



2027 State Agency Planning Priority Guidelines-NYS Office of Addiction Services and Supports

BACKGROUND AND PURPOSE: PROVIDE GUIDANCE ON NYS OFFICE OF ADDICTION SERVICES AND SUPPORTS PRIORITIES FOR THE 2027 LOCAL SERVICES PLANNING PROCESS

New York State Mental Hygiene Law (§ 41.16) requires the Office of Addiction Services and Supports (OASAS), the Office of Mental Health (OMH), and the Office for People with Developmental Disabilities (OPWDD) to guide and facilitate the Local Services Planning process in collaboration with Local Governmental Units (LGUs). For many years, each State agency conducted its own local planning process, which required LGUs to comply with three different sets of planning requirements and three separate due dates. Since 2008, however, State agencies and LGUs have worked together to create a comprehensive planning process whereby LGUs submit one Local Services Plan to all three State agencies.

In 2022 a workgroup comprised of Directors of Community Services/LGU Planning Staff, State agency representatives, and Conference of Local Mental Hygiene Directors (CLMHD) staff revisited the Local Services Planning process. The workgroup recommended comprehensive changes to the Local Services Planning process, including moving from submitting a new Local Services Plan (LSP) each year to creating an LSP that has a four-year timeline and submitting annual updates or addendums to the four-year plan.

This four-year planning process began with the submission of the 2024-2027 LSPs in calendar year 2023. 2024 was the first year in which LGUs submitted annual updates to the 2024-2027 LSP, rather than the submission of a whole new Plan. To view your previously submitted 2024-2027 LSP and the 2025 and 2026 Updates, please visit:

clmhd.org/contact_local_mental_hygiene_departments

The four-year planning process continues this year with the final submission of annual updates to the 2024-2027 LSP.

This document is intended to provide details on State priorities for addiction services. Documents providing LGUs with an overview of the questions that will be on the 2027 Local Services Plan electronic forms were distributed to LGUs via email on March 30, 2026. If you did not receive the email with question overview documents, please contact oasasplanning@oasas.ny.gov.

LOCAL SERVICES PLANNING TIMELINE

Table 1 displays an overview of the timeline for the 2024-2027 Local Services Planning process, including the annual update cycle.

Table 1: Local Services Plan Overview 2024 and Beyond

Process Step	Date
2024-2027 Local Services Plan Due	June 30, 2023
2025 Update to 2024-2027 Local Services Plan Due	June 28, 2024
2026 Update to 2024-2027 Local Services Plan Due	June 30, 2025
2027 Update to 2024-2027 Local Services Plan Due	June 30, 2026
2028-2031 Local Services Plan Due	June 2027

FORM SUBMISSION OVERVIEW

Below are the links to the 2027 Update to the 2024-2027 Plan forms and surveys. Links to the forms were sent via email on **March 30, 2026** and included the passwords for accessing the forms. If you did not receive the email containing the password information, please contact oasasplanning@oasas.ny.gov.

1) Goals and Objectives Update Form:
[https://oasas.formstack.com/forms/\[county\]](https://oasas.formstack.com/forms/[county])

The 2027 Update to the 2024-2027 Local Services Plan will be submitted through an electronic platform. This Update form provides LGUs with the opportunity to submit status updates and descriptions of the progress made towards meeting the Goals and Objectives outlined in the 2024-2027 LSP. The URL for the Update form is unique to each LGU and contains the 2024-2027 LSP, the 2025 Updates, and the 2026 Updates for reference while providing 2027 Updates to the Plan.

As Local Services Plans are implemented on a four-year cycle, most Goals and Objectives will be stated in the initial four-year plan with status updates and descriptions provided in subsequent Updates. External circumstances, such as a change in DCS, or new local challenge, can create situations where goals and objectives may need to change during a planning cycle. In recognition of this situation, there is a separate form that provides the option to add a new Goal and/or Objective(s) to your planning submission for the 2024-2027 cycle. These **optional** forms can be found here:

To add an Objective to an Existing Goal:

https://oasas.formstack.com/forms/add_objective_to_existing_goal_2027

To add a New Goal:

https://oasas.formstack.com/forms/2027_new_goals_and_objectives_optional

Please keep in mind there is a limit of 10 Goals and 10 Objectives per Goal. If needed, there is an additional option to drop a Goal or Objective in order to make space for a new Goal or Objective.

2) Needs Assessment Form:

https://oasas.formstack.com/forms/2027_needs_assessment

LGUs fill out Needs Assessments annually to ensure that the needs of communities are regularly assessed, and planning updates are accordingly adjusted.

The Needs Assessments and Goals and Objectives forms are related in that, Goals from the Goals and Objectives Form may address Needs identified on the Needs Assessment form. In order to eliminate duplication of effort, if a Need is addressed by a Goal, then it does not need a descriptive paragraph on the Needs Assessment form.

