. The grant recipient, Outreach Development Corporation, reports that the facility will have 25 residential beds for adult women, recreational space, and state-of-the-art clinical and treatment program areas. The community residence treatment center will serve women from Nassau and Suffolk counties, and from other parts of the state.

- More than $8.1 million was awarded to eight addiction treatment providers in seven counties across New York State in January 2017 to support construction needs and operational assistance for treatment programming, and the development of up to 80 new residential treatment beds and 600 new Opioid Treatment Program slots. The awards were made to providers in the Capital Region, Central New York, Finger Lakes, and Western New York.

As part of the 2017 State of the State address, Governor Cuomo proposed a six-point plan to build on the success of the 2016 legislation in combating the opioid epidemic. The proposal would:
  - Eliminate prior authorization requirements to make substance use disorder treatment available to all;
  - Add fentanyl analogs to the New York controlled substances schedule to subject emerging synthetic drugs to criminal drug penalties;
  - Increase access to life-saving buprenorphine treatment by recruiting health care providers to become prescribers;
  - Establish 24/7 crisis treatment centers to ensure access to critical support services;
  - Require emergency department prescribers to consult the Prescription Monitoring Program registry to combat “doctor shopping”; and
  - Create New York's first recovery high schools to help young people in recovery finish school.

In February 2017, OASAS applied for the 2017 State Targeted Response (STR) to the Opioid Crisis Grant. The grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) aims to address the opioid crisis by
  - increasing access to treatment;
  - reducing unmet treatment need; and
  - reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities.

If OASAS receives the Opioid STR Grant, it plans to use this funding to address unmet opioid treatment, prevention, and recovery needs in targeted communities and populations in both rural and urban areas throughout New York.

#CombatAddiction Campaign

In October 2016, Governor Cuomo launched a campaign to urge New Yorkers to join together in the fight against addiction. The statewide #CombatAddiction campaign emphasizes the far-reaching effects of addiction and connects New Yorkers with information and support services through social media, bilingual public service announcements, and print ads. The campaign also promotes the message that addiction is a disease that can be treated and recovery is possible with support.
The ads direct individuals to a #CombatAddiction webpage, which includes informational sections for individuals, families, friends, medical practitioners, law enforcement, educators, and community organizations. Resources are available to help raise awareness about addiction and provide assistance and guidance on how everyone can help. The site also includes links to helpful websites and videos with real New Yorkers sharing their stories about their progression to addiction, from alcohol to other drugs, along with their path to recovery.

**Peer Support**

OASAS promotes the use of peer support services to assist individuals with SUDs during treatment and recovery. Peer support services are consumer-delivered with a rehabilitation and recovery focus. They are designed to promote skills for coping with and managing behavioral health disorder symptoms while facilitating the utilization of natural resources and the enhancement of recovery-oriented principles (e.g., hope and self-efficacy, and community living skills). Peer support uses non-clinical assistance to achieve long-term recovery from behavioral health-related issues.

OASAS developed a guidance document to assist the provider community in the use of Peer Advocates as part of SUD Outpatient treatment. The Peer Guidance Document delineates the role of peer advocates, and provides information on the certification process, reimbursement, and examples of how peer services might be used.

**Peer Engagement Specialists**

OASAS is committed to increasing the number and quality of Peer Engagement Specialists, Recovery Coaches, and the young adult and peer-run/family-run recovery support service organizations that offer these services. Peer Specialists fill many roles and work in a variety of settings to assist with the engagement and retention of individuals in recovery. Peers tend to be especially effective with outreach and engagement of people who have been reluctant to participate in behavioral health services.

- In December 2016, Governor Cuomo announced $1.2 million in funding initiatives to ensure two Peer Engagement Specialists are available in each of the state’s ten economic development regions.

