



# 2023 State Agency Planning Priority Guidelines- OASAS

## BACKGROUND AND PURPOSE: PROVIDE GUIDANCE ON OASAS PRIORITIES FOR THE 2023 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. Acknowledging the need for time to develop the new requirements, the workgroup agreed to implement the comprehensive new changes beginning for Plan Year 2024 (starting in the spring/summer of calendar year 2023).

Furthermore, the workgroup decided that the best way to move forward with the major changes while also collecting current year information would be to require an abbreviated version of the 2023 LSP in the fall of 2022 while implementing the full transformation in the spring and summer of calendar year 2023.

**This document is intended to provide details on State priorities for Addiction Services.** Separate guidelines (*2023 Interim Local Services Plan Guidelines for Mental Hygiene Services*) providing LGUs with an overview of the questions that will be on the 2023 Local Services Plan electronic forms were distributed to LGUs via email on July 27, 2022. If you did not receive the *2023 Interim Local Services Plan Guidelines for Mental Hygiene Services*, please contact [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

## LOCAL SERVICES PLANNING TIMELINE

Table 1 displays an overview of the timeline for the 2023 Local Services Planning process, beginning with the July release of the interim guidelines.

**Table 1: 2023 Local Services Plan Timeline**

Process Step	Date
2023 Interim Guidelines Released	July 2022
State Agency Planning Priority Guidelines Released	August 2022
Electronic LSP Forms Available	August 2022
Due Date for Completed Plans	<b>October 31, 2022</b>

An overview of the Local Services Planning process for Plan Year 2024 and beyond is illustrated in Table 2. As indicated in Table 2, the planning workgroup agreed to return to the traditional June deadline for LSPs, beginning with the 2024-2027 LSP.

**Table 2: Local Services Plan Overview 2024 and Beyond**

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

## FORM SUBMISSION OVERVIEW

OASAS has retired the web-based County Planning System (CPS) due to its reliance on an outdated technology platform. Beginning in 2023 LSPs will be collected using a new online system, managed by OASAS, which will allow for faster, more flexible form development and the creation of easy-to-read LSP documents that LGUs can share with constituents.

## 2022 LOCAL SERVICES PLANNING RESULTS

The Goals and Objectives Form is the primary document that LGUs use, as part of local services planning, to communicate and identify their local needs and their goals, objectives, and strategies to address those needs. The COVID-19 pandemic emerged during the 2021 plan year and continued to be a primary concern and resource constraint during the 2022 plan year. As a result of the pandemic, the State agencies, in consultation with the MHPC, created a separate form to gauge the local effects of COVID-19 on mental hygiene populations. So as not to add to the burden of the LSP in a time when counties were already overextended due to COVID-19, the COVID-19 form was made mandatory and the Goals and Objectives Form optional.

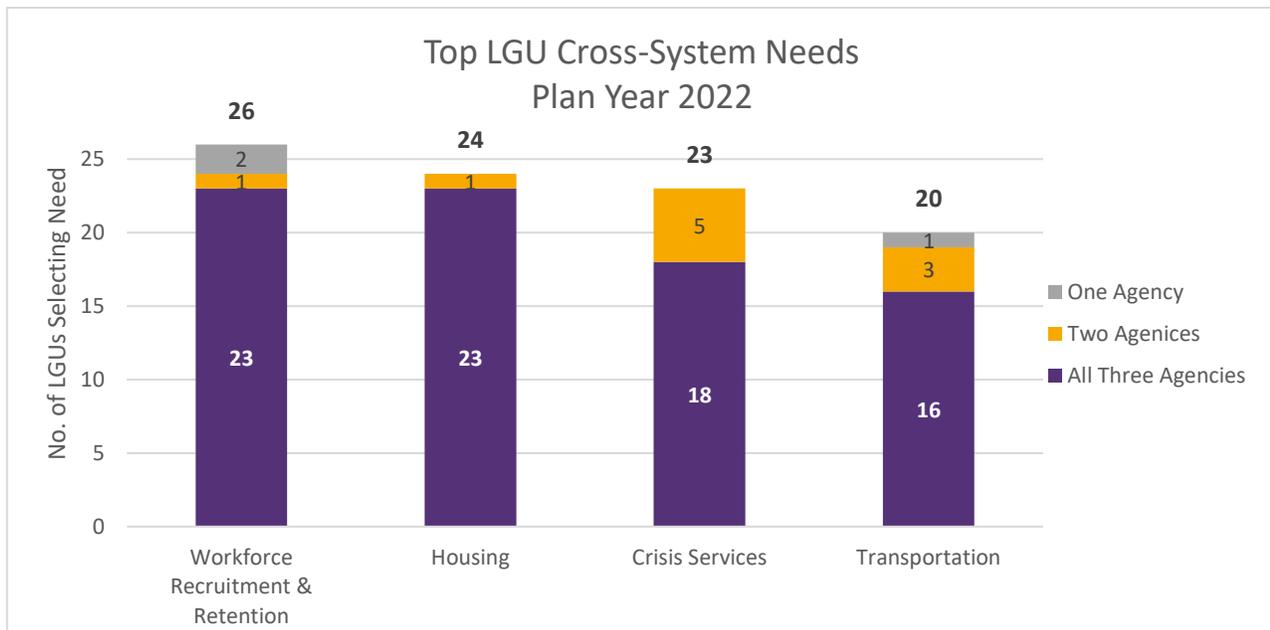
Despite the fact that it was optional for the 2022 plan cycle, 27 LGUs elected to document their needs and plans to address their needs using the Goals and Objectives Form. On the 2022 Goals and Objectives Form, LGUs selected from specific categories to indicate the nature of the unmet mental hygiene needs in their counties. If a need category, such as