3) 2027 Mental Hygiene List of OMH Providers to Promote Interagency Collaboration:

https://oasas.formstack.com/forms/2027_omh_provider_list

In 2024, the LSPs added the ability to include a list of mental health providers. Listing the provider programs in your community on your LSP, that is approved by OMH, will create a nexus with OMH and allow for the disclosure of protected health information to promote collaboration across programs. Please know that while responses to the electronic form are required, uploading an OMH provider list is an **optional** opportunity for your LGU. To view the LSPs with OMH provider lists, please visit: https://www.clmhd.org/contact_local_mental_hygiene_departments/

For more information, please visit: <https://omh.ny.gov/omhweb/guidance/hipaa-mhl-33-13-field-guidance.pdf> or contact planning@omh.ny.gov

The electronic form provides a section to select one of the following:

- 1) Upload a new or updated OMH list of provider programs within your county;
- 2) Use the same OMH list of provider programs within your county that was submitted in 2024 and 2025 and posted on https://www.clmhd.org/contact_local_mental_hygiene_departments/; or
- 3) Decline to upload an OMH list of provider programs (for LGUs who did not previously submit a list in 2024 or 2025 and do not want to submit a list in calendar year 2026).

4) Addiction Services Jail Based Supports County Financial Plan:

https://oasas.formstack.com/forms/addiction_jbs_county_financial_plan

OASAS annually collects information from LGUs on jail-based addiction services funding. Previously, OASAS collected this information via a paper form. Beginning in 2025, the Addiction Services Jail Based Supports County Financial Plan became an

electronic form, collected at the same time as the LSPs. While responses to this form will not be included as part of the 2027 Updates to the 2024-2027 LSP, the information collected through this form will be utilized for addiction planning.

If you do not need to make any changes to the existing, OASAS-approved County Financial Plan, you can submit an attestation instead.

LOCAL SERVICES PLANNING 2026 UPDATE RESULTS

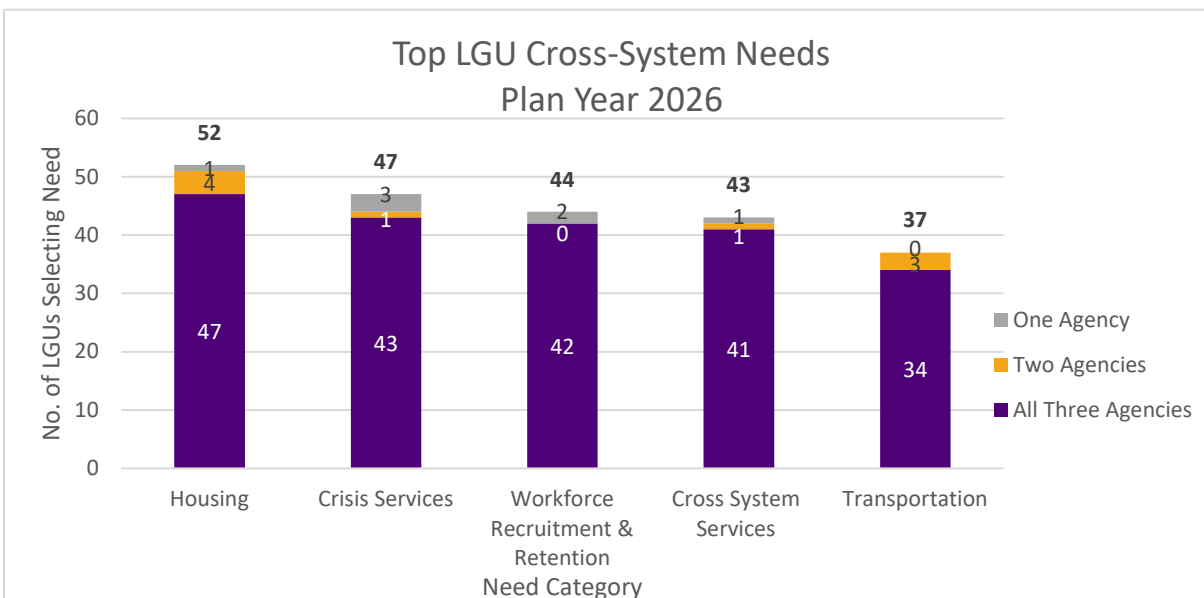
The most commonly identified priorities in the 2026 Local Services Plans were housing, workforce development, crisis services, cross-system services, transportation, and respite services. In addition, LGUs identified specific short- and long-term objectives to address the mental hygiene needs in the community. These strategies targeted several priorities, the most common including workforce, housing, crisis services, prevention, cross-system services, transportation, access to services, and outpatient treatment.

Needs Assessments will continue to be disseminated annually to ensure that the needs of communities are regularly assessed, and planning updates are accordingly adjusted. The cross-system needs most frequently cited by LGUs in the 2026 LSP Update include:

- Housing;
- Crisis Services;
- Workforce Recruitment & Retention;
- Cross System Services; and
- Transportation

Figure 2 displays the multiagency needs LGUs most frequently selected on the 2026 Needs Assessment Form. As Figure 2 shows, needs selected by LGUs frequently cross multiple mental hygiene agencies. In total, for the top five most selected cross-system needs, 90% of LGUs indicated that the needs affect all three mental hygiene populations.