- Also, in December 2016, OASAS announced more than $190,000 in funding to two certified addiction treatment providers, Odyssey House and Mount Sinai Behavioral Health System, to support a new peer engagement specialist initiative in East Harlem. Peer engagement specialists, who are knowledgeable about the SUD treatment system, will work with Emergency Department (ED) personnel in the hospitals serving the area to help establish connections to addiction treatment and other supports after an opioid overdose reversal or after discharge from another substance use-related ED visit. The two peer engagement specialists, one from each treatment program, also will conduct outreach to connect individuals in 125th Street Corridor with addiction treatment services and mental health and other support services. They will also lead community education events about addiction.

**Peer Recovery Advocates**

Certified Peer Recovery Advocates are either in recovery themselves, or have a close family member in recovery, and work in limited settings that are approved by OASAS, while under the supervision of a credentialed or licensed clinical staff member. They provide support services based on clinical need and help patients develop recovery plans and learn effective coping habits. Certified peers can also provide support in official settings, like court hearings.

- In March 2017, OASAS announced $250,000 in funding to support 500 certified recovery peer advocates across New York. This funding will help offset costs associated with becoming a Certified Recovery Peer
Advocate, including the cost of renewing the certification for current advocates, to increase peer support services for individuals recovering from substance abuse.

Family Support Navigators

OASAS is committed to increasing access to Family Support Navigators. The primary goal of the Family Support Navigator is to assist families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems. Family Support Navigators develop relationships with local substance use prevention, treatment, and recovery services; managed care organizations; area substance use disorder councils; and community stakeholders to assist families with accessing treatment and support services.

- In September 2016, OASAS released a Request for Applications (RFA) for $1.2 million in funding to establish Family Support Navigators in each of the ten New York State Economic Development Zones (EDZs). This RFA will allow the EDZs without these services to establish the program as well as create an additional ten programs for a total of two programs in each EDZ. Awards of up to $100,000 annually are to support or establish family navigator services to assist families and individuals with gaining an increased understanding of the progression of addiction and how to navigate insurance and treatment systems.

Recovery Community Centers and Youth Clubhouses

In 2016, Governor Cuomo announced funding to support 14 Recovery Community and Outreach Centers in communities across New York State, with one in every state economic development zone and in each of the five boroughs of New York City. The Recovery Community and Outreach Centers provide a community-based, non-clinical setting that is safe, welcoming and alcohol/drug-free for any member of the community. Each Recovery Center responds to the local area’s specific needs related to obtaining treatment services and addiction recovery supports. The Centers promote long-term recovery through skill building, recreation, wellness education, employment readiness, civic restoration opportunities, and other social activities. Services are accessible not only during the daytime hours, but also during evening and weekends, to meet the needs of individuals and families who need assistance at varying hours.

Recovery Center staff provide assistance to individuals and families to help them navigate the addiction treatment system and secure insurance coverage for various levels of care. The Centers also provide an opportunity for individuals and families to connect with peers who are going through similar challenges so that they can benefit from shared experiences and commitment to common goals for recovery. Access to peer advocates, recovery coaches, and addiction peer specialists through these Recovery Centers will help to further enhance the recovery process.

In addition to the Recovery Community and Outreach Centers, during 2016 and 2017 Governor Cuomo also announced funding for 15 Youth and Young Adult Clubhouses. These clubhouses are located in Western New York, Finger Lakes, Mohawk Valley, Mid-Hudson, New York City, Long Island, Capital Region, North Country, Central New York, and Southern Tier. The Clubhouses use evidence-based prevention strategies and help individuals in recovery develop social skills that promote prevention, long-term health, wellness, recovery and an addiction-free lifestyle. A variety of services and activities will be available, including tutoring and help with homework, college and job preparation, community service opportunities, peer mentoring, and sports, fitness and group entertainment activities.
Problem Gambling Services

In January 2017, OASAS announced the availability of inpatient care for New Yorkers suffering from gambling addiction at six OASAS Addiction Treatment Centers (ATCs). The Centers were granted waivers allowing them to admit and treat individuals with problem gambling as their primary diagnosis.

