



**Office of Alcoholism and  
Substance Abuse Services**

# **2017 County Needs Assessment and Priority Outcomes Summary and Analysis**

**2017 Local Services Plan Analysis**

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# 2017 County Needs Assessment and Priority Outcomes Summary and Analysis

New York State Mental Hygiene Law requires the Office of Alcoholism and Substance Abuse Services (OASAS), the Office of Mental Health (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, Local Governmental Units (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.

This report provides a summary analysis of the Needs Assessment Reports and Priority Outcomes Forms associated with the OASAS service system in the 2017 LSPs.

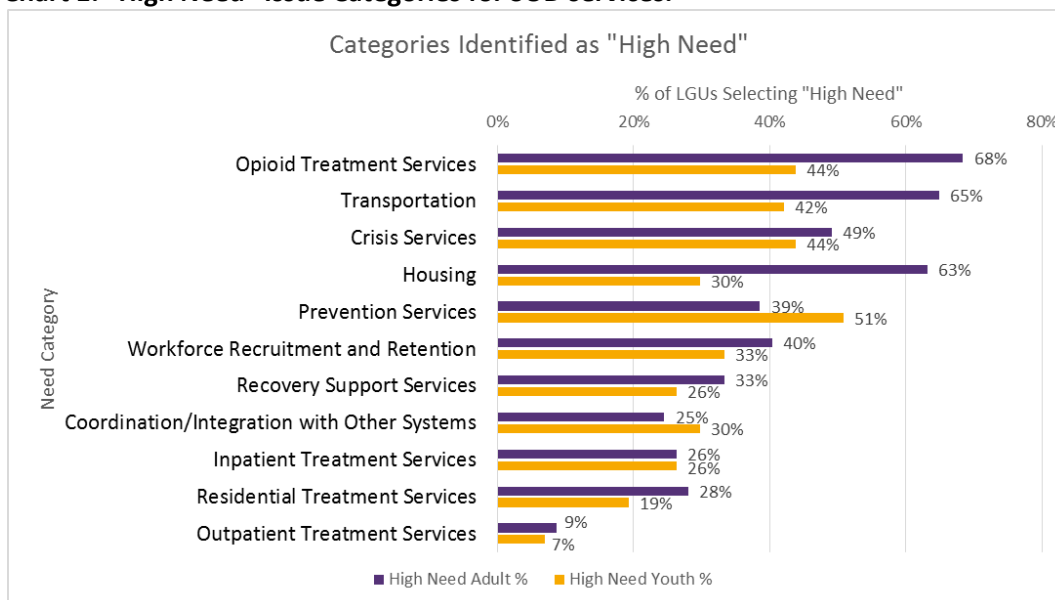
## NEEDS ASSESSMENT

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. Needs vary from one county to another, depending on local circumstances and the extent to which services already exist and are accessible to those who need them.

In addition to reporting on their planning and needs assessment efforts over the previous planning cycle, and identifying needs and service gaps specific to their community, the form asked LGUs to assess the level of need for a variety of services for both adult (aged 21 and over) and youth (aged under 21) populations. For each service listed, LGUs indicated if the local need was "High," "Moderate," or "Low."

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 1 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.

**Chart 1: "High Need" Issue Categories for SUD services.**



Opioid Treatment Services were selected as High Need by 39 LGUs (68 percent) for adults and 25 LGUs for youth (44 percent). For each issue category, LGUs were asked to briefly describe the issue and why it is a high need for the population(s) selected. For Opioid Treatment Services, LGUs described the effects of the opioid crisis in their communities, including overdoses and increased emergency department visits. LGUs also expressed a need for increased access to Medication-Assisted Treatment (MAT) in order to address the opioid crisis.

Transportation was also selected as High Need by 37 LGUs (65 percent) for adults and 24 LGUs for youth (42 percent). Counties with rural populations identified transportation as a barrier to treatment for SUD clients. Access to stable, supported, sober housing was selected as High Need by 36 LGUs (63 percent) for adults and 17 LGUs (30 percent) for youth. Over half of LGUs (29) identified prevention as a High Need for youth. Many LGUs expressed a desire to reach more of the youth population with drug and alcohol prevention programs.