Figure 2: Most Commonly Selected Cross-System Needs



Explore all the 2026 Needs Assessment responses and year-to-year changes since 2024 through the [2026 Needs Assessment Survey Dashboard](https://www.clmhd.org/2026-Needs-Assessment-Survey-Dashboard) located in the Behavioral Health Portal at www.clmhd.org.

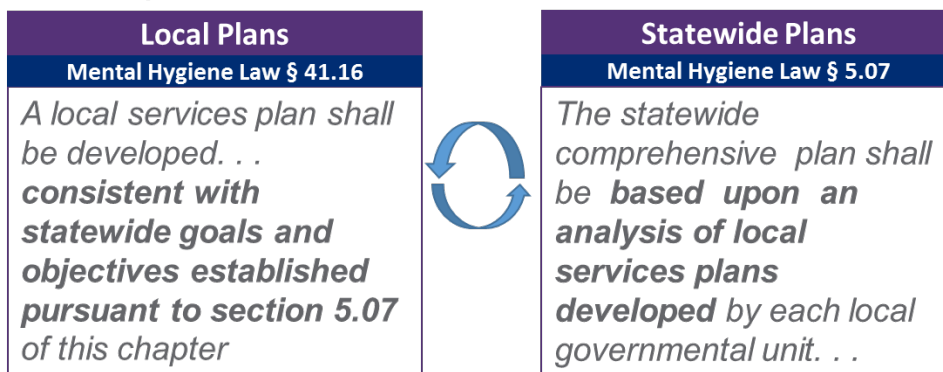
INFORMING STATEWIDE PLANNING

Section 5.07 of Mental Hygiene Law requires OMH, OASAS and OPWDD to develop a Statewide Comprehensive Plan for the provision of State and local services to individuals with mental illness, substance use disorders and developmental disabilities. Purposes of the Comprehensive Plan include:

- identifying statewide priorities and measurable goals to achieve those priorities;
- proposing strategies to achieve goals;
- identifying specific services and supports to promote behavioral health wellness;
- analyzing service utilization trends across levels of care; and
- encouraging and promoting person-centered, culturally and linguistically competent, community-based programs, services, and supports that reflect the partnership between the State and LGUs

Figure 3 shows the statutory relationship between local planning and State planning. As Figure 3 illustrates, analyses of the Local Services Plans are a key component of the Statewide Comprehensive Plan.

Figure 3: Relationship between Statewide and Local Plans



State agencies conduct extensive reviews of information submitted in the LSPs. The local services planning process and the priorities identified in county plans, particularly the cross-system priorities, inform each State agency’s policy, programming and budgeting decisions. To help ensure that policies supporting people with mental illness, developmental disabilities and/or substance use and gambling disorders are planned, developed and implemented comprehensively, OASAS, OMH, and OPWDD will continue to rely on the local services planning process and the annual plan submissions as important sources of input.

To learn more about each Mental Hygiene Agency’s Statewide planning efforts please visit the links below:

OASAS: <https://oasas.ny.gov/agency-strategic-plan>
OMH: <https://omh.ny.gov/omhweb/planning/>
OPWDD: <https://opwdd.ny.gov/strategic-planning>

PLANNING FOR ADDICTION SERVICES

PEOPLE SERVED AND SERVICE OUTCOMES

Priority Outcome: A continuum of services that remedies systemic racism and is accessible, desirable, and effective.

Goals:

1. Develop a service continuum that matches individual, family, and community needs.
2. Ensure services are desired, valued, and utilized.
3. Optimize outcomes across the continuum.
4. Reduce racism and stigma surrounding addiction.

Expanding Community and School-Based Prevention Services

Prevention Agenda 2025-2030: NYS Health Improvement Plan Identifies Primary Prevention Priorities for Substance Use

Community-Level Prevention

Community coalitions partner with prevention providers to deliver evidence-based programs and environmental change strategies to schools, senior centers, libraries, community-based organizations, and youth centers in underserved

NYS communities. These coalitions offered community-centered substance use disorder prevention services in **54** counties.

Strengthening School-Based Programming

OASAS-funded prevention providers offer evidence-based and/or evidence-informed prevention, including social and emotional learning competencies, to entire school districts from pre-school through high school. NYS OASAS prevention services are delivered in **60%** of NYS school districts.

Work Across the Lifespan

OASAS is expanding the use of evidence-based screening and intervention tools into more communities including youth, older adults, and individuals at risk for developing substance use disorder.

Addressing The Needs of Underserved Populations and Developing Innovative Forms of Service Delivery

Certified Community Behavioral Health Clinics

Certified Community Behavioral Health Clinics bolster mental health services and create integrated care models that close coverage gaps and help the needs of New Yorkers regardless of their ability to pay. There are **39** Certified Community Behavioral Health Clinics that offer person-centered and trauma-informed care for individuals of all ages, including children, with mental health and/or substance use disorder at over **250 locations** throughout NYS.