The ATCs now have qualified problem gambling clinicians on staff to provide these inpatient services. Patients can be admitted for up to 30 days of treatment, and these facilities accept all patients regardless of their ability to pay. Problem gambling education also will be provided to patients at these six ATCs. Several ATCs also have established connections with local Gambler’s Anonymous (GA) chapters, and the chapters will coordinate GA meetings on site at the ATCs.

The ATCs that will provide inpatient problem gambling treatment include:

- Creedmoor Addiction Treatment Center, Queens Village,
- Kingsboro Addiction Treatment Center, Brooklyn,
- Richard C. Ward Addiction Treatment Center, Middletown,
- John L. Norris Addiction Treatment Center, Rochester,
- St. Lawrence Addiction Treatment Center, Ogdensburg and
- Margaret A. Stutzman Addiction Treatment Center, Buffalo.

OASAS Treatment Availability Dashboard

The OASAS Treatment Availability Dashboard application, [http://findaddictiontreatment.ny.gov](http://findaddictiontreatment.ny.gov), allows New Yorkers to access any service in the OASAS continuum of care, including crisis, residential, inpatient, outpatient, and opioid treatment programs. By using the online and mobile-friendly platform, any New Yorker, including individuals, families, treatment providers, care coordinators, and health insurance professionals, can easily find a treatment bed or other available services, anywhere in the state and in real time.

Through the newly expanded application users can find up-to-date information on available treatment beds, outpatient services and opioid treatment programs anywhere in the state, 24 hours a day, seven days a week. The application's search feature includes proximity searches that return reports on available treatment within three, five, 10, 25 and 50 miles of the searcher’s location. Queries are simple and customizable allowing for searches by location, gender of the patient, age, city, county or zip code as specified by the user.

Chapter 3: Improving SUD Treatment System Efficiency through Healthcare System Transformation

New York State’s vision for public healthcare reform is to achieve the “Triple Aim” of improved health outcomes, decreased costs, and increased consumer satisfaction. The Medicaid Redesign Team (MRT), convened by Governor Andrew Cuomo in 2011, set forth recommendations for achieving the Triple Aim, including integration of the physical health and behavioral health (mental health and substance use disorder) delivery systems.

Behavioral Health Managed Care

New York State completed the statewide integration of adult SUD and mental health services and populations into the Medicaid managed care program. Throughout the transition, the state worked closely with providers,
plans, and local government entities to facilitate the transition as well as identify and resolve any implementation issues.

The Children’s Health and Behavioral Health MRT Subcommittee designed a separate framework for children’s behavioral health and physical health services under managed care. The Subcommittee created this separate framework in recognition of the additional complexity of systems accessed by children and families, and due to the nature and span of some children’s behavioral health problems. Pending federal approval, the implementation of the Children’s benefit in managed care is scheduled to begin in October 2017 for New York City and Nassau, Suffolk, and Westchester Counties and January 2018 for the rest of New York State.

**Delivery System Reform Incentive Payment (DSRIP) Program**

The Delivery System Reform Incentive Payment (DSRIP) program is the main mechanism by which New York State will implement the MRT Waiver Amendment. DSRIP’s purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25 percent over five years.

Performing Provider Systems (PPSs) are providers that form partnerships and collaborate in a DSRIP Project Plan. A DSRIP Project Plan is the overall plan that a PPS submits to the state. The Project Plan is composed of at least five, but no more than 11 projects, based upon projects chosen from a predetermined list. There are four Domains in DSRIP that represent groupings of project milestones and associated metrics. The Domains have strategy sublists identifying specific strategies. SUD projects generally fall under one of two Domain sublists:

- Domain 3: Clinical Improvement Projects: A. Behavioral Health

There are 25 PPSs in the state. Table 3 illustrates the number of PPSs that have chosen a behavioral health project from domains 3.A or 4.A.