housing, applied to multiple Mental Hygiene agencies, LGUs had the option of matching it to one, two, or all three agencies. Some need categories were applicable to only one or two agencies.

The cross-system needs and goals most frequently cited by LGUs in Plan Year 2021 include:

- Workforce Recruitment and Retention (26 LGUs);
- Housing (24 LGUs);
- Crisis Services (23 LGUs); and
- Transportation (20 LGUs).

Figure 3 displays the needs LGUs most frequently selected on the 2021 Goals and Objectives Form. As Figure 3 shows, the majority of the top needs selected by LGUs cross multiple mental hygiene agencies. In total, for the top four most selected needs, 97% of LGUs indicated that the needs affect more than one mental hygiene population, and 86% cross all three agencies.



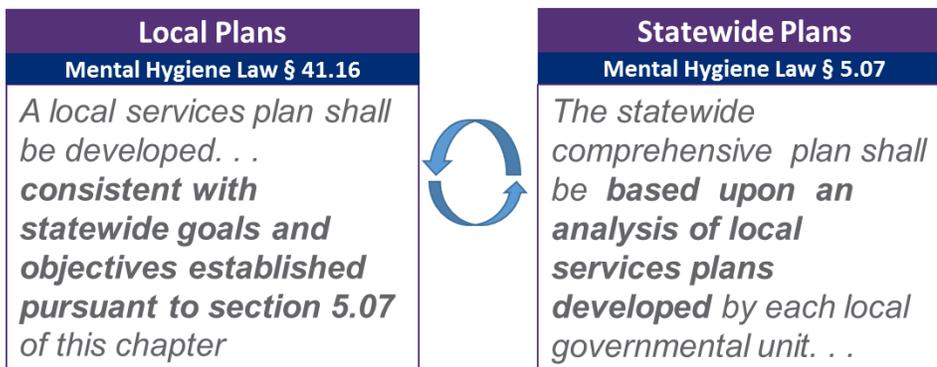
## INFORMING STATEWIDE PLANNING

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
- promoting recovery-oriented State-local service development.

Figure 4 shows the statutory relationship between local planning and State planning. As Figure 4 illustrates, analyses of the Local Services Plans are a key component of the Statewide Comprehensive Plan.

**Figure 4: 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 disorder 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.

### PLANNING FOR ADDICTION SERVICES

The Office of Addiction Services and Supports (OASAS) oversees one of the nation’s largest addiction systems of care with more than 1,700 prevention, treatment and recovery programs serving over 680,000 individuals per year.

As defined in the OASAS 2020-2024 Statewide Comprehensive Plan ([https://oasas.ny.gov/system/files/documents/2020/02/oasas\\_statewide\\_plan\\_20\\_24.pdf](https://oasas.ny.gov/system/files/documents/2020/02/oasas_statewide_plan_20_24.pdf)) Statewide planning for addiction services is organized around three main priorities:

- Expand Access to Addiction Treatment
- Increase the Reach and Effectiveness of Prevention
- Enhance Services and Supports to Promote and Sustain Recovery from SUD.