Embedded Addiction Services in Correctional Settings

Addiction services are now provided in **all 58 jails** and **all 41 prisons** in NYS reaching more than **16,000** incarcerated individuals. Services range from medications for addiction treatment, professional peer support services, individual and group counseling, and reentry and transition

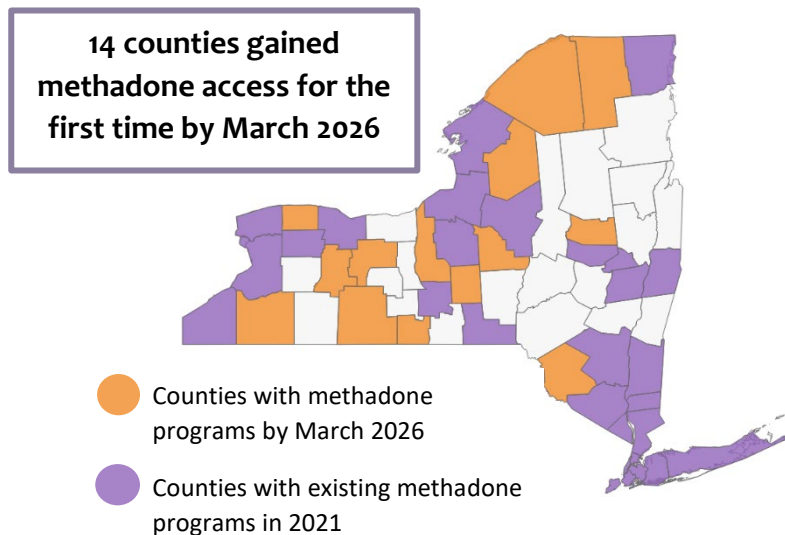
planning. The number of people receiving medication for addiction treatment in NYS prisons has **increased 7 times** from 2022 to 2025.

Crisis Stabilization Centers

OASAS is partnering with OMH on Crisis Stabilization Centers. The Crisis Stabilization Center certification is a dual-certification from OASAS and OMH. Crisis Stabilization Centers provide voluntary support, assistance, and urgent treatment to individuals across the lifespan. Centers are founded on person-centered care and utilize peers and peer advocates to support patient care.

Crisis Stabilization Centers are categorized as either a Supportive Crisis Stabilization Center or an Intensive Crisis Stabilization Center. Both offer behavioral health stabilization and/or referral services 24 hours per day, 7 days per week. Supportive Crisis Stabilization Centers services are for individuals experiencing challenges in daily life that do not pose a likelihood of serious harm. Intensive Crisis Stabilization Centers provide rapid access to services for acute symptoms to assist in diversion from a higher level of care. This includes medication treatment for management of substance use and mental health symptoms. To date, there are **2 supportive** and **6 intensive crisis stabilization centers** that are currently operational throughout NYS. Four additional crisis stabilization centers are expected to become operational within the next 3 months and 14 more are in the planning stages.

Increasing Access to Medications for Addiction Treatment



Statewide Methadone Access

In 2026, OASAS expanded methadone access into counties that did not have previously have a methadone program. The number of counties with **one or more programs with methadone** increased from 29 counties in 2021 to **43 counties in 2026**. This represents a **48%** increase in the number of counties with one or more programs with methadone.

To date, 27 counties have **more programs with methadone** than in 2021. The number of programs

with methadone increased from 98 programs in 2021 to **137 programs in 2026**. This represents a **40%** increase in the number of programs with methadone access throughout NYS.

Mobile Medication Units

Mobile medication units (MMUs) reach individuals who may face barriers to accessing traditional treatment, such as proximity to a traditional treatment facility or issues with transportation. MMUs offer a wide range of addiction services, medical care, and medication for addiction treatment, including methadone. There are **7 MMUs** currently operational and OASAS is supporting **3 additional programs** through MMU planning stages.

Comprehensive Outpatient Programs

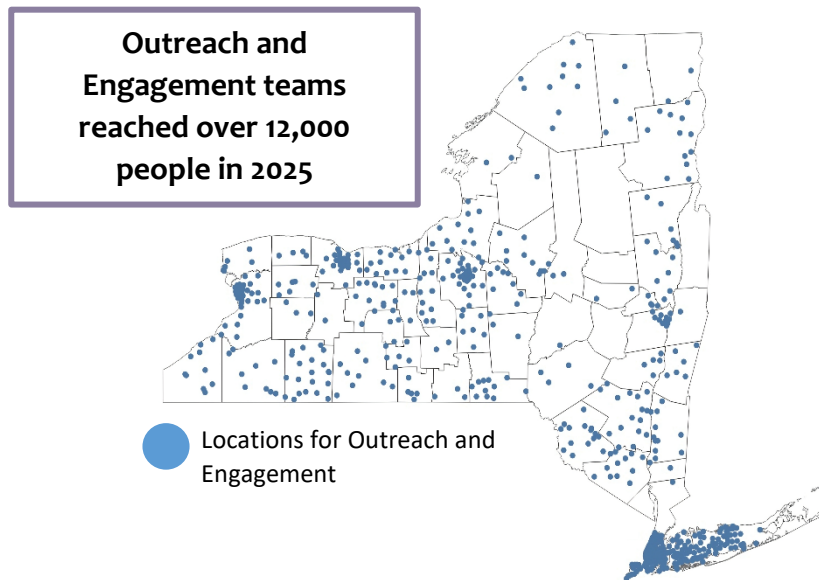
Comprehensive outpatient programs offer outpatient and opioid treatment program services at the same location. These programs have created new opportunities to access person-centered

services and medication for addiction treatment, including methadone. There are almost **70 comprehensive outpatient programs** offering integrated services throughout NYS.