**Table 3: PPS Behavioral Health Project Selections**

<table>
<thead>
<tr>
<th>Domain 3: Clinical Improvement Projects</th>
<th># of PPSs</th>
<th>% of PPSs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Behavioral Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.a.i Integration of primary care and behavioral health services</td>
<td>25</td>
<td>100%</td>
</tr>
<tr>
<td>3.a.ii Behavioral health community crisis stabilization services</td>
<td>11</td>
<td>44%</td>
</tr>
<tr>
<td>3.a.iii Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>3.a.iv Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs</td>
<td>4</td>
<td>16%</td>
</tr>
<tr>
<td>3.a.v Behavioral Interventions Paradigm (BIP) in Nursing Homes</td>
<td>1</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 4: Population-wide Projects: New York’s Prevention Agenda</th>
<th># of PPSs</th>
<th>% of PPSs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Promote Mental Health and Prevent Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.a.i Promote mental, emotional and behavioral (MEB) well-being in communities</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>4.a.ii Prevent Substance Abuse and other Mental Emotional Behavioral Disorders</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure across Systems</td>
<td>13</td>
<td>52%</td>
</tr>
</tbody>
</table>

**Regional Planning Consortiums (RPCs)**

In preparation for the expansion of behavioral health services in Medicaid Managed Care, OASAS, Office of Mental Health (OMH), Department of Health (DOH), and Office of Children and Family Services (OCFS)
collaborated with the Conference of Local Mental Hygiene Directors (CLMHD) in developing 11 Regional Planning Consortia (RPCs) throughout the state. The RPC is where collaboration, problem-solving and system improvements for the integration of mental health, addiction treatment services, and physical health care can occur in a way that is data-informed, person and family centered, cost efficient, and results in improved overall health for adults and children in New York communities.

These forums allow key stakeholders to discuss and monitor issues related to access and availability of behavioral health services in managed care. OMH and OASAS Field Office Staff are valued partners in the RPC process and serve as bi-directional information conduits at the regional meetings. They keep the respective agencies informed about the RPCs in their regions, and keep the RPC informed about agency-driven changes, policy developments, licensing/certifications – and advise the RPC when appropriate.

Chapter 4: Improving Effectiveness and Quality of Prevention, Treatment, and Recovery Services and Supports

Residential Redesign

Residential Redesign responds to the need for a residential continuum of care that can provide clinical and medical care based on individual needs. It is a direct result of Medicaid Redesign and managed care. Residential Redesign includes OASAS residential treatment options to divert appropriate individuals from higher levels of care to more appropriate community-based options and to allow bedded programs to provide short-term crisis/respite options.

OASAS envisions a residential continuum of care that is able to meet the needs of each individual based on an assessment of individual risks and resources. OASAS has been working actively with the provider community to provide intensive technical assistance learning communities to support providers as they complete the Residential Redesign designation application. Several programs have already received final approval. The learning communities will continue throughout the upcoming year to assist more providers successfully complete the designation process.

SUD Prevention

State Epidemiological Workgroup (SEW)

The New York State Epidemiological Workgroup (SEW) is an OASAS-led effort that seeks to understand the social and ecological determinants affecting substance abuse, by integrating data about the nature and distribution of substance use and related consequences into ongoing assessment, planning, and monitoring decisions at state and local levels. Workgroup members include representatives of state agencies, such as DOH, Division of Criminal Justice Services (DCJS), and OMH, as well as Local Governmental Unit (LGU) and prevention provider representatives. Guided by the Strategic Prevention Framework (SPF), the SEW examines, interprets, and applies data to inform prevention planning and decision-making.