## **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.

Local priorities have changed over the last several years to reflect the rapidly changing landscape of health care reform. Statewide initiatives to improve population health, transform health care delivery, and eliminate health care disparities are reflected in local priorities and strategies that focus on service integration and care coordination. In addition, most counties are addressing service needs and gaps through activities around the Medicaid Delivery System Reform Incentive Payment (DSRIP) Program, the Population Health Improvement Program (PHIP), the State Health Innovation Plan (SHIP) and the New York State Department of Health Prevention Agenda.

County planning continues to focus extensively on the needs of individuals with multiple disabilities who may need services from more than one system and on the significant reforms that are affecting the delivery of services to individuals suffering from SUDs, mental illness, or developmental disabilities. Of priorities included by LGUs in their 2017 LSPs, 51 percent were associated with multiple Mental Hygiene service systems. The priorities most frequently reported by LGUs were those that address access and availability of services, behavioral healthcare transformation, and service integration and collaboration. Many LGUs identified priorities that address common support needs of individuals served by all three disability systems, such as housing and transportation. Safe, affordable, sober housing, for example, was expressed as priority by over 40 LGUs.

In their 2017 LSPs, the 57 LGUs listed a total of 454 priorities. Of those, 341 (75 percent) were associated with OASAS, including 68 that were associated with both OMH and OASAS, one that was associated with OASAS and OPWDD, and 231 that were associated with all three Mental Hygiene agencies. Only 41 priorities were associated with OASAS only. On average, there were four OASAS-associated priorities per LGU. On the Priority Outcomes Form, each LGU ranked their top five priorities from among all priorities identified.

The 341 priorities associated with OASAS in 2017 are broadly grouped into one of three SUD categories:

- Treatment;
- Prevention; or
- Supportive Services.

### **Treatment**

Of the 341 OASAS-related priorities, 174 (51 percent) identified substance abuse treatment services as a priority in the following areas:

- Integrating care and behavioral health services transformation (72);
- Improving and enhancing access to and availability of behavioral health services (61);
- Expanding opioid treatment services (22); and
- Increasing efficiency and reducing costs of substance abuse services through collaboration (19).

## Integrating Care and Behavioral Health Services Transformation

Integration of behavioral and primary healthcare services and transformation of the mental hygiene services continuum was the most often identified priority type for OASAS in the treatment services category, with 72 priorities identified by 27 LGUs. Of the 72 priorities identified, 52 were ranked as a top five priority. Multiple statewide initiatives are influencing the transformation of the behavioral health care system. Of LGU priorities relating to OASAS, 33 specifically addressed the enhancement of the quality of care for all substance use disorder recipients through participation in the DSRIP program, Medicaid Redesign, and the integration of a public health service approach.

In 39 of the OASAS-related priorities, LGUs focused on the integration of behavioral health treatment services by improving coordination among OMH, OASAS, and OPWDD services for children/adults, including special populations such as:

- co-occurring disorders;
- criminal justice;
- geriatric; and
- veterans.

Many LGUs considered creating a seamless, coordinated, integrated outcome based system of care for adults with other local partners and stakeholders on a regional basis as a top priority.

Strategies identified by LGUs to address behavioral health care transformation include:

- meeting with behavioral health provider executives to facilitate collaboration and mutual aid for preparedness specific to the transition from Medicaid fee-for-service to Medicaid Managed Care and for collaboration with the Regional Planning Consortia;
- developing collaborative projects between behavioral health, developmental disabilities, and primary health care systems;
- implementing new services and supports that will enhance the capacity for integrated care and improve accountability;
- facilitating communication among service providers to provide a greater focus on recovery-oriented services; and
- increasing consumer and family member participation in the delivery of integrated behavioral health services.

## Improving and Enhancing Access to and Availability of Behavioral Health Services

Improving access to and availability of care was the theme of 61 priorities expressed by 35 different LGUs. All service levels were included, most significantly, crisis and outpatient services for opioid dependence.