Reaching New Populations and Distributing Life Saving Harm Reduction Supplies

Harm Reduction Supplies Delivered

OASAS maintains the first in the nation [online ordering portal](#) where naloxone kits and test strips can be ordered free of charge by any NYS resident who requests them. OASAS has distributed over **390,000** naloxone kits and over **25 million** test strips since 2022.



Outreach and Engagement Services

To expand harm reduction education, support, resources, and linkages, OASAS funds organizations to provide services through mobile outreach. Outreach teams build trust with individuals over time, provide harm reduction services, and foster connections with additional supports.

Since 2024, outreach and engagement teams reached over **12,000 people** during

41,000 outreach encounters throughout NYS. The majority of outreach and engagement services were provided in the community, and **85%** of engagement locations were outside of traditional clinic settings.

Expanding the Continuum of Recovery Supports Throughout NYS

Nonmedical Transportation

OASAS established a non-medical transportation pilot program providing over **89,000 rides** to individuals engaged in the addiction services system. This funding allowed programs to offer transportation that supports nonmedical social care needs, including visits to substance use disorder treatment, harm reduction and recovery programs.

Youth and Young Adult Clubhouses

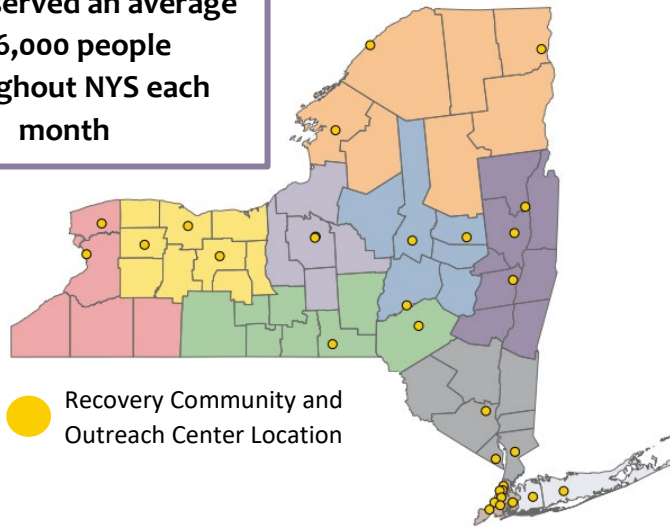
Clubhouses, which focus on serving youth (ages 12-17) and young adults (ages 18-24), are built upon a core of peer-driven support and services that encourage and promote a drug-free lifestyle. The Clubhouses use evidence-based strategies and help individuals in recovery develop social skills that promote prevention, long-term health, wellness, recovery and an addiction-free lifestyle. A variety of services and activities are available, including tutoring and help with homework; college and job preparation; community service opportunities; peer mentoring; and sports, fitness, and group entertainment activities.

In 2025, **21 Clubhouses** served an average of **1,600 unique youth and youth adults** each month, of whom about **375** were new each month. Youth and young adults made over **51,000 visits** to Clubhouses in 2025.

Recovery Community and Outreach Centers (RCOCs)

Recovery Community and Outreach Centers (RCOCs) promote long-term recovery through skill building, recreation, wellness education, employment readiness, civic restoration opportunities, and other social activities. The Centers also provide an opportunity for individuals and families to

RCOCs served an average of 6,000 people throughout NYS each month



connect with peers who are going through similar challenges so that they can benefit from shared experiences and a commitment to common goals for recovery.

In 2025, **31 RCOCs** served an average of **6,000 unique individuals** each month, of whom around **865** were new individuals receiving services for the first time during each month. Staff and volunteers at RCOCs facilitated over **42,000** groups as part of their programming, almost **half** of which were

recovery/peer support sessions. RCOCs make referrals to prevention, treatment and harm reduction services in the addiction services system and foster connections with social care needs for the individuals they serve. In 2025, most RCOCs referrals were made to substance use disorder treatment, financial, employment, health care, transportation, and housing services.

Focusing on Gambling

Preventing and Identifying Gambling-Related Harms

In 2025, **145** OASAS prevention providers offered community trainings on prevention and identification of gambling harms. OASAS provides harm reduction support for those experiencing financial harms due to gambling by offering free financial counseling through [GamFin](#).