Strategic Prevention Framework Partnership for Success (SPF PFS)

In September 2014, SAMHSA awarded OASAS a five-year $8.13 million Strategic Prevention Framework Partnership for Success (SPF PFS) grant. OASAS is targeting prevention priorities focused on:
- Prescription drug misuse and abuse among persons aged 12 to 25; and
- Heroin abuse and heroin/opioid overdose prevention among persons aged 12 to 25.
Ten community coalitions were selected in 2015 to implement environmental strategies in their communities. Strategies include information dissemination, social marketing and social norms. Methods to reach communities involve ads on TV and radio, billboards, bus stops and movie theaters as well as prescriber education sessions, drop box installation and working with law enforcement. In 2016 coalitions participated in numerous trainings which included two learning institutes (April 2016 and September 2016), online webinars, and monthly conference calls.

Evidence-Based Programs and Strategies (EBPS)

OASAS promotes the improvement of the SUD prevention system by using evidence generated by applied scientific prevention services research. Evidence-based programs and strategies (EBPS) are developed using outcome studies to document their effectiveness in preventing substance abuse, violence, delinquency and the risk and protective factors that predict these behaviors. In 2016, OASAS, is piloting two EBPS in three school districts in partnership with New York State Education Department and OASAS providers. These EBPS, the Good Behavior Game and Positive Action, are delivered by training and supporting elementary school teachers resulting in improved academic performance, reduced behavioral problems and substance abuse.

Local Services Planning for SUD Services

New York State Mental Hygiene Law requires OASAS, OMH and the Office for People With Developmental Disabilities (OPWDD) to guide and facilitate the local planning process. As part of the local planning process, LGUs develop and annually submit a combined local services plan (LSP) to all three Mental Hygiene agencies through the Mental Hygiene County Planning System (CPS). There are 57 LGUs in New York, with one LGU representing each county except for a combined LGU for the five counties encompassing New York City and a combined LGU for Warren and Washington counties.

Each LGU conducts a broad-based planning process to identify the mental hygiene service needs in the community to inform their LSP. In addition to describing their own local priorities and strategies, these plans also inform each state agency’s statewide comprehensive planning process. The Needs Assessment Report and Priority Outcomes Form are the primary documents that LGUs use, as part of local services planning, to communicate and identify their local needs and their strategies to address those needs.

Local Needs Assessment Results

A key component of the LSP is the Needs Assessment Report, where LGUs identify the mental hygiene problems and needs in their communities and provide an assessment of the current gaps in needed services. Overall, LGUs selected 254 “High Need” Issue Categories for Substance Use Disorder (SUD) services for adults and 201 for youth. Chart 1 displays the percentage of LGUs selecting a given Issue Category as High Need. As Chart 4 illustrates, Opioid Treatment Services, Transportation, and Housing, were all selected as High Need for adults by more than half of all LGUs. The categories selected as High Need for youth were generally similar to those selected for adults, with the exception of Prevention Services, which were indicated as a greater need for youth than adults.
LGU Priority Outcomes

In addition to the Needs Assessment Report, another critical component of the LSP is the Priority Outcomes Form. This form provides LGUs with a mechanism for articulating priorities in a consistent manner across the three mental hygiene disabilities. It allows LGUs to conduct local planning and develop priorities consistent with state goals and priorities.

The priorities associated with OASAS in 2017 are broadly grouped into one of three SUD categories:
- Treatment;
- Prevention; or
- Supportive Services.

Of the OASAS-related priorities, 174 identified SUD treatment services as a priority in the following areas:
- Integrating care and behavioral health services transformation;
- Improving and enhancing access to and availability of behavioral health services;
- Expanding opioid treatment services; and
- Increasing efficiency and reducing costs of substance abuse services through collaboration.

In their 2017 LSPs, 40 LGUs identified a total of 84 priorities related to SUD prevention services. The prevention priorities are related to the following topics:
- General prevention,
- DOH Prevention Agenda;
- Suicide prevention; and
- Heroin and opioid prevention.

Supportive Services relate to needs SUD clients require assistance with in order to engage in and complete treatment and sustain recovery. On the Priority Outcomes Form, 52 LGUs identified 96 priorities in the area of Supportive Services including:
- Housing;
- Recovery;
- Vocational;
- Transportation; and
- Adolescent population supports.