Local priorities focused on:

- expanding substance abuse services to align with local and regional needs;
- enhancing and/or increasing treatment and prevention services and access/capacity where gaps have been identified;
- expanding multi-disorder screening and referral for assessment and treatment capacity at all points of service; and
- providing readily accessible behavioral health services that will allow access to appropriate levels of service and providers.

## Expanding Opioid Treatment Services

At least half of the LGUs identified and documented opioid abuse as a significant issue in their county and included multiple priorities and strategies spanning across all service types and areas to address the problem. Multiple counties have established coalitions, increased community awareness and prevention efforts, and are expanding the availability

and use of evidence-based MAT services and Naloxone. County-wide responses to the opioid epidemic involve public health strategies to develop comprehensive treatment, prevention, recovery, and harm reduction service approaches.

Priorities and strategies identified by LGUs related to combating the opioid crisis include:

- working with local and State agencies to increase the community's knowledge of the opioid/heroin crisis, resources and treatment options;
- developing systemic interventions to decrease opioid-related deaths;
- coordinating efforts with the local coalitions as well as all treatment and prevention professionals, law enforcement, schools and medical professionals; and
- expanding access to MAT and patient education related to MAT.

### Increasing Efficiency and Reducing Costs of Substance Abuse Services through Collaboration

LGUs also identified collaboration with other agencies, service providers and organizations and improved efficiency/reduced cost of services as high priorities in their counties. Offering training and educational resources; working with voluntary agencies; increasing quality of technology resources and focusing on risk mitigation were the strategies identified by LGUs to accomplish these priorities.

### **Prevention**

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 (28),
- The New York State Department of Health Prevention Agenda (21);
- Suicide prevention (16); and
- Heroin and opioid prevention (14).

Priorities regarding prevention services encompass multiple areas, such as underage drinking, school-based programs, suicide prevention and alcohol and drug use prevention. LGU priorities and strategies related to prevention include:

- working with multiple partners and stakeholders to incorporate prevention activities in the community
- promoting community awareness;
- developing education and training resources;
- strengthening overall wellness and social determinants of health; and
- implementing evidence-based strategies for prevention activities and programs.

Suicide prevention affects all mental hygiene disabilities and was identified in 16 top five OASAS-related priorities. Most strategies to prevent suicide among youth and adults included developing a county-wide, cross-systems approach to improve early intervention efforts and decrease suicide rates. Suicide prevention coalitions are active in many counties, developing comprehensive suicide prevention plans to better serve local communities and school districts.

Strategies for opioid prevention efforts, identified by LGUs in their LSPs, include:

- utilizing the resources available through the State Combat Heroin and Prescription Drug Abuse campaign;
- working with local and state agencies to increase the community's knowledge of the extent and effects of the opioid/heroin crisis, and available resources; and
- providing overdose prevention training

### **Supportive Services**

Supportive Services relate to needs SUD clients require assistance meeting 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 (45);
- Recovery (18);
- Vocational (16);
- Transportation (9); and
- Adolescent population supports (8).

The most frequently mentioned supportive service across all counties was housing, identified in 45 separate top five priorities. LGUs are identifying and addressing housing shortages for people with disabilities, working to make sure there are appropriate supports to promote successful community living and full community integration.

Recovery Services are also an integral support in achieving long-term successful outcomes in SUD treatment and prevention. The 18 LGUs identifying a Recovery Service priority focus primarily around developing peer supports and advocacy services. Strategies and activities include:

- increasing the availability of Recovery Coaches, Peer Advocates and Recovery Peer Advocates;
- promoting Recovery Coaches; and
- continuing to solicit consumer/peer participation in the planning process and in service delivery.

Enhancement and increased capacity of transportation, vocational and criminal justice services are also county-wide substance abuse disorder support services considered high priority supportive services, including:

- collaborating with provider agencies and the criminal justice system to meet the identified gaps and improve the system response for individuals who have behavioral health, substance use and/or co-occurring disorders and are involved in the criminal justice system;
- working with county/government and agency stakeholders to develop a plan to attract and retain qualified clinical staff needed to serve our population; and
- increasing the number of adolescents receiving appropriate recovery-oriented services for substance misuse.