Between 2020 and 2024, the number of individuals engaged in gambling-related treatment increased by 21%

Tailoring Treatment Services

All OASAS inpatient and outpatient treatment programs screen for gambling harms. As of 2025, **53** OASAS treatment programs obtained a gambling designation, a **51%** increase since 2023. OASAS funds **7 Problem Gambling Resource Centers**, which provide tailored support to people experiencing gambling-related harms

Increasing Awareness and Understanding

OASAS has piloted implementation of gambling services and supports in **8 Recovery Centers**. Additionally, the Agency partnered with the NYS Gaming Commission to collect data from those who have a mobile sports wagering account in NYS to better understand how people are engaging in this type of gambling.

Two OASAS gambling-related data bulletins describe the environment and services in NYS: [The Gambling Risk Environment and Public Perceptions of Gambling in New York State](#) and [Gambling Harms and Gambling Disorder Service and Treatment Utilization in New York State](#).

ADDICTION SERVICES SYSTEM INFRASTRUCTURE, ACCOUNTABILITY, AND WORKFORCE

Priority Outcome: An addiction services system that is accountable for achieving optimal outcomes with and among providers and people served.

Goals:

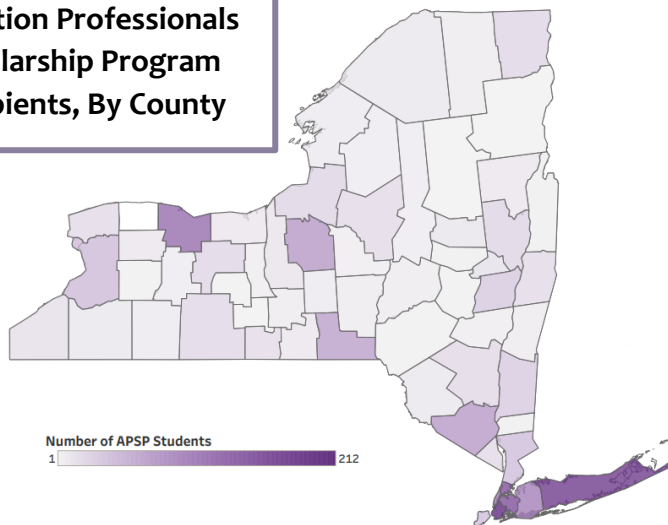
1. Promote mutually respectful engagement, transparency, and accountability with providers and people served.
2. Increase the number, diversity, and engagement of the addiction workforce.
3. Leverage finances to optimize outcomes.
4. Improve monitoring and accountability of services provided under/within OASAS oversight.

Strengthening the Addiction Services Workforce

Creating Scholarship Pathways for Addiction Credentials and Degrees

The [OASAS Addiction Professionals Scholarship Program](#), funded through opioid settlement dollars, supported around **2,000 workforce professionals** to join or advance their careers in the addiction workforce through **28 education partners** in every NYS county. These scholarships fund education, application and exams fees for credentialing and certification, stipends for additional educational needs, access to faculty mentoring, and paid internships. To date, **360 students** have completed paid internships through the Addiction Professional Scholarship Program.

Addiction Professionals Scholarship Program Recipients, By County



Interdisciplinary Substance Use Disorder Fellowship

The Interdisciplinary Substance Use Disorder Fellowship offers **79 full and part-time fellowships** to graduate and post graduate professionals in medicine, nursing, psychology, counseling, occupational therapy, and peer services. Fellows work and learn with physicians in addiction medicine and addiction psychiatry who are enrolled in **5 NYS medical schools**. OASAS' fellowship provides opportunities

for students to learn from each other's unique skills, talents and perspectives and to gain experience interacting with one another in substance use prevention, treatment, recovery, and harm reduction.

Enhancing the Addiction Workforce Through the OASAS Leadership Academy

The [OASAS Leadership Academy](#) is a four-month grant-funded program offering tailored training focused on leadership skills, trauma-informed practices, and stress management to the addiction services workforce. This opportunity is available to staff who work in OASAS-authorized, and integrated OMH and DOH prevention, treatment, harm reduction, and recovery programs. To date, over **500** individuals have participated in and graduated from the OASAS Leadership Academy.