In addition to the three priorities listed above, the agency is also advancing the following priorities, which will be further described in the next Statewide Comprehensive Plan (under development):

- Focus on Equity
- Harm Reduction

The following section outlines the major efforts OASAS has made over the past year to address the priorities listed above.

## **PRIORITY: Expand Access to Addiction Treatment**

### Increasing Opportunities for Crisis Services

OASAS is partnering with the New York State Office of Mental Health (OMH) to develop and implement Crisis Stabilization Centers. The Centers provide voluntary support and urgent treatment to anyone experiencing mental health and/or substance use crisis symptoms in a safe and comfortable environment. Centers will be operational 24/7/365 and available to children, adolescents, adults, and families. Services may be provided to each individual for up to 24 hours.

There will be two types of Crisis Stabilization Centers in New York State:

1. Supportive Crisis Stabilization Centers (SCSC) provide support and assistance to individuals with mental health and/or substance use crisis symptoms. SCSC services are for recipients experiencing challenges in daily life that do not pose the likelihood of serious harm to self or others.
2. Intensive Crisis Stabilization Centers (ICSC) provide urgent treatment to recipients experiencing an acute mental health and/or substance use crisis. ICSCs offer all services provided at an SCSC while also providing rapid access to services for acute symptoms, assisting in diversion from a higher level of care, and prescribing medications to manage substance use and mental health symptoms.

All services are person-centered, and trauma-informed, with an emphasis on using peers and recovery-oriented support. Crisis Stabilization Centers will coordinate and collaborate with local Mobile Crisis providers, law enforcement, telephonic triage lines, and community treatment and support services. If further treatment is needed, staff will connect individuals to resources within their community to provide continued support, including Crisis Residences.

### Expanding Access to Opioid Treatment Programs (OTPs)

#### *Mobile Medication Units (MMUs)*

Over the past year, OASAS has made available more than \$2.6 million for the establishment of Mobile Medication Units (MMUs). These Units will dispense medication to treat substance use disorder, including methadone and buprenorphine, allowing people to receive these medications without the need to travel to a brick-and-mortar facility. These will be the first MMUs in New York State and were made possible by a Federal Drug Enforcement Administration rule change allowing them to be operated by existing Opioid Treatment Program Providers.

Mobile units can help people facing barriers to treatment, including geographic proximity to OTP facilities and transportation issues, and increase the availability of medication for opioid use disorder. They will supplement already existing mobile services offered by OASAS-certified providers, including assessment, counseling, medications other than methadone for opioid use disorder treatment, telepractice, and transportation services.

## *OTP Additional Locations*

In 2022, OASAS-certified OTPs were able to apply for up to \$1 million in funding to establish additional locations outside of their main facilities. This initiative is designed to help bring these services to currently underserved locations, and to address the growing need for OTP services across New York State. These facilities are established as part of an existing OASAS-certified OTP but are not in the same location. Funding awarded can be used for building repairs and maintenance, including renovations, medical supplies and equipment, and furniture.

## Increasing the Availability of Telehealth and Transportation Supports

### *Telehealth*

The COVID-19 pandemic has accelerated the adoption of telehealth services throughout New York State, which has made it easier for people to access the care that they need without the need to travel to a doctor's office. This has been especially important in addiction treatment settings, which often require continuous, uninterrupted care. OASAS has committed over \$2.5 million during the past year to assist programs in providing telehealth services.

Providers can use this funding to expand and upgrade their telehealth infrastructure through new telehealth equipment, as well as new software, tablets, and phones. This funding supports providers who faced challenges in meeting the increased demand for telehealth services and further expands access to important resources across the state. It also improves engagement for individuals who face barriers to accessing in-person care, such as those who may have difficulties traveling to an in-person provider.