Supporting Prevention Providers to Establish Paid Internship Positions

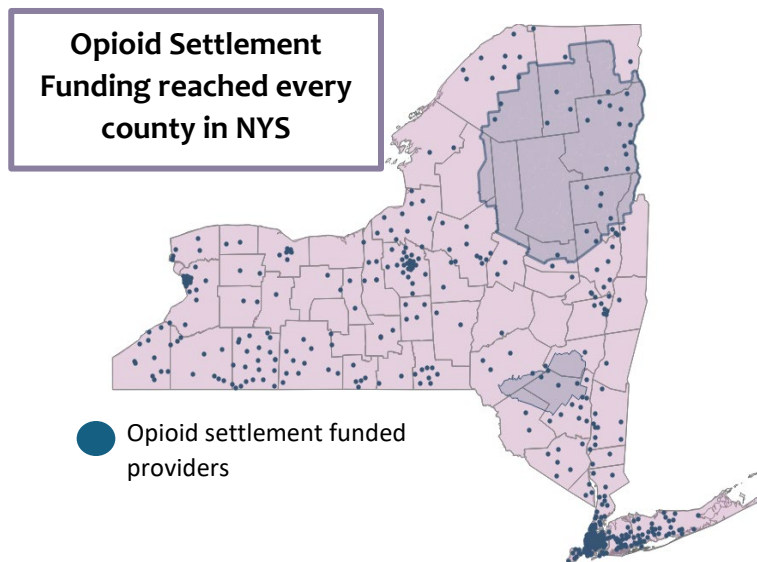
The [Paid Prevention Internship Opportunity](#) enables prevention providers in **19** NYS counties to provide 60 hours of prevention training toward Certified Prevention Profession or Certified Prevention Specialist certification across **23** prevention internship sites.

Increasing Accessibility of Services Through Language Availability Programs

OASAS certification exams for [Credentialed Alcoholism and Substance Abuse Counselor](#) and [Credentialed Prevention Professional or Specialist](#) are now available in **Spanish**, with the option to request a special accommodation for **77 additional languages**. These certifications allow individuals to work in OASAS-certified programs and provide counseling and other services to New Yorkers impacted by addiction. Making certification exams available in more languages increases access to addiction services system employment and the ability for programs to meet community needs.

OASAS also makes exam recipients aware of the other accommodations to reduce barrier to performing well on exams, such as extra time, private rooms, personal or computer-based readers and others, and is working to increase accessibility to these accommodations.

Leveraging Finances to Make an Impact



Serving Priority Populations Through Opioid Settlement Funds

NYS leads the country in making the most opioid settlement fund dollars available the fastest. More than **\$454 million opioid settlement dollars** were made available to community-based providers, with over **80%** of services provided to populations with complex needs, including individuals with co-occurring mental health disorders.

OASAS is committed to 100% transparency on the opioid settlement funding dollars that come through

OASAS. Information on the OASAS led distribution of funds are [publicly available](#) on the [New York State Opioid Settlements](#) webpage. [OSF@Work](#) is a video series where community members, addiction services system providers, and local government leaders share highlights on how opioid settlement funds are being used to address addiction services needs throughout NYS.

Reimagining Regional Office

OASAS is piloting an oversight initiative, in partnership with substance use disorder treatment providers representing each region in NYS, to redesign oversight, streamline resources, and coordinate addiction services system reviews.

Recovery Friendly Workplace Tax Credit

The Recovery Friendly Workplace Tax Credit is designed to combat the stigma surrounding addiction in the workplace and increase employment opportunities for New Yorkers in recovery. This first-in-the-nation program provides a [tax incentive](#) to certified employers for employing individuals in recovery from a substance use disorder in NYS.

OASAS REPUTATION, RELATIONSHIPS, AND OUTREACH

Priority Outcome: Recognition as the definitive leader on addiction in New York and serve as a model for others.

Goals:

1. Be the acknowledged experts on addiction.
2. Enhance strong, collaborative relationships with external government stakeholders.
3. Promote the success and value of OASAS, the addiction services system, and the people served.

Promoting the Value of OASAS, the Addiction Services Systems, and the People Served

Raising Awareness About Prevention, Treatment, Harm Reduction, and Recovery Services

[Addiction: The Next Step](#) is a podcast hosted by OASAS in which discussions focus on all things prevention, harm reduction, treatment, and recovery, and highlight the importance of specialized services. Expert guests include providers, people with lived experience, peers and those familiar with the system of care in New York State.

The [Routine for Recovery](#) public awareness video highlights the critical work of opioid treatment providers as told by clients who have received services at these facilities.

The [Take a Pause](#) campaign highlights the steps New Yorkers can take to understand the risks and ensure responsible gambling, in particular for those who participate in mobile sports betting. The campaign continues to air during sports seasons, encouraging people to take a [quick survey](#) to receive feedback on their current gambling behaviors and how to access support if needed.

The [Turn the Page on Stigma](#) campaign focuses on reducing stigma experienced by people who are impacted by addiction and increasing awareness of available treatments.

OASAS partnered with Stanford University to increase awareness among teachers, community-based organizations and Parent Teacher Associations about underage substance use, including cannabis.

Communicating Data-Driven Information and Contributing to the Evidence

[Addiction Data Bulletins](#) explore addiction data within the broader public health and policy landscape. To date, **7** addiction data bulletins have been produced, covering a variety of topics including gambling, criminal legal involvement, and other substance use patterns.

To help support addiction professionals and those they serve, OASAS published **22** [research articles](#).

OASAS created a [Cannabis Toolkit](#) for parents and mentors, designed to offer resources and information about cannabis and how to talk to young people about the risks of underage cannabis use and the impact it can have.

The [NYS Overdose Death Dashboard](#) illustrates the scope of the drug overdose crisis in NYS and guides targeted interventions to those who are most at risk.