### *Transportation Supports*

- Supportive Services Demonstration Project

In February 2022, OASAS announced the availability of up to \$500,000 to establish transportation demonstration projects aimed at testing regional solutions to improve transportation services for people who are in need of supportive services for substance use disorder, including treatment and recovery services. Two awards of up to \$250,000 each will be made in upstate New York, one in a rural county and one in an urban county. Funding awarded under this program must be used for non-medical transportation needs, such as, recovery supports, peer interactions, formal or informal mutual support groups such as SMART recovery and AA or NA meetings, rides to treatment or harm reduction services or to service providers, and recreational activities likely to increase social connection or emotional well-being.

This pilot program will help to address isolation issues for people in treatment or recovery. For many people who need services, the lack of resources to travel to and from programs has a negative impact on health outcomes. In some cases, this has been made worse due to the COVID-19 pandemic. Data and information from this

pilot program will help to guide further expansion of transportation services across the state.

- Transportation and Care Coordination

OASAS awarded over \$4 million to 34 providers to help provide transportation assistance and care coordination for individuals with multiple and complex barriers to treatment. This includes areas where public transportation services may be limited and other transportation may be unavailable or difficult to access. Many of these providers will be purchasing vehicles to transport clients to treatment, medical appointments, or other necessities, while others will contract with transportation providers.

### Developing Comprehensive Integrated Outpatient Treatment Programs

OASAS has committed up to \$3.5 million for the development of Comprehensive Integrated Outpatient Treatment Programs. These programs will make it easier for New Yorkers seeking treatment for a substance use disorder to access multiple services in one location and will address the ongoing need for comprehensive treatment in New York State. Programs can use funding for the purposes of:

- integrating existing outpatient programs and Opioid Treatment Programs;
- developing new OTPs to integrate with outpatient services; and
- expanding access in outpatient OTPs in order to provide services to people who are not receiving medication for addiction.

### Delivering Services to Incarcerated Individuals

New legislation mandates the establishment of programs to provide medication assisted treatment (MAT) for incarcerated individuals in state and local correctional facilities. Expanding MAT across state and local facilities will allow incarcerated individuals access to medications and therapies to provide them the opportunity to treat their addiction, lessening the likelihood that they may suffer a drug-related overdose upon their reentry into the community.

Over the past year, OASAS has committed more than \$8.8 million to treat substance use disorder (SUD) in correctional settings. Funding will assist local jails in establishing various treatment services including: MAT, screening, assessment, clinical services, peer services, case management and other services as appropriate.

### Supporting the Addictions Workforce

#### *Workforce Development Funding*

Through SAPT Supplemental Block Grant funding, OASAS is providing non-proprietary prevention, treatment and recovery service providers Workforce Development/Training awards. Providers can use the workforce funding for:

- Recruitment and Retention
- Training

- Ongoing Support
- Career Development in Addiction Treatment

**PRIORITY: Increase the Reach and Effectiveness of Prevention**

Developing Community Coalitions in High-Need Areas

In order to support prevention efforts among priority populations in high-need areas, OASAS has committed over \$6 million to develop Community Coalitions. Prevention coalitions are designed to better engage vulnerable and isolated communities and populations in developing and implementing environmental change prevention strategies.

Coalitions receiving funding use the Strategic Prevention Framework to develop culturally appropriate and tailored prevention for underserved communities and populations, including veterans, LGBTQIA+ youth, Latinx, people over the age of 50 years, people with disabilities, rural communities, and migrant communities. This approach involves using local data sources that can identify culturally specific substance use and misuse issues, helping to foster specific prevention strategies to reduce underage substance use and instill lasting positive changes for high-risk communities.

Paid Prevention Internship Opportunity (PPIO) Program

OASAS is making up to \$1 million in funding for OASAS certified and funded Prevention providers to establish and support paid internship positions. The Paid Prevention Internship Opportunity (PPIO) program is intended to recruit talented, skilled, knowledgeable, and diverse staff to the field. This allows the providers to gain dedicated workers, allows the workers to receive valuable job experience and provides an entry-level path towards a professional credential such as a Certified Prevention Professional (CPP) or Certified Prevention Specialist (CPS).

**PRIORITY: Enhance Services and Supports to Promote and Sustain Recovery from SUD**

Supporting People in Recovery through Housing

In March 2022, OASAS announced the availability of more than \$3.2 million in funding for OASAS Permanent Supportive Housing Providers to provide rental subsidies for individuals with a substance use disorder (SUD). This initiative will help provide short-term transitional housing for individuals leaving OASAS residential treatment or correctional facilities who cannot otherwise access permanent housing.