The [NYS Alcohol-Related Causes of Death Dashboard](#) describes the scope of alcohol-related deaths in NYS.

The [Substance Use Disorder Treatment System Dashboard](#) provides a profile of the people receiving substance use disorder treatment services overseen by OASAS.

The [Local Planning Dashboard](#) describes the health and human services needs reported by NYS counties, four-year goals, and progress made to address these needs.

OASAS INFRASTRUCTURE AND PROCESSES

Priority Outcome: Efficient and effective agency infrastructure and processes to improve operations

Goals:

1. Refine the data collection infrastructure to deliver actionable insights that meet the cross-divisional demands of the agency.
2. Automate, standardize, and improve agency processes.
3. Modernize agency physical infrastructure.

Meeting Cross-System Needs

Facilitating Learning Collaborative and Training Series

The Learning Collaborative and Training Series communicates best practices, fosters collaboration among addiction services system providers, shares regulatory updates, and teaches reporting requirements across the continuum of prevention, treatment, harm reduction, and recovery.

Equity-Informed Decision Making

OASAS has reengaged the Lived and Living Experience Advisory Panel. OASAS partners with the panel to gather advice from people with lived and living experience to inform OASAS policy, programming and funding priorities

Data-Driven Communication: Reporting and Data Analysis Report

The OASAS Reporting and Data Analysis Report (RADAR) reflects reported data back to programs, allowing them to compare data elements to similar program groupings. The RADAR describes the demographics of people served in the treatment program, illustrates the services provided, and demonstrates the importance of accurate and timely data submission.

Improving Data Reporting

OASAS offers training and technical assistance sessions to addiction services system providers based on need and hosted a training series on OASAS reporting requirements and applications:

[Navigating the OASAS Apps Page](#)

[NYS OASAS External Access Request Form: IRM-15](#)

[Updating Contacts in the Provider Directory System \(PDS\)](#)

[NYS OASAS Client Data System \(CDS\) Batch Upload Process Overview](#)

[NYS OASAS Admission \(PAS44\) and Discharge \(PAS45\) Transactions](#)

[NYS OASAS Treatment Update \(PAS26\) Transactions](#)

[NYS OASAS Program Profile and Services Inventory \(PPSI\)](#)

[Available Reports in NYS OASAS Client Data System](#)

[NYS OASAS Monthly Service Delivery Reports \(PAS48\)](#)

[NYS OASAS CDS Transfer and Medication for Addiction Treatment Update Transactions](#)

OASAS STAFF, LEADERSHIP, AND AGENCY CULTURE

Priority Outcome: An agency culture where people are engaged in the mission and feel valued

Goals:

1. Create a recruitment process aligned with agency priorities.
2. Foster an environment that is antiracist and supports learning, engagement, and professional development.

Supporting and Investing In Our Team

Sanctuary Institute Certifications at Addiction Treatment Centers

12 Addiction Treatment Centers are certified by the Sanctuary Institute on trauma-informed clinical and organizational culture.

NY Hiring for Emergency Limited Placement Statewide (NY HELPS) Program

NY HELPS streamlines processes to allow State agencies to hire diverse, qualified permanent employees quickly and without examinations.

Fostering Communication Through Town Halls for OASAS Staff

To encourage information sharing among OASAS staff, the agency hosts monthly town halls to discuss emerging trends, substance-focused needs, and work accomplished across prevention, treatment, harm reduction, and recovery.

Upcoming Strategic Initiatives

OASAS will continue to work toward the 2025-2029 strategic goals and objectives described above. As this work continues, the following emerging initiatives will embed into the agency's strategic work across the continuum of services.

Prevention

OASAS will host a youth-led substance use symposium that tailors substance use prevention messaging school-aged New Yorkers.

OASAS will launch a youth-focused social media engagement in which students can learn from their peers about harms from substance use, ways to strengthen mental health, and how to access community-based resources.

Treatment

To create greater access statewide, particularly in underserved counties, OASAS will open 15 new Youth Clubhouses, co-located with existing Recovery Community and Outreach Centers.

To provide mental health and substance use disorder services under a single, jointly issued license OASAS will develop a new Co-Occurring Capable designation for programs.

Harm Reduction

OASAS will provide training and technical assistance and peer support for First Responders through the establishment of a First Responder Behavioral Health Center of Excellence.

Recovery

OASAS will establish the first Young Adult Recovery Residence in NYS providing housing and services for up to 35 young adults with opioid use disorder.

Through the Guided Recovery Action through Congregational Engagement (GRACE) initiative, OASAS will engage faith-based organizations serving communities of color.

OASAS is committed to ensuring individuals in recovery have access to supportive housing when leaving residential substance use disorder treatment programs.

Focusing on Gambling

OASAS will work with State Partners to ensure treatment for gambling disorder is covered by health insurance.

OASAS will integrate gambling recovery and professional peer support services into 16 recovery community and outreach centers.

To address gambling-related harms, OASAS will establish a Gambling Health Institute providing tools and training

OASAS will create a certification for professional peer support services who have lived experience with gambling-related harms.