The Transitional Safety Unit initiative is a pilot funding opportunity which will provide rental subsidies for up to two units at the county level fair market rent or actual cost, whichever is lower, for a studio or one-bedroom apartment. This initiative is designed to provide short-term supportive housing, with the goal to help individuals transition to permanent housing.

**PRIORITY: Focus on Equity**

OASAS established the Office of Justice, Equity, Diversity, and Inclusion (JEDI) and appointed an Executive Equity Officer in June 2022. This Office is tasked with examining policies, practices and goals using an equity lens and implementing change that is anti-racist, trauma informed, LGBTQIA+ affirming and centered on the integration of equitable practices and the inclusion of all.

OASAS believes in the principles of equity, values the intersectionality of our staff and the people we serve, and commits to collaborating with and being guided by culturally specific community partners, dismantling oppressive systems, policies and practices, and instituting strategies that center on marginalized communities, especially black, indigenous and people of color (BIPOC). The Agency commits to performing this work through a collaborative process, continuous engagement, assessment, evaluation and involvement of agency staff and the communities that OASAS serves.

**PRIORITY: Harm Reduction**

According to the Substance Abuse and Mental Health Services Administration (SAMHSA):

*Harm reduction services save lives by being available and accessible in a matter that emphasizes the need for humility and compassion toward people who use drugs. Harm reduction plays a significant role in preventing drug-related deaths and offering access to healthcare, social services, and treatment. These services decrease overdose fatalities, acute life-threatening infections related to unsterile drug injection, and chronic diseases such as HIV/HCV.*

<https://www.samhsa.gov/find-help/harm-reduction>

The Mobile Medication Unit and Outpatient Treatment Integration initiatives, described under the “Expand Access to Addiction Treatment” priority, are part of OASAS’ harm reduction strategy. Additional OASAS harm reduction efforts include:

Outreach and Engagement Services

Outreach and Engagement Services expand access to life-saving addiction treatment services for individuals with opioid use disorder, with an emphasis on reaching people using heroin/opioids who have not been connected to care previously or have been unable to sustain their recovery through traditional treatment approaches. Multidisciplinary teams use peer outreach and engagement to connect individuals to mobile treatment services, linkage to medication assisted treatment, telehealth, and warm-handoff support to different levels of care.

OASAS Funding for NYS Department of Health (DOH) Drug User Health Hubs

OASAS funds 12 Drug User Health Hubs across the state. Drug User Health Hubs operate within a harm reduction framework of prevention with a special emphasis on preventing and responding to opioid overdose. The Hubs provide an array of harm reduction, MAT, referral to treatment, health, and mental health services for people who use drugs. These services can be provided on-site and/or through facilitated linkage to culturally competent care and treatment services.

### Street Level Engagement Services

OASAS provides financial, organizational and technology resources to coordinate outreach to persons in altered mental states who may be homeless. Stakeholders involved in this initiative include OASAS Outpatient Treatment providers, Harm Reduction providers and Homeless Services Outreach programs. OASAS coordinates meetings with City and State agencies to coordinate outreach to people in distress within targeted communities and develop strategies for engagement.

### Homeless Shelter In-Reach Project

OASAS-certified SUD outpatient providers will provide education (harm reduction, overdose prevention) and treatment engagement opportunities in homeless shelter programs in NYC with highest rates of overdose incidents.

### Naloxone Training and Distribution

Naloxone, known by the brand name Narcan, is a medication that can rapidly reverse an opioid overdose from a prescription opioid, heroin, fentanyl, and other drugs mixed with opioids. Through the State Opioid Response Overdose Prevention Training Program, begun in May 2017, OASAS has provided nearly 20,000 naloxone kits. OASAS Addiction Treatment Centers have also distributed nearly 10,000 kits. In addition, OASAS' New York Community Overdose Prevention Education (NY COPE) trains first responders and key community sectors on prevention of prescription drug/opioid overdose-related deaths and adverse events.

## **Moving Forward**

The goals described and needs identified by LGUs as part of the Local Services Plans are critical in assisting OASAS in setting priorities and developing initiatives. The Agency looks forward to receiving the completed LSPs and engaging in conversation with LGUs regarding addiction services across the state.